

**THE ECOSYSTEMIC MANAGEMENT APPROACH TO ASSISTING
SCHOOLS TO COMBAT HIV/AIDS**

ZOLEKA JUDITH NDAMASE

**B.A.(WALTER SISULU UNIVERSITY), P.G.C.E. (WALTER SISULU
UNIVERSITY), B.Ed. (VISTA), D.M.S. (MANCOSA), M.Ed. (NORTH-WEST
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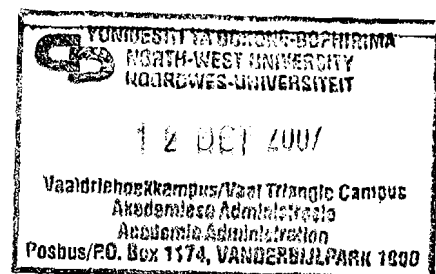
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PROMOTER: Dr NJL MAZIBUKO

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DEDICATION

This work is dedicated to my parents, Constance Nomakhosazana Mabukwana and Griffiths Mabulana Ndamase for their great contribution towards my education and many of my achievements.

To my mother: the lessons you continuously taught me in best using one's strengths, especially after you acquired a new disability, are indelible. Your unwavering support and hard work make me proud. I heartily thank you and I will always think of you, Mbara.

SUMMARY

The aims of this research were to investigate the ways in which School Management Teams and School Governing Bodies deal with the HIV/AIDS epidemic at their schools; the ways in which HIV/AIDS programmes are coordinated at schools; whether a reciprocal relationship exists between school and community social systems in dealing with the HIV/AIDS epidemic; and, finally, to suggest and develop an ecosystemic approach which schools can follow in the management and governance processes of dealing with the HIV/AIDS epidemic at schools.

The findings from the literature review indicated that HIV/AIDS does not only attack human biological and psychological systems by increasing susceptibility to opportunistic infections and impacting on human beings' psychological and physical well being, but also attacks social systems such as schools, families, communities, *etc.* by depriving them of the human resource assets and social structures necessary for the successful development of the country and the provision of care and treatment for persons living with HIV/AIDS.

Ecological and systems theories, together with Epstein's framework of six types of involvement in school-family-community partnership, formed the framework of this research. These theories postulate that effective educational management and governance is founded on reciprocal multiple individual-school-community-society-global interactions and relationships which promote partnerships and relationships and thereby build supportive community environments and strengthen school-family-community-society-world links.

The findings from the empirical investigation indicated that participants who formed the sample of this research reported that their schools do not have the necessary management approaches to combat HIV/AIDS, namely, designated persons for coordinating HIV/AIDS prevention or policies on HIV/AIDS. The majority of the schools have not yet established school Health Advisory Committees as stipulated in the South African National Policy on

HIV/AIDS (SA, Act 27 of 1996) and the Employment Assistance Programme. There are also no disclosures of the status and identity of learners or staff members with HIV and AIDS, which could be an indication of both learners' and educators' fear of being stigmatized by fellow learners and employees. The majority of the participants also indicated that their schools do not have plans to deal with learner and educator disclosures on their HIV/AIDS status. It is disturbing that the empirical research findings highlighted the fact that School Governing Body members do not understand the role they should play in dealing with the HIV/AIDS epidemic.

Recommendations and an approach based on the ecological and systems theories of Bronfenbrenner and Epstein's framework of six types of involvement in school-family-community partnership are made and developed.

UITTREKSEL

Die doelwitte van hierdie navorsing was om ondersoek in te stelle die wyses waarop Skool Beheerliggame en Skool Bestuurspanne die Nasionale MIV/VIGS-epidemie aan hulle skole hanteer; die maniere waarop Nasionale MIV/VIGS-programme op skool gekoördineer word; of 'n wederkerige verhouding tussen skool- en gemeenskapsisteme in die hantering van die MIV/VIGS-epidemie bestaan; en, eindelik, om 'n eko-sistemiese benadering voor te stel en te ontwikkel wat skole in bestuurs- en beheerprosesse kan volg wanneer hulle die MIV/VIGS-epidemie op skool hanteer.

Die bevindings van die literatuurstudie het aangedui dat MIV/VIGS nie slegs menslike biologiese en sielkundige sisteme aanval deur vatbaarheid vir opportunistiese infeksies te verhoog en in te werk op mense se sielkundige en fisiese welstand nie, maar ook sosiale sisteme soos skole, families, gemeenskappe, ens. aanval deur hulle te beroof van menslike hulpbronnates en sosiale strukture wat nodig is vir die suksesvolle ontwikkeling van die land en die voorsiening van sorg en behandeling vir mense wat saamleef met MIV/VIGS.

Ekologiese en sisteemteorieë, saam met Epstein se raamwerk van ses tipes betrokkenheid by vennootskappe, het die raamwerk van hierdie navorsing uitgemaak. Hierdie teorieë veronderstel dat effektiewe bestuur en beheer in die opvoedkunde berus op wederkerige veelvuldige individu-skool-gemeenskap-wêreld-interaksies en verhoudings wat vennootskappe en verhoudings bevorder, en daardeur ondersteunende gemeenskaps-omgewings opbou en skool-familie-gemeenskap-wêreld-skakels verstewig.

Die bevindings van die empiriese ondersoek het aangedui dat skole van die deelnemers wat die steekproef vir hierdie navorsing uitgemaak het nie personeel aangewys het om MIV/VIGS-voorkoming te koördineer of oor 'n beleid ten opsigte daarvan beskik nie. Die meeste skole het nog nie Skoolgesondheidsadvieskomitees geskep soos bepaal in die Suid-Afrikaanse Nasionale Beleid oor MIV/VIGS (SA, Wet 27 van 1996) nie en die Werkgewingshulpprogram nie. Daar was ook geen openbaarmaking van die

identiteit van leerders of personeellede met MIV en VIGS nie, wat 'n aanduiding kan wees van leerders en opvoeders se vrees dat hulle deur mede-skoliere/werknemers gestigmatiseer kan word. Die meeste deelnemers het ook aangedui dat hulle skole nie planne het om openbaarmaking van MIV/VIGS-status te hanteer nie. Dit is ontstellend dat die bevindings van die empiriese navorsing die feit beklemtoon dat lede van die Skoolbeheerliggame nie verstaan watter rol hulle moet speel in die hantering van die MIV/VIGS-epidemie nie.

Aanbevelings en 'n benadering gebaseer op die ekologiese en sisteemteorieë van Bronfenbrenner en Epstein se raamwerk van ses tipes betrokkenheid in vennootskap word gedoen en ontwikkel.

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CHAPTER ONE

ORIENTATION: INTRODUCTION, STATEMENT OF THE PROBLEM, METHODS OF RESEARCH AND CHAPTER DIVISION

1.1 INTRODUCTION

The human immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS) epidemic attack not only human beings' psycho-physical well-being, but also the family, school and society as social systems. In fact, HIV/AIDS is changing the way in which school systems, the main focus of this research, have to be managed and governed. The educational management and governance structures and programmes that traditionally responded well to the needs of a school with no HIV/AIDS, can no longer suffice in the era of HIV/AIDS which is wreaking havoc both on human body systems and on school systems (Birdthistle, 2004:114; Wood, Hogg, Yip, Harrigan, O'Shaughnessy & Montaner, 2003:711; Benatar, 2002:165; Coombe & Kelly, 2001:47). Such a phenomenon therefore calls for educational management and governance of the twenty-first century to move from traditional, modern and positivist isolationist theoretical frameworks to a post-modern ecosystemic theoretical framework that is founded on reciprocal individual-school-community-society-global multiple interactions and relationships. This means that the social context of both the individual, that is, the learner in the context of this research, and the school play a significant role in dealing with the HIV/AIDS epidemic (Epstein, 2001:3; Bronfenbrenner, 1979:56).

As a result, an ecosystemic approach to educational management and governance is necessary if schools are to succeed in effectively managing the catastrophic consequences of the HIV/AIDS epidemic (Askew & Berer, 2003:51; Waltner-Toews, Kay, Neudoerffer, & Gittau, 2003:123; Bronfenbrenner, 1979:56). The ecosystemic approach to educational management is premised on the idea that childhood and adolescence learning and development opportunities and social contexts should complement one another and work toward a consistent range of outcomes (Morrison, Rimm-Kauffman & Pianta, 2003:188; Pittman & Chase-Lansdale,

2001:205; Bronfenbrenner, 1986:725). Social contextual factors include families, communities, cultures and ideologies. Constructivists such as Piaget and Vygotsky, among many others, have long postulated that these social contexts have reciprocal influences on children and adolescent development, as well as on one another (Epstein, 1995:703). Being strategic about the way in which social contexts connect and building on the strengths of multiple learning and development social contexts, can be a more effective way to improve child outcomes than if these social contexts continue to operate independently of one another in an isolated manner (Rankin & Quane, 2002:81).

Ideally, from birth through to high school, children and adolescents would benefit from a coherent continuum of learning and development opportunities in various social contexts. That continuum should begin during the early years with quality parenting, child-care and pre-school programmes, continue through childhood and adolescence to include after school programmes, and extend all the way through to university preparation (Seligman, Berkowitz, Catalano, Damon, Eccles, Gillham, Moore, Nicholson, Park, Penn, Peterson, Shih, Steen, Sternberg, Tierney, Weissberg & Zaff, 2005:42; Donald, Lazarus & Lolwana, 2002:21).

According to Catsambis (2002:150), to achieve this broad and systemic strategic vision, learning and developmental social contexts need to connect through deliberate and targeted strategies that focus programmatic energy, resources and time on shared functions or common goals. This means finding meaningful ways for two or more learning contexts - such as schools and after-school programmes, or families and early care and education programmes - to connect in order to work towards the same or complementary ends, ultimately improving one another's effectiveness (Clark & Clark, 2003:13; Shumow & Miller, 2001:70). For example, meaningful and authentic relationships between families, schools, and communities are associated with positive school outcomes. Fan and Chen (2001:12) argue that, as a result, educators and community leaders concerned about the achievement gap and the need for meaningful social and community

engagement in education are beginning to create models, processes and projects that move away from a school-centred view of family involvement to one focused on the families and the communities in which children and adolescents live. Family involvement that is co-constructed by parents and educators ensures that family and community expertise serve as a resource for children and adolescents' learning and development (Shartrand, Weiss, Kreider & Lopez, 1997:47).

1.2 SIGNIFICANCE OF THIS STUDY

From the foregoing paragraphs it is apparent that the ecosystemic perspective to educational management and governance evolves from a blend of ecological and systems theory, which shows that, entities, individuals and groups at different levels of the social context are linked in dynamic, interdependent and interacting relationships. For example, when one of the learners or staff members at school is infected or affected by HIV/AIDS (in the context of this research), the whole school community becomes affected. Donald *et al.* (2002:46) liken the ecological and systems theory to a spider web which is a whole system. Anything that happens in any part of the web (e.g. a fly being caught in the threads of one part) is felt in other parts. When the fly is caught, the spider gets food and thus sustains the system. In the process, the web breaks as the fly tries to untangle itself and to fight the spider. The spider has to repair its web while the death of the fly affects other systems. Griner (2002:159) concludes that learners and staff at schools undergo similar situations. Learner developments can be linked to educational environments in which they live as presented in interrelationships in the next paragraphs.

The individual learner has some links with the family she/he emanates from, the family therefore has a relationship with the school where its child attends, the school is also part of the community which is comprised of a number of families, and the community is part of a larger society which comprises several communities (Simon, 2001:10; Xu & Corno, 2003:505).

This new way of looking at the individual, family, school, the community, the society and the world simultaneously when dealing with matters and issues such as the HIV/AIDS epidemic that has a bearing on the development of schools is founded on Bronfenbrenner's (1979:8) socially contextualized ecological and systems theories. These theories recognize the role that the environmental and socio-cultural factors within families, communities, societies and the world, have on the effective development and functioning of school systems. Epstein, Coates, Salinas, Sanders & Simon (1997:38) contend that this means that the socially contextualized ecology of school development and functioning involves, among other things, contextual factors such as families, communities, cultures and ideologies. Contextual factors are critically important concerning how school systems are affected by the HIV/AIDS epidemic.

- In this case, a school system in a community system that is highly infested with HIV/AIDS is in danger of being weakened and disrupted. Coombe (2001a:105); Kelly (2000c:2) and De La Rey (2002:5) posit that a school in an area where there is a high prevalence of the HIV/AIDS epidemic will be hard hit by a high number of both learners and educators being infected and affected by HIV/AIDS. Schools in such areas become prey to a myriad of social problems caused by the prevalence of HIV/AIDS in the area in which they are situated. According to Birdthistle (2004:28) and Birkman (2005:79), these problems include:
 - a diminishing number of educators and learners due to the high mortality rate;
 - continuously falling enrolments;
 - a low level of quality education; and
 - the changing school population from that of learners with healthy parents to one of orphans living with relatives, foster parents and guardians, and accommodated in shelters and homes. Subsequently the local culture of learning and teaching is adversely affected by the above factors.

In the light of the above-mentioned issues, it is clear that an ecosystemic educational management and governance model is premised on the theory that both school and non-school social contexts such as families, communities, societies and the world are critical to children and adolescents' learning and development. Families, out-of-school-time programmes, youth service agencies and community-based organizations, as well as informal learning agencies such as libraries, museums, churches, practising of the arts and participating in sports teams, can complement school-day learning and development, and lead to more effective and sustainable educational efforts (Hidalgo, Siu, Bright, Swap & Epstein, 1995:500). Additionally, children such as those infected and affected by the HIV/AIDS epidemic, need support from health and mental health organizations to ensure that they are both physically and emotionally ready to learn.

It is on the basis of the above paragraph, that this research sees families, communities, society and the world as providing realistic and authentic social systems which educational managers and governors can proactively and strategically utilize in order to deal ecosystemically, collaboratively and constructively with the HIV/AIDS epidemic at schools. With South Africa being the country worst affected by the HIV/AIDS epidemic, such an approach could be a solution, especially as a combination of socially contextual factors seems to be responsible for this, including:

- poverty and social instability;
- high levels of sexually transmitted infections;
- the low status of women;
- sexual violence;
- high mobility (particularly migrant labour); and
- lack of effective management and governance of the HIV/AIDS epidemic (USAID, 2004:110; Wachslar-Felder & Golden, 2002:448; Webb, 2001:54).

The literature review reveals that South Africa has nearly 6,3 million South Africans living with HIV/AIDS and that most of them do not know about this (Dorrington, Bradshaw, Johnson & Daniel, 2006:3). South Africa, therefore, faces the following three key challenges regarding the HIV/AIDS epidemic:

- prevention;
- treatment; and
- dealing with the impact of the epidemic (Ayieko, 1998:27).

1.3 STATEMENT OF THE PROBLEM

The impact of HIV/AIDS in South Africa is not only felt at government level and in health departments, but also in families, communities and at schools. Kelly (2000c:2) predicts that the impact of the virus will peak in about 20 years when more children will be orphaned by the virus. He further predicts that the impact on the demographic structure is going to be greatest, that the population is going to be smaller and the structure is going to be different, though he cannot say how - but the population may not reach 50 million in future. This impact will also lead to life expectancy plummeting. At the moment, life expectancy is 63 years, but soon it will be 46 and falling, which does not bode well for school staffing and the enrolment of learners at schools (Dorrington, *et al.*, 2006:5). Evian (2003:45) opines that one of the other challenges the country faces is with young people who think they are not at risk of the virus.

The South African government's response to the epidemic is grounded in the HIV/AIDS and Sexually Transmitted Diseases Strategic Plan for the period 2000 – 2005 (Department of Health, 2000:3; Department of Health, Welfare and Education 2000:7). The purpose of the plan is to provide a broad national framework around four priority areas, which are: prevention; treatment, care and support; research, monitoring and evaluation; as well as human and legal rights. In November 2003, after considerable sustained pressure from advocacy groups, the government adopted the Operational Plan for Comprehensive HIV/AIDS Treatment and Care, which included the provision

of antiretroviral (ARV) therapy in the public health sector (Walker, 2004:4; Amoroso, Spencer & Redfield, 2004:41). According to the Anglo American Group (2004:6), by early 2005, only approximately 30 000 HIV/AIDS-infected South Africans were receiving ARV therapy through the state programme. The Operational Plan commits the government to provide ARV treatment to 1,650,000 people who are going to need it by March 2008.

According to Van Dyk (2005:34), the AIDS Foundation of South Africa recognizes the fact that the most effective avenue by which to support successful prevention efforts and secure access to effective, comprehensive treatment in vulnerable and marginalized sectors of society is to work in partnership with local community-based organizations (CBOs). The Foundation is a strong advocate of the view that communities should be participants in addressing their needs, rather than objects of charity (Anglo American Group, 2003:29). Ainsworth and Teokul (2000:58) stress that communities should be allowed to identify their own concerns and the responses that are feasible with the available resources. Civil society organizations, particularly CBOs are well placed to perform a very strategic role in addressing the HIV/AIDS epidemic because of their close proximity to those affected. CBOs can draw on the support of committed community members, which is essential if interventions are to be affordable and sustainable. For this to happen, more funding needs to be leveraged for community responses (Haacker, 2001:60). The impact of HIV/AIDS at South African schools necessitates rethinking on how schools are managed and governed. With about 100,000 learners and 20 percent of educators living with HIV/AIDS, the manner in which school managers and governors tackle their tasks needs to change (Kelly, 2000a:4). Educational managers and governors need to work concertedly with families, communities and societies in fighting the HIV/AIDS epidemic. With such a high rate of learners and educators who are living with HIV/AIDS, the questions that now come to the researcher's mind are the following:

- What is the nature of the ecosystemic theoretical framework and the impact of HIV/AIDS on schools?

- In which ways do School Management Teams deal with the HIV/AIDS epidemic?
- In which ways do School Governing Bodies deal with the HIV/AIDS epidemic?
- In which ways are HIV/AIDS programmes coordinated at schools?
- Does a synergistic relationship exist between schools and communities in dealing with HIV/AIDS?
- Can an ecosystemic approach which schools can infuse in the management and governance processes of dealing with the HIV/AIDS epidemic at schools be developed?

The foregoing questions will be answered in this research and will form the basis of the aims of this research.

1.4 AIMS OF THE RESEARCH

Taking into consideration the ecosystemic theoretical approach of this research, this study aims to:

- investigate the nature of the ecosystemic theoretical framework and the impact of HIV/AIDS on schools;
- investigate ways in which School Management Teams deal with the HIV/AIDS epidemic;
- investigate in what ways School Governing Bodies deal with the HIV/AIDS epidemic;
- investigate in what ways HIV/AIDS programmes are coordinated at schools;
- investigate if a synergistic relationship exists between schools and communities in dealing with HIV/AIDS; and

- suggest an ecosystemic approach which schools can infuse in the management and governance processes of dealing with the HIV/AIDS epidemic at schools.

These aims suggest that this research endeavours to understand the influence of social micro, meso and macro-contextual variables in dealing with HIV/AIDS epidemic.

The next section provides the research methods which were used during the course of this research.

1.5 METHODS OF RESEARCH

In order to achieve the above-mentioned aims of the research, a thorough literature review and empirical research methods were used.

1.5.1 Literature research

Current international and national journals, papers presented at professional meetings, dissertations by graduate students, reports by school and university researchers, governmental agencies which provide information on educational management and governance programmes to assist schools deal with the HIV/AIDS epidemic, and the South African National Policy on HIV/AIDS (SA, Act 27 of 1996) formed the primary sources of this research. Books on ecological and systems theories and HIV/AIDS formed the secondary sources.

1.5.2 Empirical research

In addition to the literature study, data were collected by means of quantitative research. This research was conducted in the manner elucidated in the next paragraphs:

- The Education authorities of Sedibeng-East and West Districts, Ekurhuleni-East and West Districts, and Johannesburg-South Districts were requested for permission to conduct this research with a sample of

both primary and secondary School Governing Bodies, School Management Teams and HIV/AIDS co-ordinators under their jurisdiction.

- The researcher visited these schools personally to administer questionnaires to the participants.

1.5.3 Measuring instrument

In addition to the literature study, data were collected by means of questionnaires which were analysed and interpreted. Self-developed questionnaires were used because standardized questionnaires relevant to the study in question could not be found. Only internationally developed questionnaires were available and were not appropriate for the questions, assumptions and aims of this research.

Self-developed questionnaires were designed by the researcher to:

- investigate in what way School Governing Bodies and School Management Teams deal with the HIV/AIDS epidemic;
- investigate in what way HIV/AIDS programmes are coordinated at schools;
- investigate whether a reciprocal relationship exists between schools and communities in dealing with HIV/AIDS; and
- suggest an ecosystemic approach which schools can infuse in the management and governance of schools in dealing with the HIV/AIDS epidemic.

1.5.4 Target population

All School Management Teams, School Governing Bodies and HIV/AIDS Co-ordinators in Gauteng are considered to be the target population.

1.5.4.1 Accessible population

Since there are a large number of School Management Teams, School Governing Bodies and HIV/AIDS Co-ordinators in Gauteng, which would take

a long period to cover and would have unaffordable financial implications, the target population was limited to schools in the Sedibeng-East and West, Ekurhuleni-East and West, and Johannesburg-South districts.

1.5.4.2 Sample

A random sample of School Governing Bodies (N=380), School Management Teams (N=246) and coordinators of HIV/AIDS programmes (N=71) was selected. The School Governing Bodies comprised of parents, learners (in the case of secondary schools) educators and non-teaching staff. The School Management Teams comprised of principals, deputy-principals and heads of departments, while coordinators of HIV/AIDS programmes comprised of educators who taught one or some of the following learning areas such as Life Skills, Life Orientation, School Guidance, Biology and Natural Sciences.

1.6 THEORETICAL FRAMEWORK

In this study, the approach to dealing with the HIV/AIDS epidemic at schools is shaped by the over-arching theoretical framework of an ecological systems model formulated by Bronfenbrenner (1979:10) and applied by Epstein's (1995:701) framework of six types of involvement to partnership in the overlapping spheres of influence. Bronfenbrenner (1979:12) identified four systems of interrelationships that influence human development. He describes the systems as being nested within each other like a set of Russian dolls. The systems are:

- the microsystem;
- the mesosystem;
- the exosystem; and
- the macrosystem (Coffey, 2004:168; Friedman, 2005:176).

Bronfenbrenner's model (1979:12) focuses on the child and the influences these systems have on his/her human development. When examining how the effectiveness of the child's involvement with spheres of influence (family,

school, and community) actually influences her/his healthy development during the era of HIV/AIDS epidemic, Bronfenbrenner's model provides a framework to consider the interactions within the systems and between the systems and their influence on the child.

This research inquiry is focused on examining relationships between three of the child's microsystem groups such as family members, educators, and community members who have direct contact with him/her in dealing with HIV/AIDS. When these groups have direct interactions with the child they are in the child's microsystem. However, when the groups interact with each other they are acting as members of the child's mesosystem. By administering questionnaires to the members of School Management Teams (n=246), School Governing Bodies (n=380) and coordinators of HIV/AIDS programmes (n=71), participants of selected schools who formed the sample of this research, this study sheds light on their perspectives regarding what they believe their role should be in working with families and communities to combat the HIV/AIDS epidemic at schools to benefit children.

Knowledge regarding the symbiotic relationships that should always exist among families, schools and communities in order to combat the HIV/AIDS epidemic is needed to encourage participation of school, family and community systems in partnerships against HIV/AIDS (Anguiano, 2003:62; Clark & Clark, 2003:14; Catsambis, 2002:150; Coatsworth, Pantin & Szapocznik, 2002:113). The following are many reasons for developing school, family and community partnerships. They can:

- improve school programmes and the school climate;
- provide family services and support;
- increase parents' skills and school management and leadership;
- connect families with others in the school and the community; and
- help educators with their work.

However, the main reason to create partnerships is to help all learners to succeed at school and in life. When families are involved, learners hear common messages from home and school about the importance of attending school, staying at school, working hard as a learner and, in the context of this research, gaining knowledge on what HIV/AIDS is, how it infects human beings, where it came from, how to live with the virus in your body if you are infected, how not to be infected by it and how to cope with its impact on families, schools and communities.

1.7 PROGRAMME OF STUDY

Chapter 1 provides an orientation which prepares the reader for subsequent chapters.

Chapter 2 contains Bronfenbrennerian and Epsteinian theories which provide the framework of this research and shape its thesis.

Chapter 3 provides a literature review on the impact of HIV/AIDS on school, family and community systems.

Chapter 4 presents the empirical design of this study.

Chapter 5 provides the results of the study where the findings are discussed and interpreted.

Chapter 6 summarizes the findings of the study, considers the implications of the findings and makes recommendations for future research.

Chapter 7 provides a proposed ecosystemic approach for combating HIV/AIDS at schools.

1.8 CONCLUSION

This chapter presented an orientation to the research with the principal aims of highlighting the statement of the problem, aims of the research and methods used to conduct this research. The next chapter presents the literature review on ecological and systems theories and HIV/AIDS.

CHAPTER TWO

ECOSYSTEMIC THEORETICAL FRAMEWORK

2.1 INTRODUCTION

The educational management and governance practised during the era of the HIV/AIDS epidemic throughout the world has led, not only to the debilitation of the psycho-physical-spiritual well-being of human beings, but also to adversely affecting the social, economic and cultural systems of societies (Corbett, 2002:177). Kelly (2000b:3) propounds that this means that HIV/AIDS impacts not only on the human resources of schools such as learners, educators, non-teaching staff as well as their parents and siblings, their spouses, but also on various aspects of school systems such as the demand, supply, quality, content and planning of education.

It can be inferred from the foregoing paragraph that schools need to collaborate with families and health-promoting social structures in communities, societies and the world in order to deal with the HIV/AIDS epidemic concertedly. It is for this reason that this research sees an ecosystemic approach to educational management and governance as the possible solution to effective strategic governance and management of the HIV/AIDS epidemic at schools. The ecosystemic framework targets the change of all community systems and their interactions that are contributing to the development and maintenance of human beings' problems, for example - individuals, peer groups, families, schools, workplaces and community agencies.

According to Bronfenbrenner (1986:736), who developed the ecological and systems theory, each person is significantly affected by interactions among a number of overlapping ecosystems such as schools, families, community agencies like churches, non-governmental agencies *etc.* and the world. Goetz and Darryl (2005:53) indicate that at the centre of Bronfenbrenner's (1979:22) model is the individual. The ecosystemic framework therefore helps educational managers and governors to view learners, educators and parents

(the primary and core stakeholders at schools) through various social systems such as the biological, family, community, society and the world in order to integrate tactical and strategic techniques across diverse educational management and governance practice perspectives.

In the light of the above paragraph, this research sees ecosystems as a useful theoretical framework for developing integrative and empirically supported Educational Management and Governance interventions that can connect schools, families and communities in the struggle against HIV/AIDS. Ecosystems are theoretically grounded in a social-ecological framework and family systems (Bazzani, Noronha & Sánchez, 2004:13; Bronfenbrenner, 1979:28). Ross and Deverell (2004:4) acknowledge that ecological systems models emphasize an empirically supported approach to using research knowledge to examine and explain the etiological and risk factors within social systems that promote particular psycho-physical and social problems. The ecological systems approach, according to Waltner-Toews *et al.* (2003:23), further emphasizes the need for community development and maintenance strategies within the community systems network to assure that human beings continue to progress and change.

For the sake of clarity in understanding the theoretical framework of this research, the next section defines key concepts which are used in this research.

2.2 DEFINITION OF AN ECOLOGICAL SYSTEMS THEORY

This section provides a definition of an ecological systems theory.

2.2.1 Ecological systems theory

Two concepts are involved whenever the ecological systems theory is applied, namely, ecology and systems. The word "ecology" comes from the Greek word *oikos* which means household, which connotes that ecology is the study of how the earth household works. More precisely, it is the study of the relationships that interlink all members of the earth household (Bronfenbrenner, 1986:726; Goetz & Darryl, 2005:13). According to

Bronfenbrenner (1986:726), the principles of ecology should be the guiding principles for creating sustainable learning community and school organizations.

Senge (2004:28) postulates that the word “system” means a perceived whole whose elements “hang together” because they continually affect each other over time and towards a common purpose. Examples of systems are living organisms, a business organization, environmental ecosystems and political organizations. Almost anything that can be defined as a whole can be viewed as part of a system or also a system in itself. The only requirement is that it should have an affect on something else (Coffey, 2004:162; Waller, 2001:2).

Because of its intellectual grounding in systems thinking, this research endeavours to offer a powerful framework for the systemic approach to South African school transformation which is essential if schools and communities are to succeed in combating HIV/AIDS at schools, in particular. Systemic school transformation is based on, essentially, two insights, which are:

- new understanding of the process of learning; and
- understanding of management and governance (Kay, 2000:140; 2001:29).

On the basis of the foregoing definitions of “ecology” and “systems”, various theorists and researchers have defined ecological systems theories as follows:

- Ecological systems theory is an approach to the study of human development that focuses on interrelated structures and processes among four nested systems, the micro-, meso-, exo-, and macrosystems, that differ in their immediacy to the developing person (Duraiappah, 2004:27).
- Ecological systems theory is an approach to the study of human development that consists of the scientific study of the progressive, mutual accommodation, throughout the life course, between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by the

relations between these settings, and by the larger contexts in which the settings are embedded' (Forget & Lebel, 2001:14).

Ecosystems (an abbreviation for ecological systems), as used in this research, are functional units such as families, schools, community agencies like non-governmental organizations, governmental organizations, *etc.* that result from the interactions of abiotic, biotic, and cultural (anthropogenic) components. Like all systems they are a combination of interacting, interrelated parts that form a unitary whole.

From the foregoing paragraphs of this section, it is clear that an ecosystem is a system of relationships between human beings, namely, learners, educators, parents and community members, in the case of this research, and their surroundings. Ecosystems are identified by their:

- biotic assemblages - primarily the set of individual species which make up the system. Usually researchers want to know something about the relative importance of these species to the system as well (Gopalan, 2004:10);
- processes - this includes the physical, chemical and biological processes which are active in the system under study, as well as some definition of the space and time extents of these processes (Oliver-Smith, 2004:14); and
- functional units - these are the combinations of biotic and abiotic components which interact together as one complex component (Auvert, Buve, Ferry, Carael, Morison, Lagarde, Robinson, Kahindo, Chege, Rutenberg, Musonda, Laorou & Akam, 2001:16).

Oliver-Smith (2004:15) asserts that research or management studies of complex systems usually focus on particular aspects of an ecosystem. For example, a study may focus on:

- understanding a particular population (one specie);
- identifying the components and interactions in a system's network;

- defining energy and material flow processes; or
- quantifying the ecosystem environment, the various abiotic or environmental parameters of the ecosystem.

In the light of the foregoing definitions of the ecological systems theory, an ecosystemic approach explicitly recognizes that human populations, together with their various inputs and by-products, form an important part of the ecosystem. This means that an ecosystemic approach is management driven by explicit goals, executed by policies, protocols and practices, and made adaptable by monitoring research based on best understanding the ecological interactions and processes necessary to sustain ecosystem composition, structure and function.

In short, an ecosystemic approach in educational management considers the complexity and variability of natural ecosystems and tries to understand the integrated and coordinated impact of all human activities affecting it. An ecosystemic approach, according to Sterelny (2001:439; Dalby, 2002:99; Coffey, 2004:168; Auvert *et al.*, 2001:28):

- includes humans and their activities as part of the system;
- insists on the need to integrate knowledge and management perspectives, for example HIV/AIDS at schools which cannot be managed independently from social assistance programmes and parallel health practice programmes;
- requires collaboration among all human participants such as government departments and agencies, for example the Health Department, Social Development Department, non-governmental organizations such as Love Life *etc.* to the international level;
- recognizes the complexity and variability of the natural environment, and thus advocates a precautionary approach;
- includes the idea of sustainability, that is it propounds that measures taken today should not ruin tomorrow's prospects; and

- recognizes that, in order to achieve this goal, sufficient knowledge of the system is necessary.

2.2.2 Partnership

Epstein (1993:712) states that the term *partnership* "implies a formal alliance and contractual agreement to work toward shared goals and to share the profits or benefits of mutual investments". Birkmann (2005:24) describes the essential elements of a successful partnership: "For a partnership to work, there should be mutual trust and respect, an ongoing exchange of information, agreement on goals and strategies, and a sharing of rights and responsibilities."

Brough and Irvin (2001:58) state:

"Successful partnerships are those that involve the sustained mutual collaboration, support, and participation of school staffs and families at home and at school, in activities and efforts that can directly and positively affect the success of children's learning and progress in school. Schools that have developed successful partnerships with parents view learner achievement as a shared responsibility, and all stakeholders including parents, administrators, educators, and community leaders play important roles in supporting children's learning."

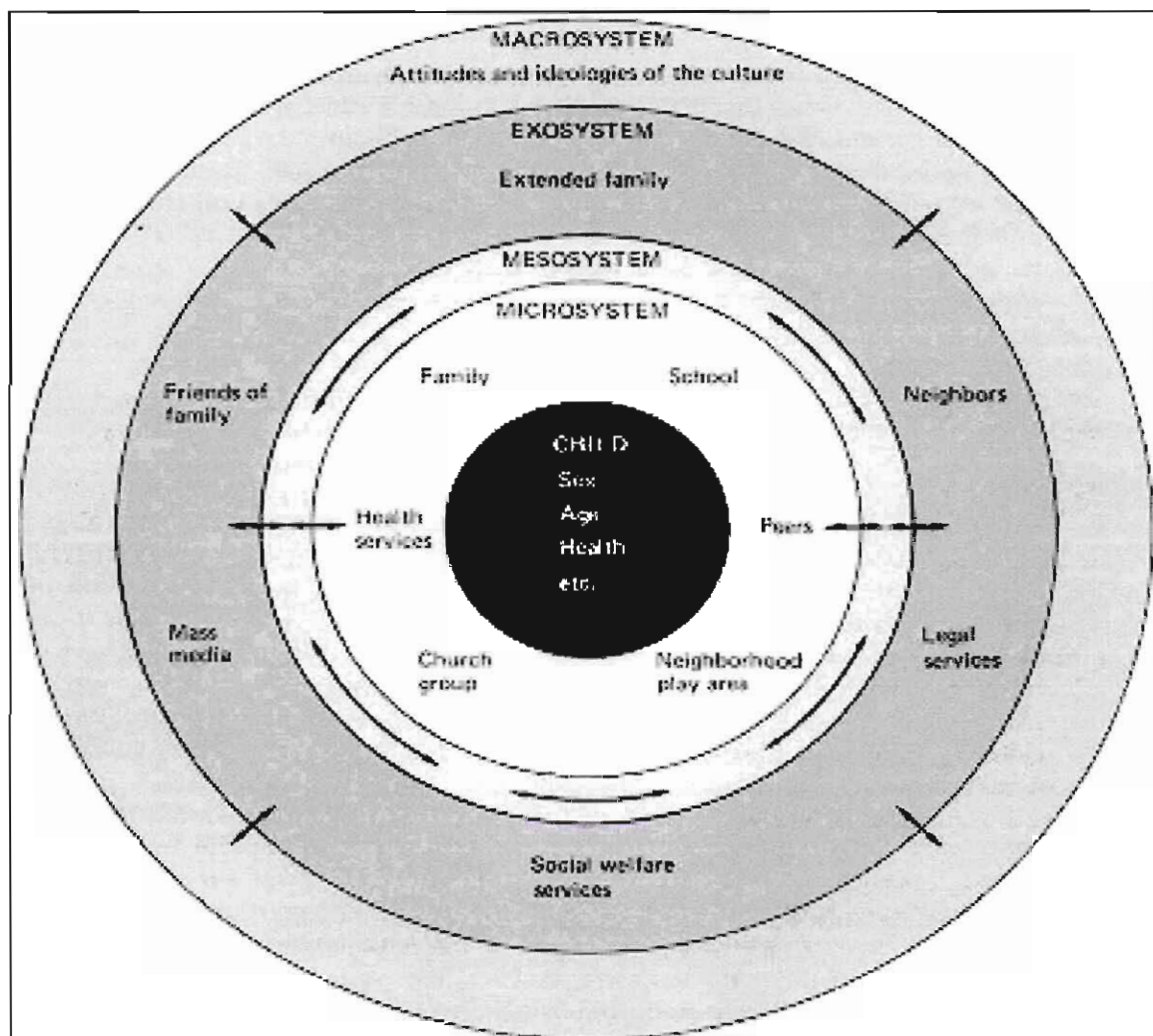
Epstein (1995:711) adds that a foundation of trust and mutual respect enables partnerships to survive and grow in spite of the differing opinions of its members:

"Although the interactions of educators, parents, learners, and community members will not always be smooth or successful, partnership programs establish a base of respect and trust on which to build. Good partnerships withstand questions, conflicts, debates, and disagreements; provide structures and processes to solve problems; and are maintained-even strengthened-after differences have been resolved."

2.3 ECOSYSTEMIC THEORY AS THE FRAMEWORK OF THIS RESEARCH

The ecological model which appears below (see figure 2.1), the major proponent of which is Bronfenbrenner (1979:42), seeks to explain individual knowledge, development and competencies in terms of the guidance, support and structure provided by society and to explain social change over time in terms of the cumulative effect of individual choices (Berger, 2000:69).

Figure 2.1: Bronfenbrenner's micro-, meso-, exo- and macrosystems theory (Bronfenbrenner 1979:12)



According to Bronfenbrenner (1979:52), each person is significantly affected by interactions among a number of overlapping ecosystems. At the centre of the model is the individual. Microsystems are the systems that intimately and

immediately shape human development. The primary microsystems for children include the family, peer group, classroom, neighbourhood and sometimes a church, temple or mosque as well. Duraiappah (2004:30) identifies interactions among the microsystems, as when parents and educators coordinate their efforts to educate the child, taking place through the mesosystem. Surrounding the microsystems is the exosystem, which includes all the external networks, such as community structures and local educational, medical, employment and communications systems that influence the microsystems. The macrosystem influences all other systems which include cultural values, political philosophies, economic patterns and social conditions. Together, these systems are termed the social context of human development.

Alcamo and Elena (2003:12) posit that the ecological paradigm represents an integration of research and theory from developmental psychology and sociology, with experiential knowledge of social work, family support, early intervention and early childhood education. Alcamo and Elena (2003:12) further posit that the ecological paradigm represents a coalescing of what researchers are learning about the way different social environments and relationships influence human development. Because it is a developing model with many as yet unexplained elements, the ecological model is still in a state of flux. However, the basic tenets of the ecological model have been established for some time and can be stated as:

- human development viewed from a person-in-environment perspective;
- the different environments, individuals and families shaping the course of development;
- environmental risk and protective factors that help and hinder development; and
- influence flowing between individuals and their different environments in a two-way exchange (Forget & Lebel, 2001:34).

These interactions form complex circular feedback loops, and individuals and families are constantly changing and developing. Stress, coping and adaptation therefore become normal developmental processes (Coatsworth, Maldonado-Molina, Pantin & Szapocznik, 2005:162; Duraiappah, 2004:29; Cropp, Kristensen, Gabric & Braddock, 2003:64).

The concepts which appear in the next sections characterize the ecological paradigm.

2.3.1 Dynamic development processes

Alcamo and Elena (2003:25) maintain that an ecological perspective focuses on dynamic developmental processes, including the way in which stress, coping and adaptation contribute to development. A useful concept for understanding this view of development is the "goodness of fit" model. This model suggests that healthy development and effective functioning depend on the match between the needs and resources of a child or family and the demands, support and resources offered by the surrounding environment. The developing individual responds to the "environmental fit" through developmental processes associated with stress management, coping and adaptation (Gopalan, 2004:12).

Sterelny (2001:440) postulates that the "goodness of fit" model is useful for understanding how to support and strengthen families as well. Families develop and move through predictable developmental stages just as children do. Families should also respond to the demands and expectations from work, social groups, community institutions and society as a whole. Aspinwall and Staudinger (2003:248) argue that stress builds up when the resources and coping skills of a family are inadequate to meet the demands and expectations of the social environment. Family stress levels are a predictor of "rotten outcomes" for children. If stress increases beyond a certain point, for whatever reason, a family's ability to nurture its children decreases (Kim & Rohner, 2002:127).

According to Nicolai and Triplehorn (2003:110), lack of "fit" or a mismatch can happen between children and their family or school environment or between a

family and a community environment. Problem behaviour at school may often be attributed to a mismatch between a child and the expectations of the school setting. Hektner (2001:173) adds that mismatches also occur when the home culture and values are at odds with the dominant values of the school environment. This poses a threat to the linkages between family and school. The threat is lessened when both sides are carefully respectful and recognize the importance and value of each to the child. When a mismatch occurs and a child is disruptive or a family needs outside help, it may not be due to a deficiency in the child or family (Lopez, Kreider & Caspe, 2004:109). The mismatch may come from a lack of resources or support from the social environment.

It can be inferred from the foregoing paragraph that environments help or hinder development. For example, a given environment may be bountiful and supportive of development or impoverished and threatening to development. Negative elements or the absence of opportunities in family, school or community environments may compromise the healthy development of children or inhibit effective family functioning (Mitrani, Prado, Feaster, Robinson-Batista & Szapocznik, 2003:44). This means that as children move out into the world, their growth is directly influenced by:

- the expectations and challenges from peer groups, care-givers, schools, and all the other social settings they encounter (Pianta, Kraft-Sayre, Rimm-Kaufman, Gerke & Higgins, 2001:129);
- the depth and quality of a family's social network as a predictor of healthy family functioning. During normal family transitions, all families experience stress. Just having someone to talk to about the kids over a cup of coffee, swap child care or offer help with projects, buffers a family against the stress of normal family life (Perrino, Coatsworth, Briones, Pantin & Szapocznik, 2001:128);
- strong linkages between families and community organizations such as schools, open channels that allow vital information and resources to flow in

both directions, support families, school, and communities (Phillips & Settersten, 2002:291); and

- the work environment, community attitudes and values, and the large society, shaping child development indirectly, but powerfully, by affecting the way a family functions (Phiri, Foster & Nzima, 2001:3).

According to Coatsworth *et al.* (2002:113), when considering the ecology of a particular child, a person might assess the challenges and opportunities of different settings by posing questions. For example:

- In settings where the child has face-to-face contact with significant others in the family, school, peer groups or church, the questions that can be posed are: Is the child regarded positively? Is the child accepted? Is the child reinforced for competent behaviour? Is the child exposed to enough diversity in roles and relationships? Is the child given an active role in reciprocal relationships? (Anguiano, 2003:70);
- When the different settings of a child's ecology such as home-school, home-church, school-neighbourhood interact, the questions that can be posed, according to Brough and Irvin (2001:59), are:
 - Do settings respect one another?
 - Do settings present basic consistency in values?
 - Are there avenues for communication?
 - Is there openness to collaboration and partnership?
- In the parent's place of work, the School Governing Body and local government, settings in which the child does not directly participate, but which have powerful impact on family functioning, the questions that can be posed, according to Connors and Epstein (1995:438), are:
 - Are decisions made with the impact on families and children in mind?

- Do these settings contain support to help families balance the stress that is often created by these settings?
- In the larger social setting where ideology, social policy and the “social contract” are defined: the questions that can be posed, according to Bogardi (2004:361), are:
 - Are some groups valued at the expense of others, for example: Is there sexism or racism?
 - Is there an individual or a collectivist orientation?
 - Is violence a norm?

2.3.2 Environments children experience

Brooks-Gunn and Markman (2005:139) posit that when thinking about the environments children experience, it should be kept in mind that the environments families encounter, also contribute to child development by their impact on family functioning. In a community there may or may not be the resources and relationships a family needs. Within its community setting, each family fabricates its own web of support from the formal and informal resources available. A family may forge many connections, a few strong connections or no connections at all to the community resources. These connections link families to the tangible and intangible resources of the community (Coffey, 2004:166).

In the same manner that the child's environment offers challenges and opportunities, community settings offer challenges and opportunities for healthy family functioning. Generalizations about family-community interactions can be found in, for example, the following settings:

- Rural families on one hand have few employment opportunities, lower economic well-being, fewer educational opportunities and less access to health care and social services while urban families, on the other hand, have higher crime rates, more impersonal ties, higher density and noisier living conditions (Furstenberg, Cook, Eccles, Elder & Sameroff, 2000:10).

- Many parents should cope with the threat of violent crime in their neighbourhood. A family's response to demands and challenges from a community environment may promote or hinder family functioning and child development. Withdrawing emotionally, keeping children inside the house and restricting child activity, are coping strategies parents use when faced with violence in their neighbourhood, but these actions may also impede normal development (Gonzalez, 2002:132).
- Families are affected by the manner in which community organizations are responsive to family needs. Williamson (2004:13) identifies five strategies that make early childhood programmes more responsive to families. These include: increasing parent-programme communication; giving parents choices between different programmes; assessing family and child needs; re-defining staff roles; using community residents; as well as involving parents in decision-making.
- The relationship between families and their community changes and evolves over time. The needs and interests of family members change over a life span. Issues of responsiveness also change with aging and the stage of development (Van Voorhis, 2003:324).
- "Community" may refer to relationships and social networks, as well as to a physical location (Furstenberg *et al.*, 2000:10). A family's informal social support network often provides services that are more accessible, culturally appropriate and acceptable than the services offered by formal support systems.

A focus on the individual, isolated and independent, is deeply embedded in Western communities and schools' culture and values (Lake, Winger & Petty, 2002:86). In contrast, an ecological model emphasizes the interconnections of events and the bi-directionality of effects between organism and environment. An ecological perspective views human development from a person-in-environment context, emphasizing the principle that all growth and development take place within the context of relationships. A child should, thus, be studied in the context of the family environment and the family should

be understood within the context of its community and the larger society (Tropman, Erlich & Rothman, 2001:35). The language of the ecological model provides a sharp contrast to the image of the lone frontiersman pulling himself up by his bootstraps, the "paddle my own canoe" mentality upon which communities' legal, educational and social service delivery system are often based. Perhaps Western cultures can learn more from the African philosophy of Ubuntu/Botho whose ideals entail communalism and co-existence among Africans (Department of Education, 2001:4).

2.3.3 Theory of living systems

Kay (2000:135) argues that the most appropriate theoretical framework for ecology is the theory of living systems, hence the use of the concept ecosystems in the following paragraphs. This theory is not generally applied or used in Educational Management practice, but has its roots in several scientific fields that were developed during the first half of the century, such as organismic biology, *gestalt* psychology, general systems theory and cybernetics. In all these scientific fields, scientists explored living systems and this led to a new way of seeing the world and a new way of thinking, known as systems thinking or systemic thinking, which means thinking in terms of relationships, connectedness and context (Forget & Lebel, 2001:22). This is a key aspect of systems thinking. It implies a shift of focus from objects to relationships. A vibrant community is aware of the multiple relationships among its members. Nourishing the community means nourishing these relationships (Guzzini, 2000:147).

According to Ross and Deverell (2004:224), understanding relationships is not easy for educational managers and governors who were educated and trained in a Western way, because it is something that goes counter to the traditional scientific enterprise in Western culture. In science, so individuals have been taught, things should be measured and weighed. In contrast, relationships cannot be measured and weighed, they need to be mapped. A map of relationships can be drawn, interconnecting different elements or different members of a community (Garbarino & Ganzel, 2000:78). Goetz and Darryl (2005:61) further state that when a person does that, it will be discovered that

certain configurations of relationships appear repeatedly. This is what is called patterns. The study of relationships leads to the study of patterns. Understanding ecosystems, then, leads to the understanding of relationships and patterns of the way of life, philosophy of life, convictions, religion, language, values and norms, which form the core cultural virtues of communities and schools.

According to Kay (2000:138), the ecosystemic theoretical framework has its roots in the general systems theory and human ecology. The former postulates that any whole structurally comprises sub-systems that are functionally interactive and interdependent. Malfunctioning in one sub-part disturbs the effectiveness of the whole system. However, should the malfunctioning sub-system be replaced, the effectiveness of the whole system is restored. The human ecosystem, on the other hand, involves two open systems, namely the individual and the environment. Guzzini (2000:152) describes the former as comprising physical, psychological and physiological sub-systems. Representing the environmental system are the physical environment, cultural, community and social sub-systems. Boundaries between and within sub-systems are permeable, thus fostering interaction at various levels of individual and environmental sub-systems.

De Plaen and Kilelu (2004:10) posit that the ecosystemic approach construes the human system as the central unit of analysis while the environment forms the social context in which behaviour occurs. As such, the behaviour of the individual cannot be examined without addressing the context in which it occurs. De Plaen and Kilelu (2004:10) further explain that in combination, individual and environmental systems function synergistically – meaning that the impact of the whole ecosystem is greater than the sum of its individual components. The ecosystemic perspective additionally conceptualises pathology or health as patterns of activity that may be caused, maintained or perpetuated by multiple and interacting factors. Kay (2000:142) refers to ecologically based factors as having the potential to either ameliorate or exacerbate the impact of negative experiences. These researchers argue that unravelling ecological factors provide an understanding of how people cope

with and respond to experiences that threaten their lives. It is therefore possible to regard the ecosystemic framework as an integrated approach for assisting schools to combat the HIV/AIDS epidemic.

2.3.4 Organization of ecosystems

The question can then be asked: How do ecosystems organize themselves? The first thing that is recognized when an ecosystem is observed is that it is not just a collection of species, but a community. This means that its members all depend on one another. They are all interconnected in a vast network of relationships, the web of life that is: All living systems share a set of common properties and principles of organization (Duraiappah, 2004:30).

2.3.5 System of relationships

The ecological systems theory of Bronfenbrenner (1986:728) looks at, in the context of this research, whether child development is within the context of the system of relationships that form their environment. Bronfenbrenner's (1979:33) theory defines complex "layers" of environment, each having an effect on a child's development. This theory has recently been re-named the bio-ecological systems theory to emphasize that a child's own biology is a primary environment, fuelling her/his development (Spencer, Dupree & Hartmann, 1997:820; Szapocznik, Kurtines, Santisteban, Pantin, Scopetta, Mancilla, Aisenberg, McIntosh, Perez-Vidal & Coatsworth, 1997:140). The interaction between factors in the child's maturing biology, her/his immediate family/community environment and the societal landscape, fuel and steer her/his development. Changes or conflict in any one layer will ripple throughout other layers. To develop their schools, School Managers and Governing Bodies should look not only at the child and her/his immediate environment, but also at the interaction of the larger environment (Dyer, 2002:69).

Bronfenbrenner's structure of environment (1986:730) is as follows:

- The micro-system - This is the layer closest to the child and contains the structures with which the child has direct contact. The microsystem

encompasses the relationships and interactions a child has with her/his immediate surroundings. Structures in the micro-system include family, school, neighbourhood or child-care environments. At this level, relationships have impact in two directions - both away from the child and toward the child. For example, a child's parents may affect her/his beliefs and behaviour - however, the child also affects the behaviour and beliefs of the parent. Bronfenbrenner calls these bi-directional influences, and he shows how they occur among all levels of environment. The interaction of structures within a layer and interactions of structures between layers is a primary issue to this theory. At the micro-system level, bi-directional influences are strongest and have the greatest impact on the child. However, interactions at outer levels can still impact on the inner structures (Forget & Lebel, 2001:28).

- The *meso-system* - This layer provides the connection between the structures of the child's micro-system (Alcamo & Elena, 2003:43), for example, the connection between the child's educator and her/his parents, between her/his church and her/his neighbourhood.
- The *exo-system* - This layer defines the larger social system in which the child does not function directly. The structures in this layer impact on the child's development by interacting with some structure in her/his micro-system. Parent workplace schedules or community-based family resources are examples. The child may not be directly involved at this level, but she/he does feel the positive or negative force involved in the interaction with her/his own system (Helman, 2000:50).
- The *macro-system* - This layer may be considered to be the outermost layer in the child's environment. While not being a specific framework, this layer is comprised of cultural values, customs and laws (Bogensneider, Small & Riley, 2000:28). The effects of larger principles defined by the macro-system have a cascading influence throughout the interactions of all other layers. For example, if it is the belief of the culture that parents should be solely responsible for raising their children, that culture is less likely to provide resources to help parents. This, in turn, affects the

structures in which the parents function. The parents' ability or inability to carry out that responsibility towards their child within the context of the child's microsystem is likewise affected (Carpenter, Brock & Hanson, 1999:56).

- The *chrono-system* – This system encompasses the dimension of time as it relates to a child's environment. Elements within this system can be either external, such as the timing of a parent's death, or internal, such as the physiological changes that occur with the ageing of a child (Battles & Weiner, 2002:161). As children get older, they may react differently to environmental changes and may be more able to determine in what way a change could influence them (Alcamo & Elena, 2003:28).

The systems theory, according to Bazzani and Feola (2001:18), therefore, entails a new way of seeing the world and a new way of thinking, known as *systems thinking* or *systemic thinking*. It means thinking in terms of relationships, connectedness and context. Such a theory can be effective in helping school governors and managers see the relationships, connectedness and social context between families, community agencies and societal structures in dealing with the HIV/AIDS epidemic.

Having explained the ecological and systems theories in this section, it is now imperative to look into the ecological and systems theory's view of nature and nurture in the next section. Nature and nurture are important in the optimal development of children's learning and psycho-physical and social well-being (Van Dyk, 2005:34).

2.4 THE ECOLOGICAL AND SYSTEMS THEORY'S VIEW OF NATURE AND NURTURE

Henderson and Mapp (2002:101) indicate that more modern child development theories accept the fact that both a child's biology and her/his environment play a role in change and growth. Bronfenbrenner's (1979) ecological systems theory focuses on the quality and context of the child's environment. He states that, as a child develops, the interaction within her/his environment becomes more complex. This complexity can arise as the child's

physical and cognitive structures grow and mature. This theory concurs well with Piaget and Erikson's theories on the psycho-social development of human beings. This shows how the ecological systems theory is founded on constructivism (Dalby, 2002:98).

Bronfenbrenner (1997:73) sees that the instability and unpredictability of family life societies all over the world allow their economies to be the most causative factor of the creation of destructive forces to a child's development. Children do not have the constant mutual interaction with important adults that is necessary for development. The ecological theory highlights that if the relationships in the immediate microsystem break down, the child will not have the tools to explore other parts of his environment (Rothman, 1999:32). Children looking for the affirmations that should be present in the child/parent (or child/other important adult) relationship seek attention in inappropriate places like gangs and peer groups which leads to parents losing control of their children (Dawes, 2000:46; Bowen, Mancini, Martin, Ware & Nelson, 2003:36). These deficiencies show themselves, especially in adolescence, as anti-social behaviour, lack of self-discipline and inability to provide self-direction.

This theory has dire implications for the practice of educational management and governance. It seems now that it is necessary for schools to provide stable and long-term relationships with children and adolescents. Yet Bronfenbrenner (1986:734) believes that the primary relationship needs to be with someone who can provide a sense of caring that is meant to last a lifetime. Phillips and Settersten (2002:283) emphasize that this relationship should be fostered by a person or people within the immediate sphere of the child's influence. Schools, educators and educational managers fulfil an important secondary role, but cannot provide the complexity of interaction that can be provided by primary adults, that is, parents. For the educational community to attempt a primary role is to help societies continue their acceptance of the real issue. The problems which learners and families face are caused by the conflict between the workplace and family life – not between families and schools. Schools, educators and educational managers

and governors should work to support the primary relationship and to create an environment that welcomes and nurtures families (Pianta *et al.*, 2001:130; Small & Supple, 2001:163). Educational managers and governors can do this while they work to realize Bronfenbrenner's ideal of the creation of public policy that eases the work/family conflict (Waller, 2001:2). It is in the best interest of all societies for educational managers and governors to advocate and lobby for political and economic policies that support the importance of parents' roles in their children's development. Bronfenbrenner's theory fosters societal attitudes that value work done on behalf of children at all levels: parents, educators, extended family, mentors, work supervisors and legislators (Waltner-Toews *et al.*, 2003:25).

The next section looks at the family as a system for child development. This is significant because families form the core of communities.

2.5 FAMILY AS A SYSTEM FOR CHILD DEVELOPMENT

From an ecological perspective, the most logical model of a family is a system. While there are critics of this conceptualization, most researchers now approach the family from what could be loosely called a "systems perspective" (Williamson, 2004:128). Coatsworth *et al.* (2002:116) and Voydanof (2004:155) confirm that a systems approach to human development considers the way relationships within the family and between the family and social environment influence individual development and family functioning.

The systems theory has guiding principles that apply to all kinds of systems including business and industry, community organizations, schools and families. These principles are helpful in understanding how families function and how families and communities interact (Croker, Dupraw, Kunde & Potapchuk, 1996:67). Some principles of systems relevant to a Family-Centred Approach are:

- **Interdependence** - One part of the system cannot be understood in isolation from the other parts. Children cannot be understood outside the context of their families. Any description of a child has to consider the two-way patterns of interaction within that child's family and between the family

and its social environment. Describing individual family members does not describe the family system, from which can be deduced that a family is more than the sum of its parts (Sterelny, 2001:437; Voydanhof, 2001:134).

- **Sub-systems** - All systems are made up of sub-systems. Families' sub-systems include a spousal sub-system, parent-child sub-systems and sibling sub-systems. A family's roles and functions are defined by its sub-systems (Taylor, 1999:197; Gutman, 1999:146).
- **Circularity** - Every member of a system influences every other member in a circular chain reaction. A family system is constantly changing as children develop, thus, it is almost impossible to know for certain the causes of behaviour (Epstein, 1995:711).
- **Equifinality** - The same event leads to different outcomes and a given outcome may result from different events. What this suggests is that there are many paths to healthy development and there is no one-best-way to raise children (Szapocznik & Coatsworth, 1999:345).
- **Communication** - All behaviour is viewed as interpersonal messages that contain both factual and relationship information (Tieger & Barron-Tieger, 1997:36).
- **Family rules** - Rules operate as norms within a family and serve to organize family interactions (Tropman *et al.*, 2001:39).
- **Homeostasis** - A steady, stable state is maintained in the ongoing interaction system through the use of family norms and a mutually reinforcing feedback loop (Unger & Sussman, 2002:18; Renzulli, Aldarich & Moody, 2000:523).
- **Morphogenesis** - Families also require flexibility to adapt to internal and external change (Waltner-toews *et al.*, 2003:46).

A Family-Centred Approach borrows from the family systems theory. The family systems theory supplies useful principles for studying children within the context of their family relationships. This framework requires individuals to

stop operating as if children exist in isolation. Effective interventions should strive to understand and respect each family's system (Duncan & Arntson, 2003:35; Sonn, Bishop & Drew, 1999:49).

A basic ecological premise stresses that development is affected by the setting or environment in which it occurs. The interactions within and between the different environments of a family make up the "ecology" of the family and are key elements of an ecological perspective (Gurney & Nisnet, 1998:29). The environments of a family's ecology include:

- **Family** - The family performs many functions for its members essential to healthy development and mediates between the child and the other types of environment (Voydanhof, 2004:160).
- **Informal social network** - A family's social network grows out of interactions with people in different settings and consists of an extended family, social groups, recreation, as well as work. Ideally, this network of caring for others creates feelings of self-worth, mobilizes coping and adapting strategies, and provides feedback and validation (Gambone, Klem & Connell, 2002:16; Sonn *et al.*, 1999:50).
- **Community professionals and organizations** - A community's formal support organizations are in the position to provide families with resources related to professional expertise and/or technology (Farmer, Léandre & Mukherjee, 2001:404).
- **Society** - Social policy, culture and the economy define elements of the larger ecology that impact on the way a family functions (Fellin, 2001:37).

From the foregoing paragraphs, it is apparent that the family is the closest, most intense, most durable and influential part of the mesosystem. The influences of the family extend to all aspects of the child's development, for example language, nutrition, security, health and beliefs which are all developed through the input and behaviour-related feedback within the family (Duraiappah, 2004:29).

The children and adolescents who attend schools, as well as educational management and governance practices are largely a product of the family they are a part of (Fan & Chen, 2001:13; Wellman, 1999:15). Educational managers and governors need to be able to deal with a great variety of family systems in understanding the children within their schools. In today's society, the family is less frequently the archetypical combination of stay-at-home mother, working father and sibling children. Single parent families, generation-skipping families and other non-traditional groupings are more common today than the traditional family of the past (Garis, 1998:134). Another common force that has changed the family landscape in societies is divorce. Children of divorced parents often have a split family life, such as being with fathers for the weekend and being with mothers during the week, or any number of other situations. Divorce is an excellent example of the type of interaction between systems that Compas, Malcarne and Fondacarco (1998:409) write about. The divorce arrangement can have a profound effect on the family and the development of the child, but it is often a product of society, decided by a judge, enforced by social services. In turn, the divorced family affects the community and society because by the proliferation of divorce, social attitudes change and the social perception of family is modified (Falbo, Lein & Amador, 2001:511). The school is also affected by the changes in a divorced family. For example, to whom is the annual report card of the child sent and which parent attends parent-educator meetings?

A number of other systems, such as the community, religion, school, society and cultural forces from within the mesosystem and the exosystem directly affect the family (Helman, 2000:51). Society and the culture of both the family and the neighbourhood influence the child's perception of the family's place in the community. The family can affect the community through its needs for services and its contribution as taxpayers and voters (Henderson & Mapp, 2002:105).

It goes without saying, therefore, that the post-modern educational manager and governor have to adopt a Family-Centred Approach to working with families. A Family-Centred Approach is a process for delivering services to

families that will fit many different "content areas," be it support for teen parents, family literacy or education for low-income children. It is not a set of particular practices, but rather a "philosophy" in which families are recognized as having unique concerns, strengths and values (Holland & Mimnaugh, 1996:38). Carlson and Kjos (2002:23) maintain that a Family-Centred Approach represents a paradigm shift away from deficit-based, medical models that discover, diagnose and treat "problems" in families according to an ecological model. The ecological model views families from the perspective of "a half-full cup" rather than a half-empty one. This approach builds on and promotes the strengths that families already have. The key components of a Family-Centred Approach are:

- **Creating partnerships and helping relationships** - Families are supported and child development is enhanced through helping and partnership relationships (Dunst, 2002:140).
- **Building the community environment** - Families gain information, resources and support through their connections with the community environment (Blank, Melaville & Shah, 2003:13).
- **Linking families and community support** - Participation, two-way communication and advocacy strengthen both the community support network and family functioning (Kay, 2000:140; Kay, Regier, Boyle & Francis, 1999:735).

The following set of assumptions and beliefs about families and service delivery principles has evolved from the application of ecological perspectives by family support programmes, which are that all families need help at some time in their lives, but not all families need the same kind or intensity of support; a child's development is dependent upon the strength of the parent/child relationship, as well as the stability of the relationship among the adults who care for and are responsible for the child; most parents want to and are able to help their child grow into healthy, capable adults (Coatsworth *et al.*, 2002:128); parents do not have fixed capacities and needs, and, like their children, they are developing and changing and need support through

difficult, transitional phases of life; parents are likely to become better parents if they feel competent in other important areas of their lives, as well, which are their vocation, at school and in their other family and social relationships; and families are influenced by the cultural values and societal pressures in their communities (Bazemore & Mara, 2001:28).

These beliefs and assumptions about families, according to Coatsworth, Santisteban, McBride and Szapocznik (2001:320), guide the delivery of services by family support programmes. The service delivery principles of family support programmes are grounded in the practical experiences of serving families and are an important part of a Family-Centred Approach.

Helman (2000:73) posits that when the family is examined from an ecological point of view, no one person or thing can be realistically identified as the cause of a problem. Behaviour from an ecological perspective is more complex than "stimulus A causes predictable response B". The environmental demands and the reciprocal relationships between people interact with individual characteristics in complex chains of influence that define behaviour. Brough and Irvin (2001:59) argue that although parents have a profound influence on the ability of the child to develop in a healthy, competent manner, children also influence their parents' behaviour. When dealing with a child's acting-out behaviour or addressing a family's financial need, educational managers and governors need to consider not only the individual, but also the contributing factors from the environment and interpersonal relationships (McLanahan, 1997:39).

The next section will now look into the school as an important system in the community. Schools are significant nurturing systems in communities.

2.6 SCHOOLS AS SYSTEMS

Traditionally, public schools have not had a strong influence on family involvement and support according to the South African Schools Act (84/1996). University Faculties of Education have also typically offered little direct and practical training to aspirant educators in forming parent/educator relationships. A 1987 University of Minnesota report on improving educator

education listed what researchers identified as the thirty-seven most important teaching skills, and the issue of learning how to work with parents was not among them (Bernardo, 1996:95). However, a number of factors have contributed to the current focus on parental involvement as a way to improve educational outcomes for all children, particularly children from low-income families.

During the last twenty years, vast economic and demographic changes have resulted in increased economic hardship and stress for many families and an accompanying pressure on schools to increase nations' competitiveness in a global economy (Dunst, 2002:142). There is growing recognition that fostering school "readiness" for kindergarten and for succeeding, educational environments will need to address the strengths and needs of the whole child. The National Education Goals Panel (NEGP, 1995:13) endorsed a complex, multifaceted definition of readiness, which includes physical well-being and motor development, social competence, approaches toward learning, language and literacy, cognitive development and general knowledge. This comprehensive definition requires a new approach to schooling, one which includes a shared responsibility for children's development and will likely permanently alter the schools' relationships with families and communities.

Recognizing the vital role that parents play in their children's education, the South African Schools Act (84/1996) encourages and promotes parents' involvement in their children's education, both at home and at school. Three decades of research have demonstrated strong linkages between parental involvement in education and school achievement (Williamson, 2004:128). Cooper (2002:612) contends that family involvement is found to be most intense among middle and upper-class families. However, regardless of parents' education, parental involvement with children's schooling is associated with better attendance, higher achievement test scores and stronger cognitive skills. In addition, when parents assist elementary school children with their schoolwork, social class and education become far less important factors in predicting the children's academic success (Coatsworth *et al.*, 2001:316).

Meisgeier, Dahl and Meisgeier (1998:255) maintain that low-income, minority and limited-English-proficient parents, however, may face numerous barriers when they attempt to collaborate with schools. These include lack of time and energy, language barriers, feelings of insecurity and low self-esteem, lack of understanding about the structure of the school and accepted communication channels, cultural incongruity, race and class biases on the part of school personnel and perceived lack of welcome by educators and administrators.

Given these potential barriers, it is not surprising that research has demonstrated that successful parent involvement programmes should have a strong component of outreach to families (Barron-Tieger, 1997:80; Scholl, 1995:117). Studies show that school practices to encourage parents to participate in their children's education are more important than family characteristics such as parent education, socio-economic and marital status. A 1988 study of parental involvement at schools (Dawes, 2000:23) concluded that it was not parents who were hard for schools to reach, but schools that were hard for parents to reach or contact. Bernardo (1996:97) argues that if schools are to become places where families feel welcome and recognized for their strengths, potential school personnel should not only embrace the concepts of partnership and parental involvement, but also be given training and support to translate their beliefs into practice.

While traditional forms of family involvement have focused on the supposed deficits of low-income and/or minority families, new models, congruent with the Family-Centred Approach, emphasize building on family strengths and developing partnerships with families, based on mutual responsibility. In these approaches, parents are involved as peers and collaborators, rather than as clients (Duncan & Arntson, 2003:32). Penley (2004:15) has identified four tenets of programmes which have been shown to improve the educational outcomes for all children, particularly those of low-income and minority children and they are that:

- parents are children's first educators and have a life-long influence on children's values, attitudes and aspirations;

- children's educational success requires congruence between what is taught at school and the values expressed at home;
- most parents, regardless of economic status, educational level or cultural background care deeply about their children's education and can provide substantial support if given specific opportunities and knowledge; and
- schools should take the lead in eliminating or at least reducing traditional barriers to parental involvement (Yang & Kayaardi, 2004:231; Kim & Rohner, 2002:130).

Catsambis (2002:160) posits that the relationships a child develops at school become critical to her/his positive development. Because of the amount of time children spend at school, the relationships fostered in those circumstances carry real weight. Also, children may be developing relationships with adults outside their immediate family. For the first time, these connections help a child develop cognitively and emotionally. Bronfenbrenner (1997:40) highlights the importance of these bi-directional interactions with caring adults in the child's life. He outlines the following five propositions that describe in what way relationships developed at home and at school work together for positive development:

- **Proposition 1** - The child should have on-going, long-term mutual interaction with an adult (or adults) who has a stake in the development of the child. These interactions should be accompanied by a strong tie to the child that ideally, is meant to last a life-time. It is important for this attachment to be one of unconditional love and support. This person should believe the child is "the best" and the child should know that the adult has this belief (Carpenter *et al.*, 1999:66).
- **Proposition 2** - This strong tie and the pattern of interpersonal interaction it provides will help the child relate to features of her/his own mesosystem. The skills and confidence encouraged by the initial relationships will increase the child's ability to explore and grow effectively due to the influence of outside activities (Coatsworth *et al.*, 2005:160).

- **Proposition 3** - Attachments and interactions with other adults will help the child progress to more complex relationships with her/his primary adults. The child gains affirmation from a third party relationship. She/he will bring those new skills into the primary relationship. Also, these secondary adults will give support to the primary adults and help the child realise the importance of the primary role (Cooper, 2004:24).
- **Proposition 4** - The relationships between the child and her/his primary adults will progress only with repeated two-way interchanges and mutual compromise. Children need these interchanges at home and at school or child-care parents need these interchanges in their neighbourhoods and workplaces (Costanza, 1998:39).
- **Proposition 5** - The relationships between the child and adults in her/his life also require a public attitude of support and affirmation of the importance of these roles. Public policies should enable time and resources for these relationships to be nurtured and a culture-wide value should be placed on the people doing this work. This includes the work of parents and educators, but also the efforts of extended family, friends, co-workers and neighbours (Cuddington, 2001:463).

These five propositions have implications for the practice at schools today. Bronfenbrenner (1986:738) sees the instability and unpredictability of modern family life as the most destructive force in a child's development. This destructive force may spill over into the school setting. Some children do not have the constant mutual interaction with important adults that is necessary for development. According to the ecological theory, if the relationships in the immediate family break down, the child will not have the tools to explore other parts of her/his mesosystem (Della & Diani, 2004:38). Children looking for the affirmations that should be present in the child/parent (or child/other important adult) relationship, seek activities in inappropriate places such as gangs and peers. These deficiencies show themselves, especially at school, as anti-social behaviour, lack of self-discipline and inability to provide self-direction (De Plaen & Kilelu, 2004:13).

This theory has dire implications for the practice of educational management. It seems now that it is necessary for schools, educators and educational managers and governors to provide support for stable, long-term relationships between learners and parents, and also between learners and mentors, and learners and educators. Schools, educators and educational managers and governors should work to support the primary relationship and to create an environment that welcomes and nurtures families. Educational managers and governors can do this while they work to realize Bronfenbrenner's ideal of the creation of public policy that eases the work/family conflict cited in Henderson and Mapp (2002:100).

The next section looks into spirituality or religion as an important system in the development of children and adolescents.

2.7 RELIGION OR SPIRITUALITY AS AN IMPORTANT SYSTEM IN THE DEVELOPMENT OF CHILDREN AND ADOLESCENTS

The relationship of religion to the developing child is usually seen as a source of moral and ethical values. In most communities, religion is an integral part of culture. Whether Irish-Catholic or Syrian-Baha'i, Shembe-African Umvelinqangi, Basotho-Badimo, Nguni-Izinyanya/Amadlozi or other, a child's religion is usually based on the family's preference or heritage. There is a great variation in intensity of religious belief from family to family (Anderson, 2000:45). Some have a very casual relationship with a church, perhaps only observing major feasts or holidays, some are very involved and their religion dictates everything from mode of dress to food preparation.

Educational policies sometimes conflict with religion, as in the "evolution versus creation argument" (SA, Act 84/1996). In these cases, the effects are seen of scientific theory that conflicts with religious dogma, rather than any moral or ethical issues. It cannot be disputed that the basic concepts of most established religions are similar in the areas of morals and ethics. Once the sectarian details are eliminated, the basic virtues of most religions are nearly similar, for example love, respect, tolerance and honour. These are certainly the same ideals communities wish to instil in children and adolescents, and a

curriculum based on these would re-inforce the positive values received from church or family (Anderson, 2000:45; Fiscus, 2002:16).

Educational managers and governors of the twenty-first century have to empower children, adolescents and families to live by their highest values. Education is the key to transformation, but it should involve education which touches the human spirit. Educational managers and governors should therefore adopt an approach which calls people to remembrance of the virtues, the qualities of character and the simple elements of spirituality honoured by all cultures and sacred traditions (Seligman, Berkowitz, Catalano, Damon, Eccles, Gillham, Moore, Nicholson, Park, Penn, Peterson, Shih, Steen, Sternberg, Tierney, Weissberg & Zaff, 2005:38). This approach has to be applied in a wide variety of ways which include community development, healing projects after a traumatic experience such as terrorism, faction fighting and other programmes with street children and child-headed families; an enhancement of the religious life of "virtue congregations" of diverse faiths; drug and alcohol rehabilitation programmes and prisons; restructuring the curriculum and culture of schools; enhancing unity in school organizations to counteract racism, racialism, sexism and monoculturalism; as a tool in day-care centres, palliative care programmes, personal development, as well as in parent education programmes (Phiri *et al.*, 2001:16).

By being involved in community matters in this manner, educational managers and governors will be serving humanity by having an empowering impact on the moral and spiritual development of peoples of all cultures by helping them to remember who they really are and reminding them to live by their highest values. They will also be providing multi-cultural products and programmes of excellence and simplicity which can serve as tools for the cultivation of virtues in individuals, families, organizations and communities. In this way, they will not be focused on the beliefs or practices of any particular religion, but rather on the common thread that runs through all religions - the virtues, which are the simple elements of spirituality - the universal values found in all cultures and sacred traditions (Forget & Lebel, 2001:30).

All the above-mentioned systems are parts of communities. It is therefore necessary to look into the community as a system in the development of children and adolescents.

2.8 COMMUNITY AS A SYSTEM IN THE DEVELOPMENT OF CHILDREN AND ADOLESCENTS

The involvement of the structures in a child's meso-system is meant to provide the adult relationships required for positive development. The bio-ecological systems theory of Bronfenbrenner (1997:56) holds that these bi-directional relationships are the foundation for a child's cognitive and emotional growth.

Gopalan (2004:73) maintains that, increasingly, societies have seen a breakdown in the structures of a child's meso-system. For example, most children live with single parents. Furthermore, the majority of children and adolescents live in households whose annual income falls below the poverty level. Increasing numbers of hours worked outside the home by both mothers and fathers mean that they have less time to spend being involved in their child and adolescent's development (Furstenberg *et al.*, 2000:11). With this breakdown occurring on the meso-systemic level, the structures of Bronfenbrenner's exo-system should be called upon to provide primary relationships.

Grove and Burch (1997:259) maintain that communities provide parents with access to people with similar concerns that can function as resources and emotional support. Communities also provide child care, parent employment and programmes designed to encourage interaction among families. Partnerships between community agencies and business and industry will provide invaluable resources for families. The community has always been an important influence on children and the youth, but even more assistance from the community is needed in order to ensure children and adolescents' success in academics, as well as in life. Research by MacIntyre (2000:34) has shown that young people need and deserve five basics, namely a personal one-on-one relationship with a caring adult; a safe place to learn and grow; a

healthy start and a healthy future; a marketable skill to use after graduation; and a chance to give something back to peers and to the community.

Partnerships within the community can help provide for these needs. State-run social agencies such as social workers and subsidized non-governmental social organizations exist within communities in order to help them provide for families' needs. They create a series of referral "touch points" for families in need of health, financial or crisis assistance. Co-ordination among these agencies, parents and schools will help provide a safety net for families in crisis - and will provide a solid resource for strengthening all relationships within a child's meso-system (Garbarino & Ganzel, 2000:78).

Educating a child involves co-operation and involvement from educators, parents, families and the community. There is a common saying that "It takes a village to raise a child". Research has shown that the greater the family and community involvement in schools, the greater the learners' achievement (Bernardo, 1996:101).

According to Coles (1996:39), parental involvement has an important influence on a child's school success, but today it is experiencing that an increasing number of children are raised for some period of their childhood in less than ideal conditions. For example, in South Africa at least one-fourth of the children live with one parent and, among Black South Africans, this figure increases to more than 55% (Brooks-Gunn & Markman, 2005:139). At least one in five children in South Africa lives in a family with an income below poverty level and this rate doubles among Blacks (UNICEF, 2001:233). More and more mothers are working outside the home and this means that many parents cannot be as involved in their child's life as they should be.

In a period of increased burden on families, communities are making a definite impact on children in a number of positive ways and community leaders continue to look for ways to impact schools and improve learner and adolescent achievement. In this way, adults other than a child's parents are taking on significant child-rearing roles (Garbarino & Ganzel, 2000:78). For example, a programme established in 1977, called Communities in Schools,

aims to provide mentors and volunteers that can provide support to schools. The purpose of CIS is to connect necessary community resources with schools to help young people learn, stay at school and prepare for life. Their website (<http://www.cisnet.org/cissc/default.asp>) provides information about the programme and gives ways in which communities and schools can come together. This programme has reached over 500,000 young people and their families. According to the founder of CIS (Rossman & Morley, 1997:17), the programme exists at over 1 700 schools and "surrounds young people with a community of tutors, mentors, health care providers and career counselors - caring adults who can help".

Mentoring programmes are one way in which community members can impact on schools (Malone, 2001:52). A mentor is an adult who assumes "quasi-parental roles as advisors and role models for young people to whom they are unrelated". The Big Brothers Big Sisters organization was one of the first mentoring programmes designed to provide children with a positive role model. Many school systems are currently initiating mentoring programmes with much success. This is a step towards each child having a personal relationship with an adult in whom she/he can confide. Mentoring programmes should primarily concentrate on "at-risk" youths from single parent homes or from an environment of poverty (Allen, 1999:60). One example of a successful programme is found in the Charlotte, North Carolina, school system, where more than 900 volunteers spend time each week with children and adults as mentors, tutors and lunch buddies. Adults who serve as mentors benefit from these programmes by making a contribution to work with a single young person. It can give adults a chance to give something back to their communities and increase their own sense of self-worth (Medeiros, 2001:15).

Penley (2004:48) maintains that adults, who mentor, may also inspire children to offer their time to community service. An effective mentor should be committed, accepting, supportive and a positive role model. Adults can volunteer their time and resources in ways other than serving as a mentor such as one-on-one tutoring; small group instruction; grading papers; career counselling; coaching; library assistance; and fund-raising. Limited financial

resources in many school systems increase the value of volunteers who can assist in a variety of ways (Boyden & Gillian, 2000:23).

Businesses are also forming partnerships with schools, which could benefit both parties involved. Businesses help ensure that their future workforce will be well trained and possess skills needed to succeed in the workplace. Companies can get involved at schools through career talks, career fairs, tours, internships, job-shadowing, apprenticeship programmes and curriculum development. The business industry has complained for years that the schools were not teaching the right kinds of skills needed to succeed in the workplace. This gives business and industry the opportunity to get involved (Boyden & De Berry, 2004:32).

Much research has been conducted concerning how community involvement can contribute to achievement. The power of community involvement for improving learning can come from a number of different sources. According to Helman (2000:61), "beyond changes in curriculum or improvements in self-esteem, meaningful community involvement sets in motion a chain of events that transforms the culture of the school and often the community that the school serves." Alliances between schools and communities can be formed in countless ways including issues such as school safety, after-school programmes, physical improvements, learner health, literacy programmes and in many other ways (Life Skills Development Foundation, 2001:34).

The big question can be raised: How can educational managers and governors get communities involved in school affairs? Careful proactive planning is an important component. Questionnaires and needs assessments given to educators, parents and community members may provide a starting point for determining where the needs are (Palumbo & Leight, 1996:113). Each educational manager and governor may develop an individual plan as each school and community has its own individual needs and priorities. McCallin (2001:79) has discovered that a community forum of open discussion, consisting of school personnel and members of communities, can provide a diversity of opinions and ideas.

The twenty-first century educational managers and governors search for ways to form alliances with families and all health-promoting community agencies. Possibilities for alliances between educational managers and governors and communities are limitless (Bernardo, 1996:99). When communities bond together to assist schools, many benefits for schools, communities and, most importantly, a brighter future for South Africa's children should result.

Having looked into the community as a system, it is now imperative to enquire into the application of the ecological and systems theory to the school and the community.

2.9 THE APPLICATION OF AN ECOSYSTEMIC THEORY TO SCHOOL AND COMMUNITY INTERVENTIONS

Knowledge of risks and protective factors is used in the post-modern era to promote the enhancement of nurturing environments for children in families, schools and communities. Eigen and Oswatitsch (1996:69) identify the following four mediating mechanisms which act in ways which reduce the impact of risks, reduce negative chain reactions, maintain self-esteem and self-efficacy through relationships and task achievement and open opportunities for positive development.

According to Donaldson, Graham, Piccinin and Hansen (1995:291), risk is a statistical concept used to predict the probability of negative outcomes. Resilience and protective factors are the positive side of vulnerability and risk (Coutu, 2002:55). Risk and protective factors are found both within the child (temperament, physical constitution, intelligence, education) and/or within a child's environment (caring adults, high expectations, good schools, high crime levels) (Cropp *et al.*, 2003:67).

Waller (2001:30) posits that a child or family's developmental trajectory results from the negotiation of risks on one hand and the exploitation of opportunities on the other. A way to conceptualize these interactions is to think of an ever changing equation containing plus and minus numbers. At any given time, two or more numbers may combine to boost development into a positive direction or push development toward negative outcomes (Constantino, 2003:12). If the

"solution" of the equation were graphed repeatedly, over time, it would represent the life trajectory of an individual. For example, perhaps biology contributes to a child's high intellectual potential. This, according to Connors and Epstein (1995:440), should set the course of the child's development in a positive direction. This potential could be unrealized or move the child in a negative direction if a school setting failed to provide an appropriate educational experience, which could be the cause of the child's absconding from school. Various authors have highlighted the following statements about risk and protective factors, which are:

- The presence of a single risk factor typically does not threaten positive development. In situations where a child is vulnerable, the interaction of risk and protective factors determines the course of development.
- If multiple risk factors accumulate and are not offset by compensating protective factors, healthy development is compromised.
- Poverty increases the likelihood that risk factors in the environment will not be off-set by protective factors.
- When a child faces negative factors at home, at school and in the neighbourhood, the negative effect of these factors is multiplied, rather than simply added together.
- Resilience studies explain why two children facing similar risks develop differently. A core of dispositions and sources of support, or protective factors that can buttress development under adverse conditions have been identified.
- Dispositions that act as protective factors include an active, problem-solving approach and a sense of self-esteem and self-efficacy. Resilient children are characterized by a belief in their power to shape up and have an impact on their experience.
- Caring and support, high expectations and opportunities for participation are protective factors for children found in families, schools and

communities (Coatsworth & Duncan, 2003:24; Boyden, 2003:87; Coutu, 2002:54; Cooper, 2004:16; Bazzani *et al.*, 2004:36; Seligman *et al.*, 2005:36).

From the foregoing statements it is clear that protective factors reduce the effects of risk and promote healthy development. Protective factors influence the way a person responds to a risk situation. The protective factor is not a characteristic of the person or the situation, but a result of the interaction between the two in the presence of risk (Abi-Hashem, 2001:85). The presence of protective factors helps to change a developmental trajectory from a negative direction to one with a greater chance of positive outcome.

Emphasizing "prevention" or "promotion" approaches now come to the fore because much of human thinking about how to work with communities and schools has been dominated by a treatment, prevention and promotion continuum which ranges from:

treatment - eliminate or reduce existing dysfunction (a deficit-based approach); to

prevention - protect against or avoid possible dysfunction (a weakness-based approach); or

promotion - optimize mastery and efficacy (a strength-based approach) (Brissette, Scheier & Carver, 2002:102).

A post-modern approach, according to Ross and Deverell (2004:12), rejects the treatment model in favour of a blending of prevention and promotion models. It uses strength-based, non-deficit strategies to strengthen and support family, school and community functioning.

Coatsworth and Duncan (2003:22) and Compton (2001:56) opine that a strength-based approach helps educational managers and school governors to develop programmes that operationalize the ecological and systems perspective in their practice. The key components of a strength-based

approach are creating helping and partnership relationships and are building the community environment and linking community resources.

The applications of the ecological perspective in school and community intervention programmes result in recognition of the strengths and capabilities of schools and communities; a re-definition of the parent-professional relationship towards greater collaboration and partnership with parents; and service delivery practices blurring the traditional boundaries between social welfare, physical and mental health, and education (Cooper, 2004:56).

The foregoing paragraphs imply that the post-modern educational management and governance practice incorporate a comprehensive approach to child development that combines health, education and social services; a strong emphasis on parent participation in the programme services and programme administration; and a re-definition of professional roles toward greater collaboration and partnership with parents (Leshner, 1999:12; Life Skills Development Foundation, 2002:34).

Effective services for schools and communities should reflect support principles which are premised on programmes that are intended to work with whole families rather than individual family members; programmes that provide services, training and support that increase a family's capacity to manage family functions; programmes that provide services, training and support that increase the ability of families to nurture their children (MacIntyre, 2000:56). The basic relationship between programme and family is one of equality and respect. The programme's first priority is to establish and maintain this relationship as the vehicle through which growth and change can occur where parents are a vital human resource. Programmes facilitate parents' ability to serve as resources to one another, to participate in programme decisions and governance, and to advocate for themselves in the broader community (Mallmann, 2003:45). Programmes are community-based, culturally and socially relevant to the families they serve. Programmes are often a bridge between families and other services outside the scope of the programme. Parent education, information about human development and skills-building for parents are essential elements of every programme

(Palumbo & Leight, 1996:113). Programmes are voluntary, seeking support, and information is viewed as a sign of family strength, rather than as an indication of difficulty (Johnson, 2000:168).

Responding to research showing that interventions involving the family were more effective than those working with the child alone, early intervention programmes re-defined the relationship between families and professionals (Bronfenbrenner, 1986:733). Early intervention programmes developed ways to create effective parent-professional partnerships that recognize a family's right to participate in decisions about their child, as well as a family's need for information and support (Banks, 2003:35).

Key lessons learned from early intervention programmes are the important role which family values and family strengths play in efforts to nurture children who are infected and affected by HIV/AIDS. Parents are no longer treated as children to be schooled by experts who know what is best for their child, but as partners with different kinds of expertise (Paradis, 1998:12). Early intervention programmes have distilled guidelines on how to build strong parent-professional partnerships. These guidelines include recognizing the knowledge and expertise parents have about their child and that child's needs, empowering parents, as a way to provide help and information and to increase a parent's ability to nurture children (Anderson, 2000:45; Scholl, 1995:36) and negotiating a match between the family's values, needs and goals and the professional's approaches, priorities and services (Yang & Kayaardi, 2004:235).

This section has presented the ecological and systemic paradigm and explained how some of the values and principles of such a paradigm can be applied to school and community intervention programmes. Specific implications and the application of the key components of an ecological and systems approach focusing on relationships, environments and linkages were explored and explained.

2.10 EPSTEIN'S THEORETICAL FRAMEWORK OF SIX TYPES OF INVOLVEMENT

The theoretical framework of six types of involvement helps schools develop more comprehensive programmes of school-family-community partnerships. Each type of involvement includes many different practices of partnership. Sample practices include:

2.10.1 Parenting

According to Epstein (1995:705), schools should assist families with parenting and child-rearing skills, understanding child and adolescent development, and setting home conditions that support children as learners at each age and grade level. Such a practice will assist schools in understanding families. An assistance of this nature could take the form of:

- workshops, videotapes, computerized phone messages on parenting and child development at each age and grade level (Renzulli *et al.*, 2000:530);
- parent education and other courses or training for parents (for example, family literacy or training programmes) (Crosnoe, 2001:212);
- family support programmes to assist families with health, nutrition, and parenting, including clothing swap shops, food co-ops, parent-to-parent groups (Bronfenbrenner, 1989:188);
- home-visiting programmes or neighborhood meetings to help families understand schools and to help schools understand families (Dunst, 2002:141); and
- annual survey for families to share information about their children's goals, strengths and special talents (Googins, 1997:224).

2.10.2 Communicating

In this type, schools should communicate with families about school programmes and learner progress through effective school-to-home and home-to-school communication, which can take the form of:

- conferences with every parent at least once a year with follow-ups as needed;
- language translators to assist families as needed;
- folders of learner's work sent home weekly or monthly for parent review and comments;
- parent and learner pickup of report cards;
- regular schedule of useful notices, memos, phone calls, and other communication;
- effective newsletters including information about questions, reactions, and suggestions;
- clear information about choosing schools, and selecting courses, programmes and activities within schools;
- clear information on all school policies, programmes, reforms, assessments and transitions; and
- annual surveys of families on learners' needs and families' suggestions and reactions to school programmes (Lake *et al.*, 2002:74; Gonzalez, 2002:132; Marchant, Paulson & Rothlisberg, 2001:507; Coatsworth *et al.*, 2002:115).

2.10.3 Volunteering

Schools should improve recruitment, training, work and schedules to involve families as volunteers and audiences at the school or in other locations to support learners and school programmes which can take the form of:

- annual surveys to identify interests, talents and availability of volunteers;
- parent room or family centre for volunteer work, meetings and resources for families;

- class parent, telephone tree or other structures to provide all families with needed information;
- parent patrols to increase school safety; and
- annual reviews of schedules for learners' performances, games, and assemblies to encourage all families to attend as daytime and evening audiences (Connors & Epstein, 1995:450; Falbow, Lein & Amador, 2001:516; Fan & Chan, 2001:4; Fellin, 2001:37, Farmer *et al.*, 2001:49).

2.10.4 Learning at home

Schools should involve families with their children in learning activities at home, including homework and other curriculum-linked activities and decisions which can take the form of:

- information for families on required skills in all learning areas at each grade;
- information on homework policies and how to monitor and discuss schoolwork at home;
- information on how to assist learners with skills that they need to improve;
- regular schedules of interactive homework that require learners to demonstrate and discuss what they are learning in class;
- calendars with daily or weekly activities for parents and learners to do at home or in the community;
- summer learning packets or activities; and
- family participation in helping learners set academic goals each year and plan for after-school careers or work (Toney, Kelley & Lanclos, 2003:40; Van Voorhis, 2003:323; Xu & Yuan, 2003:25; Epstein & Sanders, 2000:290).

2.10.5 Decision-making

Blank and Melaville (2003:13); Clark and Clark (2003:15); Gambone *et al.* (2002:31) and Lake *et al.* (2002:77) maintain that schools should include families as participants in school decisions, governance and advocacy through:

- non-statutory social structures such as Parent Educator Associations (PEAs) or other parent organizations, advisory councils, or committees (e.g. curriculum, safety, personnel) for parent school management, leadership and participation;
- action Team for School, Family and Community Partnerships to oversee the development of the school's programme with practices for all six types of involvement;
- district-level advisory councils and committees;
- information on school or local elections for school representatives;
- networks to link all families with parent representatives; and
- independent advocacy groups to lobby for school reform and improvements.

2.10.6 Collaborating with the community

Schools should coordinate resources and services for families, learners, and the school with businesses, agencies and other groups, and provide services to the community. Below are two charts which summarize the following:

- the way in which learners, families, schools and communities can benefit from partnerships; and
- various examples of community partners (Blank *et al.*, 2003:13; Friedman, 2005:179).

The charts are adapted from Sanders (2001:53). "Collaborating for Learner Success: A Study of the Role of 'Community' in Comprehensive School, Family and Community Partnership Programs." *Elementary School Journal*.

Table 2.1: Activity focus

Learner-Centred	Family-Centred	School-Centred	Community-Centred
Learner awards, learner incentives, scholarships, learner trips, tutors, mentors, job shadowing, and other services and products for learners.	Parent workshops, family fun-nights, GED and other adult education classes, parent incentives and rewards, counselling and other forms of assistance.	Equipment and materials, beautification and repair, educator incentives and awards, funds for school events and programmes, office and classroom assistance.	Community beautification, learner exhibits and performances, charity and other outreaches.

Source (Sanders, 2001:54)

Table 2.2: Community partners

Types of Community Partners	For example...
Business/Corporations	Local businesses, national corporations and franchises.
Universities and Educational Institutions	Colleges, universities, high schools, and other educational institutions
Health Care Organizations	Hospitals, health care centres, mental health facilities, health departments, health foundations and associations
Government and Military Agencies	Fire departments, police departments, chamber of commerce, city council, other local and state government agencies and departments
National Service and Volunteer Organizations	Rotary Club, Lions Club, Kiwanis Club, VISTA, Concerned Black Men Inc., Shriners, Boy and Girl Scouts, YWCA, United Way, Americorp, Urban League
Faith Organizations	Churches, mosques, synagogues, other religious organizations and charities
Senior Citizen Organizations	Nursing homes, senior volunteer and service organizations
Cultural and Recreational Institutions	Zoos, museums, libraries, recreational centres.
Other Community Organizations	Fraternities, sororities, foundations, neighbourhood associations, political, alumni and local service organizations
Community Individuals	Individual volunteers from the surrounding school community

Source (Sanders, 2001:55)

Collaborating with communities can also take the following forms:

- information for learners and families on community health, cultural, recreational, social support and other programmes or services;
- information on community activities that link up with learning skills and talents, including summer programmes for learners;
- one-stop" shopping for family services through partnerships of school, counselling, health, recreation, job training, and other agencies;
- service to the community by learners, families and schools (e.g. recycling projects; art, music, drama and activities for senior citizens; tutoring or coaching programmes;
- participation of alumni in school programmes for learners; and
- school-business partnerships (Epstein, 1987:125; Epstein, 1995: 709; Epstein & Sanders, 2000:287).

From the foregoing paragraphs of this section it is clear that each type of Epstein's theoretical framework has particular challenges that should be met in order to involve all families, and each type requires redefinitions of some basic principles of involvement. Finally, each type of involvement leads to different results for learners, families, and educators such as awareness of family supervision; respect for parents; positive personal qualities, habits, beliefs and values taught by family; balance between time spent on chores, other activities and homework; regular attendance; awareness of importance of school; self-confidence about parenting; knowledge of child and adolescent development; adjustments in home environment as children proceed through school; awareness of own and others' challenges in parenting; feeling of support from school and other parents; understanding of families' backgrounds, cultures, concerns, goals, needs and views of their children; respect for families' strengths and efforts; understanding learner diversity; and awareness of own skills to share information on child development (Epstein, 2001:4; Hoover-Dempsey & Sandler, 1997:6) .

Research clearly shows that school programmes that emphasize family involvement and relate well to their community have learners who out-perform those in schools lacking these qualities. Not only do learners flourish, but schools are strengthened when families take an active interest in their children's educations (Blank *et al.*, 2003:13): The results include the following:

- improved academic achievement;
- better attendance;
- improved behaviour;
- higher quality of education; and
- safe, disciplined learning environments (Lopez, *et al.*, 2004:38; Simon, 2001:16).

A review of research by the Southwest Educational Developmental Laboratory (Henderson & Mapp, 2002:100) provides support for a positive and convincing relationship between family and community involvement and benefits to learners, including academic achievement. Outcomes reported in this research review include:

- higher grade mark averages and scores in standardized tests or rating scales;
- enrolment in more challenging academic programmes;
- more classes passed and credits earned;
- better attendance;
- improved behaviour at home and at school; and
- better social skills and adaptation to school.

Results of parent, family and community organizing contribute to:

- upgraded school facilities;

- improved school management, leadership and staffing;
- higher-quality learning programmes for learners;
- new resources and programmes to improve teaching and curriculum; and
- new funding for after-school programmes and family support (Fan & Chan, 2001:5; Gonzalez, 2002:133).

Henderson and Mapp (2002:99) have found that:

2.10.6.1 Parent, family and community involvement and its impact on learner achievement.

Parent and community involvement that is linked to the learners learning has a greater effect on achievement than more general forms of involvement. To be effective, the form of involvement should be focused on improving achievement and be designed to engage families and learners in developing specific knowledge and skills.

Programmes and interventions involving parents and families in supporting their children's learning at home are linked to higher learner achievement. Parent and family involvement at home has a protective effect. The more families support their children's learning and educational progress, the more their children need to do well at school and continue their education. Families can and often do have a positive influence on their children's learning (Voydanoff, 2004:161).

Educators' outreach to parents relates to strong and consistent gains in learner performance in both reading and mathematics. Workshops for parents on helping their children at home were linked to higher reading and mathematics scores (Jeynes, 2005:42; Anguino, 2003:70; MacIntyre, 2000:15).

2.10.6.2 Parent and community organizing improves schools

Engaging parents and families through culturally responsive behaviour and trusting relationships makes a difference. Schools with highly rated

partnership programmes made greater gains in state tests than schools with lower-rated programmes. High performing schools engage families and the community (Kim & Rohner, 2002:129).

Organizing parents and communities in these efforts holds schools accountable for results and differs from traditional parent involvement. Despite evidence of the positive effects of school, family and community partnerships, their potential is still largely ignored in schools. Principals and educators do not often systematically encourage family involvement, and parents do not always participate when they are encouraged to do so. Several major barriers to family involvement exist in public schools (Connors & Epstein, 1995:449).

School environments may discourage family involvement "...due to lack of adequate time and training of educators and administrators and a predominant institutional culture in the schools that places little value on the views and participation of parents" (Constantino, 2003:15).

Not all types of family involvement are equally acceptable to both parents and educators. Different expectations can further inhibit strong home-school partnerships (Epstein, 1987:133). Negative attitudes toward family involvement can be commonly held by both educators and parents. Educators often believe that parents are neither interested in participating in their children's education nor qualified to do so (Hoover *et al.*, 1997:15). Educators often lack the confidence to work closely with families, especially if they have not had experience in doing so. Epstein found that although educators thought that family involvement would improve learner achievement, they had reservations about whether they could motivate parents to become more involved (Epstein & Sanders, 2000:292).

2.10.6.3 Helping school leaders engage families and communities

The Washington Alliance for Better Schools, a non-profit collaborative of 12 school districts in the Puget Sound region representing over 286,000 learners, was formed in 1995 to improve learner achievement by assisting schools, families and communities to work together to improve learning for all children (Xu, 2002:54). The Washington Alliance in partnership with the Human Links

Foundation and the Northshore/Shoreline Community Health and Safety Network created a school management and leadership resource kit and training for school leaders, designed to help schools implement effective family involvement strategies and build community partnerships (WHO, 2003:12). The Achieving Family Friendly Schools Resource Kit was designed to:

- create an understanding of the link between family support practices and academic achievement;
- motivate staff to shift from family engagement to family support by:
 - examining beliefs, attitudes and behaviour that create barriers or bridges to equal partnerships with families;
 - developing school management, leadership and commitment; and
 - using Achieving Family Friendly Schools © rubric to assess how well schools are implementing family support practices;
- provide tools and strategies that showcase how schools can improve their relationship with families and community; and
- develop a broad school plan to strengthen family support effects that are linked to School Improvement Plans (SIP) (Van Voorhis, 2003:325; Unger & Sussman, 2002:18) .

The Achieving Family Friendly School Resource Kit has incorporated the following school management and leadership strategies based on research by Henderson and Mapp (2002:103) and on case studies:

- Recognition that all parents regardless of income, education or cultural background are involved in their children's learning and want their children to do well by:
 - developing programmes which consider the educational level, language, culture and home situation of parents;

- presenting programmes through a "cultural broker" who has a similar background and life expectations as the parents and families; and
- sending materials in parents' languages to help children at home (Falbo *et al.*, 2001:515; Hagraves & Fullen, 1998:22).
- Programmes that will support families to guide their children's learning from pre-school through high school by:
 - conducting transition activities including school tours, feeder school meetings and summer home visits. Pre-schools should consider home visits, partnering with libraries to support early literacy and story times, offering discussion groups and classes for parents to prepare for kindergarten transition;
 - elementary schools should emphasize interactive homework that parents can do with their child, host parent workshops on how to support homework, establish regular educator contact, send home learning packets and reach out through home visits; and
 - middle and high schools: ensure that all parents have an explanation of courses and expectations; conduct joint planning with parents about future information around post-secondary options, provide extra academic support and offer parent workshops on "how to raise teens" (Ramirez, 2001:6; Ramirez-Valles, 2002:31; Rak, 2002:248).
- Development of capacity of school staff to work with families by:
 - giving educators time to plan and organize parent activities;
 - improving attitudes of school staff so that they recognize the advantages of educators and parents working together; and
 - stressing routine personal contact with parents, not only when there are problems (Hidalgo, *et al.*, 1995:499).
- Efforts to support families, whether based at school or in the community, linked to learner learning by:

- treating parents and community members as assets in the process of raising learner achievement;
 - meeting face-to-face with parents through home visits, in the community and/or at the school ;
 - telephoning routinely; and
 - taking parents' interests and needs into consideration when planning activities such as providing child-care, arranging carpools and encouraging family members to send a substitute family member when necessary (Jeynes, 2005:52; Nazmul, Hammer, Kremer, Muralidharan & Rogers, 2005:15).
- Efforts to support families and community members in developing trusting and respectful relationships by:
 - making parents feel more welcome by creating a warm friendly environment; and
 - creating social trust through quality of staff-to-staff and educator-to-parent relationships (McNichol & Dalton, 2002:247).

Parents are more likely to volunteer or attend activities when contacted by school staff members. School leaders who want positive change and believe that all learners can achieve high levels of academic performance need to put into place those partnerships and processes that will move the school from "good to great." Great schools believe that every learner can learn at high levels and that every educator can help all learners achieve high levels. Great schools also believe that forging a positive, healthy and meaningful relationship with families and communities will bring about expectations and learning that benefit every learner (Constantino, 2003:45).

Believing that true family involvement can assist in helping all learners achieve is something that cannot be delegated to a subordinate's "to do" list or end up as a statement in some three-ring planning binder. Involving

families and communities needs to be a school management and leadership priority focused on moving all learners from good to great.

2.11 THE APPLICATION OF AN ECOSYSTEMIC THEORY TO EDUCATIONAL MANAGEMENT AND GOVERNANCE

It is obvious from the foregoing sections that infusing ecological and systems theories in educational management and governance can be possible only if the school becomes a true learning community. Bazzani *et al.*, (2004:129) and Aber, Gephart, Brooks-Gunn and Connell (1997:48) suggest that the conceptual relationships among the various social systems such as families, community and societal health-promoting agencies can be made explicit only if there are corresponding human relationships among the educators, parents, learners and members of School Management Teams and School Governing Bodies.

In such a learning community, educators, learners, School Governing Bodies, School Management Teams and parents are all interlinked in a network of social relationships, working together to facilitate effective collaboration and partnerships with families of their learners and relevant community agencies (Bernardo, 1996:100). The whole-school development process does not flow from the top down, but there is a cyclical exchange of information. The focus is on learning and everyone in the system is both an educator and a learner. Feedback loops are intrinsic to the learning process, and feedback becomes the key purpose of whole school development and evaluation (Checkley, 1995:6). Systems' thinking is crucial to understanding the functioning of learning communities (De Plaen & Kilelu, 2004:14; Coombe, 2000:8).

The systemic understanding of learning, teaching, curriculum design and assessment at schools can only be implemented with a corresponding systemic practice of management and governance. This new kind of looking at educational management and governance practice is inspired by the understanding of a very important property of living systems. Every living system occasionally encounters points of instability, at which some of its structures break down and new structures emerge. The spontaneous

emergence of order - of new structures and new forms of behaviour - is one of the hallmarks of life. In other words, creativity - the generation of forms that are constantly new - is a key property of all living systems (Waltner-Toes *et al.*, 2003:27; Xu & Corno, 2003:505).

Effective educational management and governance, therefore, consist to a large extent in continually facilitating the emergence of new structures and incorporating the best of them into the school organizational design (Department of Education, 2003:13). This type of systemic educational management, according to Cardona (2004:37), is not limited to a single individual, but can be shared and responsibility then becomes a capacity of the whole, at school and/or community level(s) to use technical assistance, training and support to improve instruction (for educators), management (for School Management Teams) and governance (for School Governing Bodies) at their schools effectively; implement or apply what they learn in the training workshops in their respective schools; forge partnerships with neighbouring school/s in order to share best practices and learn from one another's experiences; and share information and skills acquired in workshops with all educators at the school (De Plaen & Kilelu, 2004:14; Coombe, 2000:11).

2.12 CONCLUSION

This chapter highlighted the way in which the ecological systems theoretical framework applies in a generic manner and the way in which it forms the intellectual core of collaborative and systemic development of school ecologies. Bazzani *et al.* (2004:126) and Bazzani and Feola (2001:98) posited that the following activities can enhance the strategic management and governance of HIV/AIDS at schools:

- implementing the principles of ecology and systems theories to nurture the learning community and share school management and leadership;
- incorporating the ideals of this theory in educational management and governance; and

- emphasizing the schools' search for collaboration and partnerships with families, communities and societies' structures.

The next chapter explores, by means of a literature review, the impact of HIV/AIDS on school, family and community systems.

CHAPTER THREE

THE IMPACT OF HIV/AIDS ON SCHOOL, FAMILY AND COMMUNITY SYSTEMS

3.1 INTRODUCTION

The UNAIDS report on global AIDS epidemic (2006:3) and the the UNAIDS update (2006:1) on the latest HIV/AIDS statistics reveal that worldwide, in 2006, some 4.3 million people became infected with the human immunodeficiency virus (HIV), which causes AIDS. The year also saw 2.9 million deaths from AIDS - a high global total, despite antiretroviral (ARV) therapy, which reduced AIDS-related deaths among those who received it. Deaths among those already infected will continue to increase for some years even if prevention programmes manage to cut the number of new infections to zero. However, with the HIV-positive population still expanding, the annual number of AIDS deaths can be expected to increase for many years, unless access to ARV medication is greatly improved.

In 2005 alone, 40.3 million people were living with HIV, with more than 25 million of them in sub-Saharan Africa and 10 million of them being young people aged 15 to 24 and some 15 million children already orphaned by HIV/AIDS (UNAIDS, 2006: 5). Women are twice as likely as men to become infected by having sex (Butler, 2005:2; Foster & Williamson, 2001:277). This state of affairs shows how schools need human resources for their effective functioning because of their reliance on learner, educator and non-teaching staff.

The foregoing statistics call for ecosystemic approaches to dealing with the HIV/AIDS epidemic at schools if the world is to succeed in strengthening the God-given human resources of its people. This is to say, the world needs strong collaboration and partnerships among schools, families, the community, societal and world social agencies to combat HIV/AIDS. It is for this reason that, in this chapter, the researcher explores, by means of a

literature review, the role of schools in developing socially contextualized policies for concerted dealing with HIV/AIDS.

This chapter will first define the concepts HIV/AIDS, immune system and syndrome because of their significance in understanding the way this epidemic is affecting schooling, then look into the role of schools in developing ecosystemic policies for combating HIV/AIDS and finally explore the influence of the ecosystemic approach in dealing with HIV/AIDS at schools.

3.2 DEFINITION OF CONCEPTS

The concepts which are important in understanding this chapter are:

3.2.1 HIV/AIDS

HIV is an acronym for human immunodeficiency virus, while AIDS is an acronym for acquired immune deficiency syndrome (USAID, 2004:8; Van Dyk, 2005:23). HIV is a very small germ or organism which infects people through contact with infected body fluids, it cannot be seen through the naked eye, but only under a microscope (Giese, 2003:15; UNAIDS, 2006:7) and only survives and multiplies in body fluids such as sperm, vaginal fluids, breast milk, blood and saliva (Van Dyk, 2005:28).

HIV also infects and destroys the white blood cells (called CD4+ T-lymphocytes or CD4 T-cells) of the body's immune system (Vandemoortele, 2001:34; Department of Health, 2006:12). Thus, HIV reduces the ability of the body's immune system to respond to infection, increasing susceptibility to opportunistic infections and some types of cancer which impact greatly on the psychological and physical health of people infected with HIV/AIDS. A learner, educator, non-teaching staff or parent whose bodily and mental capacities are devastated by HIV/AIDS can develop a negative and pessimistic outlook in life (WHO, 2001:4; Freeman, Nkomo, Kafaar & Kelly, 2007:38).

HIV attacks the immune system and reduces the resistance of the body to all kinds of illness, including influenza, diarrhoea, pneumonia, tuberculosis (TB) and certain cancers (Ross & Deverell, 2004:198; Coombe, 2000:12; Kelly,

2000c:7). It eventually makes the body so weak that it cannot fight illnesses and causes death between five to ten years after becoming infected, but some HIV-infected people live longer if they receive the right psychotherapy and medication (Badcock-Walters, 2001:26). This means that it attacks the immune system that protects the body from illness and it damages the ability of the body to protect itself from TB, chest infections, sores, runny stomachs and other infections, so that the body loses its ability to fight infections after the immune system has been weakened by this death-causing virus (Kiragu, 2001:39). After many years, the damages are serious and the person contracts serious illnesses which develop to a syndrome known as AIDS and is the final stage of infection with HIV which causes the person to die (Coombe & Kelly, 2001:36).

3.2.2 Immune system

The immune system is the body's defence against infection (Kaiser Family Foundation and Health Systems Trust, 2002:28). It is a flexible and highly specific defense mechanism that kills micro-organisms and the cells they infect, destroys malignant cells and removes the debris. It distinguishes such threats from normal tissue by recognizing antigens which are substances that induce the production of anti-bodies called immuno-globulin when introduced into the body (George & Moskov, 2001:36).

3.2.3 Syndrome

The concept "syndrome" means that several symptoms occur at the same time (Van Dyk, 2005:26). "Syndrome" is used to emphasize that people with AIDS have many signs and symptoms, because they suffer the effects of the epidemic's associated opportunistic diseases that affect both the physical and psychological wellness of learners and educators infected with HIV/AIDS (Kelly, 2000c:12; Ebersohn & Eloff, 2001:22).

From paragraph 3.2.1 above, it can be deduced that HIV/AIDS is a communicable disease because of a specific infection agent (i.e. the Human Immunodeficiency Virus) that is transmitted from an infected person to a susceptible person by way of sexual intercourse, exposure to infected blood

or blood products or from mother to child during pregnancy, childbirth or breast-feeding. The term "communicable", in the context of this research, connotes the ability of the human immunodeficiency virus to be transmitted to others (Malebranche & Peterson, 2004:105). According to Bazzani *et al.* (2004:129) and Schiff and McKay (2003:105), there is no evidence that HIV can be transmitted through casual contact. Therefore there are no grounds for the exclusion of a child or an adult living with HIV/AIDS from attending school. A medically recognized significant health risk in the context of HIV/AIDS could include the presence of untreatable contagious (highly communicable) diseases, uncontrollable bleeding, unmanageable wounds, or sexually/physically aggressive behaviour, which may create the risk of HIV transmission. Furthermore, learners with infectious illnesses such as measles, German measles, chicken pox, whooping cough and mumps should be kept away from the school to protect all other members of the school, especially those whose immune systems may be impaired by HIV/AIDS (Evian, 2003:36; Gwyther & Marston, 2003:96).

The latter paragraph highlights schools' responsibility to work with parents and local health clinics to advocate for vaccination/inoculation programmes and their possible significance for the wellbeing of learners with HIV/AIDS. Local health clinics could be approached to assist with immunization.

On the basis of the foregoing paragraphs, it is necessary that schools in South Africa develop ecosystemic policies on HIV/AIDS that encapsulate the letter and spirit of the South African Schools Act (SA, 84/1996), the National Policy on HIV/AIDS (SA, 27/1996) and the Constitution of the Republic of South Africa (SA, 108/1996). Ecosystemic policies founded on these macro-contextual Acts ensure respect for the rights and dignity of learners and school staff living with HIV/AIDS, as well as all other members of the school's community.

3.3 THE IMPACT OF HIV/AIDS ON SCHOOL, FAMILY AND COMMUNITY SYSTEMS

According to Coombe (2001b:37), HIV/AIDS attacks not only human biological systems, but also social systems. Just as the virus depletes the human body of its natural defences (see section 3.2 above), it can also deplete schools, families and communities of the human resource assets and social structures necessary for successful development of the country and prevention and provision of care and treatment for persons living with HIV/AIDS.

The following sub-sections look into the effects of HIV/AIDS on schools, families and communities as systems of social development in the country.

3.3.1 The impact of HIV/AIDS on communities and institutions

Benatar (2002:165), Lamptey, Wigley, Carr and Collymore (2002:4) and Gwyther *et al.* (2003:99) posit that HIV/AIDS is destroying the social institutional fabric serving communities. Social formal institutions such as schools, non-governmental organizations and informal institutions such as families suffer when staff and members fall sick and die from HIV/AIDS-related illnesses (Kwatubana, 2004:20; Badcock-Walters, 2001:58). Repeated periods of illness lead to recurrent absences from work, which ultimately deprive organizations of experienced people. (World Bank, 2000:7). Loss of institutional capacity and the expenses involved in coping with staff-loss and death can undermine public and private sector service delivery. It is, therefore, important to anticipate that, in areas with a high HIV prevalence, the delivery and sustainability of projects may be seriously compromised (Butler, 2005:4).

HIV/AIDS also claims the lives of volunteers and members of community-based organizations (Coombe, 2001b:28). As households contend with increasing expenditures (e.g. health care, funerals, fostering orphans) while earning less income, it becomes more and more difficult to mobilize local resources for communal or group-based initiatives. Groups may eventually disintegrate as members die, or can no longer afford to pay their dues or contribute time (De Larey, 2002:16; Department of Health, 2001a:10).

Likewise, private-sector organizations are affected by the epidemic on various fronts. Not only does HIV/AIDS rob them of staff and institutional knowledge, but profitability is further reduced when the demand for goods and services falls with the purchasing capacity of HIV-affected households and businesses (UNAIDS, 2006:18). Financial service providers may suffer increased losses when HIV/AIDS-affected clients resort to defaulting on loan repayments (Department of Social Development, 2001:1).

The result of this institutional breakdown, according to Ntuli (2004:194), may lead to a collective and individual inability to deal adequately with HIV/AIDS. In other words, it may not be possible to prevent its transmission, provide adequate care to people affected by the disease or mitigate its wide-ranging impacts. Therefore projects have to address the institutional aspects of the epidemic in order to be effective in the context of HIV/AIDS.

3.3.2 The impact of HIV/AIDS on schools

Various researchers posit that the school system is affected in the following ways:

3.3.2.1 Declining and changing demand for schooling among learners

Cardona (2004:42) and Dorrington *et al.* (2006:27) argue that as HIV/AIDS reduces the number of parents of 20 to 40 years old, numbers of orphaned children increase and poverty deepens, school enrolment rates are expected to decline. Chimwaza and Watkins (2004:798) and Coombe, (2001b:31) further assert that dropouts due to poverty, illness, lack of motivation and trauma are set to increase, along with absenteeism among children who are heads of households, those who help to supplement family income and those who are ill.

There may be a greater demand for second-chance, flexible out-of-school education for learners returning to education after absence as care-givers or wage-earners on one hand while on the other hand, these demands may be off-set by fewer births and more deaths of under-fives and the fact that family units will have less disposable income for fees, voluntary funds, transport,

books and uniforms (Ntuli & Barron, 2002:164). Unless state-provisioning changes to meet more complex learning-demands, more young people will be functionally illiterate and unqualified.

3.3.2.2 Reducing supply and quality of education for educators

According to UNESCO (2005:5), educators are ill, regularly absent from school and dying, or pre-occupied with family crises, so school effectiveness declines. Job mobility of educators increases and as educators die, learner-to-educator ratios increase. But the supply-demand equation is complicated. Educator recruitment targets are lower if enrolments decline or do not grow as expected. Given uncertainty about likely levels of chronic morbidity, mortality and other types of wastage brought about by HIV/AIDS, it is difficult to make educator requirement projections with any degree of confidence (UNAIDS, 2006:12). New recruits cannot make up for the loss of the education service's most experienced senior educators, principals, science and mathematics specialists (Kelly, 2001a:7; Coombe & Kelly, 2001:48; Ebersohn & Ellof, 2001:12).

3.3.2.3 Trauma in classrooms

Coombe (2000:21) maintains that the HIV/AIDS epidemic has a traumatic impact on all educators and learners. The work of educators, both those who are HIV positive and those who have developed full-blown AIDS, is compromised by periods of illness (Kelly, 2001b:15). Once they know they are HIV positive, many are likely to lose interest in continuing professional development. Even among educators who believe they are not infected or do not want to be tested, morale is likely to fall significantly as they cope emotionally and financially with sickness and death among relatives, friends and colleagues, and wrestle with the uncertainty about their own future and that of their dependants (Worthington & Myers, 2003:366). Most educators have to take on additional teaching and other work-related duties in order to cover for sick colleagues. Although discrimination is illegal, stigmatization of infected learners and educators is a deeply rooted response.

Coombe (2000:28) highlights further that HIV/AIDS has a traumatic impact on learners. Children are being abused and young women are subject to violence. Many live in families that are over-extended and under pressure to contribute to family incomes as poverty deepens. They are losing parents, siblings, friends and educators to the disease. Many will have to move long distances to find new homes. For others, there are no homes at all. As a result, learners are increasingly absent from school and distracted (Coombe, 2001b:37; Foster & Williamson, 2001:278).

3.3.2.4 Embattled educational management

Kelly (2000a:9) maintains that educational management capacity is fragile at national, provincial, district and school levels. The system is finding it difficult to attract skilled educational managers. School principals and their School Management Teams do not receive sufficient school management and leadership support or training to enable them to be creative about the local management of education (Xu & Corno, 2003:510). In the private sector, some companies are already training replacements for skilled technical, tactical and strategic personnel they expect to lose to HIV/AIDS, while similar strategies are not yet in place in education (Coombe, 2000:34). In addition to the loss of educational managers, the school system loses experienced senior educator-mentors whose career experience cannot be replaced (Coombe & Kelly, 2001:49). In future, schools will depend on younger, less experienced educators and the quality of educator education will decline (De Larey, 2002:10; Department of Education, 2003:12).

3.3.3 The impact of HIV/AIDS on families

According to Coombe (2000:20), HIV/AIDS breaks up families and leads to orphans, impoverished household economies, and the extended family fails to cope with orphans. The impact of HIV/AIDS on orphans depends on a variety of factors, including the socio-economic status of their families, their age and the age of their siblings (Chimwaza & Watkins, 2004:798). The following trends have been observed by various researchers:

3.3.3.1 Orphans may be uprooted from the towns and sent back to the village

Children and adolescents whose parents die of AIDS in the town are usually taken back to the village and very often, the children and adolescents have to adjust at once to being orphans as well as to adapting to village life (WHO, 2003:15). In some cases, they may never have lived in the village and feel estranged from their new surroundings. The return to agricultural work is often looked down upon by city children and adolescents. In addition, the security and stability of family life is abruptly disrupted and there is no social net or mechanism to help children and adolescents through this transition. Family life education often ceases, thereby increasing risk behaviour among children and adolescents (Lyon & Woodward, 2003:197; Birdthistle, 2004:127).

3.3.3.2 Orphans may run away from home to escape the stigma and poverty

In some cases, orphans may run away from home or from the extended family home to escape the AIDS stigma and the poverty that AIDS-afflicted and affected families are subjected to (Bogardi, 2004:362).

3.3.3.3 Orphans may be taken out of school and sent to work

Under pressure of the AIDS stigma which often severely hampers the ability of young widows to earn a living, orphans may be sent to the capital or abroad to make up for the loss of income and to help support younger siblings (Steyn, 2005:23).

3.3.3.4 Orphans may be sent to live with relatives or neighbours

The Kaiser Family Foundation and Health Systems Trust (2002:40) and Phiri *et al.* (2001:17) note that during the last funeral rites, a new head of family is appointed and the future of the orphans is decided upon. If both parents have died, the orphans are dispersed to various relatives. The disintegration of the family often means that children and adolescents do not receive adequate attention and guidance from relatives, particularly concerning family life

education. Grandparents, in particular, often find themselves unable to control and discipline adolescents. Losing a parent to AIDS means that orphans have to assume new roles and responsibilities within the nuclear as well as the extended family (Cardona, 2004:39; World Bank, 2000: 21).

Traditional roles, duties and responsibilities of family members become blurred according to Mallman (2003:15), as AIDS places additional demands and pressures on orphans, particularly economic uncertainty, stigmatization and emotional insecurity. Girls appear to be carrying the brunt of the burden within the home and are given more responsibilities and duties than boys (Coombe, 2001a:52). They are taken out of school to work at home and on the farm and to sell produce in the market. Some adolescents may be forced to break up from their families to assist at their AIDS-afflicted parents' workplaces (Coombe & Kelly, 2001:51).

3.3.3.5 The household-economy becomes impoverished

Thomas (2006:57) indicates that having already depleted meagre resources and savings toward costly treatment for husbands suffering from AIDS and/or for funerals, widows suddenly find themselves deprived of labour, cash income and access to credit, inputs and support services. In widow-headed households with many young children and elderly and/or infirm family members, the impact can be devastating (Steyn, 2005:25). In order to survive life, widows may, as a coping mechanism, lengthen their working days. Working days may thus be increased by some hours to make up for labour shortages and loss of income. One of the consequences of this coping mechanism, however, is that children are left unattended, their meals are poorly and hastily prepared and the widows' own health and diet deteriorate as a result of exhaustion and less food intake (Bogardi & Birkman, 2004:76).

Older children (10 years and above) are also working longer hours to assist single parents. Those who have lost both parents and are living with relatives are more likely to work longer hours than children who have lost only one parent and remain in the nuclear home (Department of Education, 2003:4; Department of Health, 2000a:13).

3.3.3.6 The extended family is unable to bear the brunt

According to Coombe (2001a:114), an orphan enumeration survey of 570 households was conducted in and around Mutare, Zimbabwe in 1992. 18.3% of the households included orphans; 12.8% of the children under 15 years had a father or mother who had died; 5% of the orphans had lost both parents. Orphan prevalence was highest in a peri-urban rural area (17.2%) and lowest in a middle income high-density urban suburb (4.3%). Recent increases in parental deaths according to Kelly (2000b:18), were noted; 50% of the deaths since 1987 could be ascribed to AIDS (Dorrington *et al.*, 2006:10). Orphan household heads were likely to be younger and less educated than non-orphan household heads. The majority of orphaned children are being cared for satisfactorily within extended families, often under difficult circumstances (Constantino, 2003:47). Caregiving by maternal relatives represents a departure from the traditional practice of caring for orphans within the paternal extended family and an adaptation of community-coping mechanisms. There was little evidence of discrimination or exploitation of orphaned children by extended family caregivers. The fact that community coping mechanisms are changing does not imply that extended family methods of caring are about to break down. However, the emergence of orphan households headed by siblings is an indication that the extended family is under stress (Helman, 2000:57). Emphasis needs to be placed upon supporting extended families in the community by utilizing existing community-based organizations. Orphan support programmes may need to be established initially in high risk communities such as low-income urban areas and peri-urban rural areas (Birdthistle, 2004:139).

3.3.3.7 Resources for essential medical care and treatment may be depleted

Families affected by HIV/AIDS are required to spend most of the household budget treating family-members with AIDS (Kaiser Family Foundation and Health Systems Trust, 2002:41 & Phiri *et al.*, 2001:17). As a result, there is often little money left to tend to children's health needs. The first expenditure to be cut when the household budget has been depleted is essential drugs.

Widows are often reluctant to use the household budget to tend to their own medical needs and will postpone treatment in order to accommodate the needs of their children. The long-term consequences of this strategy are often disastrous for the family and by the time women go to the doctor, they are already quite ill and unable to care for their children (Anglo American Goup, 2004:9; Chakraboti, 2006:90).

3.3.3.8 Education may be discontinued

According to Butler (2005:4) and De Larey (2002:12), one in five children of AIDS-affected households remains at school. AIDS-afflicted families are often forced to take their children out of school either because they have no money for school fees or else because they need the children's labour. Phiri, *et al.* (2001:20) argue that families who receive orphans are faced with the dilemma of having to select which children to put through school in the following ways: boys are usually chosen over girls; in some cases, when not all children can be accommodated, relatives are forced to select their own children over the orphans; and the AIDS stigma sometimes pressures the children to drop out of school.

3.3.3.9 The value system of the nuclear and extended family may be eroded

The socio-economic impact of HIV/AIDS is beginning to have an effect on the value system of the family as traditional norms and customs are breaking down under the pressures triggered by the HIV/AIDS epidemic. The result is that the social fabric of the extended family is showing signs of erosion and the close bonds that hold family members together are disappearing. Some examples are:

- The stigma attached to those infected with HIV/AIDS, in some cases, breaks up families and distances widows from their children (Chimwaza & Watkins, 2004:800).
- Parents are forced to send their children to work or to take them out of school. In both cases, youths are being deprived of family life education,

which is instrumental in establishing a code of conduct between men and women and husbands and wives. Many parents attribute early sexual activity and multiple/casual partners to the disappearance of family life education (Johnson, 2000:205).

- Families are being forced to adjust burial rites and ceremonies (both in terms of time and money spent) to cope with economic pressures resulting from HIV/AIDS (Chen & Narasimhan, 2003:3). Family life education is critical in the social development of children and adolescents, ensuring the transmission of family values, mores and norms, establishing a social/sexual code of conduct and setting limits in sexual conduct (Chisholm, 2004:202). Firstly, the mourning time is being shortened to only three to four days. Secondly, less money is being spent. And thirdly, the drinking and socialization taking place during burials is changing to discourage substance abuse and casual sex (Auvert *et al.*, 2001:20).
- Traditions such as ritual cleansing and wife inheritance are threatening the well-being of the extended family as a result of HIV/AIDS, but no acceptable alternative mechanisms have been developed (Crosnoe, 2001:215).

3.4 THE SOUTH AFRICAN GOVERNMENT'S INITIATIVE TO COMBAT HIV/AIDS AT MACROSYSTEM LEVEL

The South African government has been proactive in its constitutional efforts to combat HIV/AIDS. The Department of Education's National Policy on HIV/AIDS (SA, 27/1996) takes account of government's responsibilities for children's rights specified by international agreement, the Constitution of South Africa (SA, 108/1996). The Department of Education's National Policy on HIV/AIDS stipulates the following:

3.4.1 Non-discrimination and equality with regard to learners and educators with HIV/AIDS

According to the Department of Education's National Policy on HIV/AIDS for learners and educators (SA, 27/1996), no learner or educator with HIV/AIDS

may be unfairly discriminated against, directly or indirectly. Jankee (2001:9) supports the latter viewpoint with a similar policy for her country, Jamaica, while Zungu-Dirwayi (2004:12) reports audits that reveal similar HIV/AIDS policies in Botswana, Lesotho, Mozambique, Swaziland and Zimbabwe as South Africa. The above policies, therefore mandate educators to be alert to unfair accusations against any person suspected of having HIV/AIDS, which means that learners, educators and other staff with HIV/AIDS should be treated in a just, humane and life-affirming way; any special measures in respect of a learner or educator with HIV should be fair and justifiable. In the light of medical facts, established legal rules and principles, ethical guidelines, the best interest of the learner and educator with HIV/AIDS, school conditions, and the best interest of other learners and educators; and to prevent discrimination, all learners and educators should be educated about fundamental human rights as contained in the Constitution of the Republic of South Africa (SA, 108/1996; Piot 2005:285). UNESCO (2004:2) also promotes the implementation of zero tolerance for stigma and discrimination in the workplace. This is what school policies in South Africa should uphold. Just like UNESCO personnel, School Management teams, School Governing Bodies and coordinators of HIV/AIDS programmes should attend orientation sessions to sensitize their respective communities on the magnitude of the problem and their role in solving problems that emanate from HIV/AIDS infection.

3.4.2 HIV/AIDS testing and the admission of learners to a school or the appointment of educators

In this regard, the South African Schools Act (SA, 84/1996) stipulates that school policies should state that no learner may be denied admission to or continued attendance at a school or an institution on account of her/his HIV/AIDS status or perceived HIV/AIDS status; no educator may be denied the right to be appointed in a post, to teach or to be promoted on account of her/his HIV/AIDS status or perceived HIV/AIDS status. HIV/AIDS status may not be a reason for dismissal of an educator, nor for refusing to conclude, or continue, or renew an educator's employment contract, nor to treat her/him in any unfair discriminatory manner; and there is no medical justification for

routine testing of learners or educators for evidence of HIV infection. The testing of learners for HIV/AIDS as a prerequisite for admission to or continued attendance at school, to determine the incidence of HIV/AIDS at schools, is prohibited. The testing of educators for HIV/AIDS as a prerequisite for appointment or continued service is prohibited (SA, 27/1996).

In this matter, the Jamaican National Policy on HIV/AIDS is similar to that of South Africa (Jankee, 2001:10). The same applies with the World programme for Human Rights which was developed by UNESCO (2004:2), which aims at encouraging the development of national strategies and programmes in Human Rights education, namely fostering equality and non-discrimination in societies, among others. It is important to bear in mind that international programmes can only support and cannot substitute committed, vigorous and concerted national and local action. Thus schools should carry their micro-level plans and engage families and communities that interact with the families in forming partnerships. Together, these micro-organisations that usually work at local level should refer their joint plans and strategies to the provincial levels, which in turn refer to national levels, then global levels.

3.4.3 Attendance at schools by learners with HIV/AIDS

In this respect, school policies should state that all learners, including those with HIV, have the right to attend any school (SA, 84/1996). The UN general assembly (UNICEF, 2001:15) promotes universal access to education amidst, for example gender biases, threats to physical and emotional security of girls and gender-insestive curricula which conspire against the realization of the right to education. The needs of learners with HIV/AIDS with regard to their right to basic education should as far as is reasonably practicable, be accommodated at the school; learners with HIV/AIDS are expected to attend classes in accordance with statutory requirements for as long as they are able to do so effectively; learners of compulsory school-going age with HIV/AIDS, who are unable to benefit from attendance at school or home education, may be granted exemption from attendance in terms of section 4(1) of the South African Schools Act (SA, 84/1996), by the Head of Department, after consultation with the principal, the parent and the medical practitioner, where

possible; if and when learners with HIV/AIDS become incapacitated through illness, the school should make work available to them for study at home and should support continued learning where possible. This is because education, to which each child has a right, is designed to provide the child with life skills, to strengthen the child's capacity to enjoy the full range of human rights and to promote a culture which is infused by appropriate human rights values (UNICEF, 2001:21).

Parents should, where practically possible, be allowed to educate their children at home in accordance with the policy for home education in terms of section 51 of the South African Schools Act (SA, 84/1996), or provide older learners with distance education; and learners who cannot be accommodated in this way or who develop HIV/AIDS-related behavioural problems or neurological damage, should be accommodated, as far as is practically possible, within the education system at special schools or specialized residential institutions for learners with special education needs. Educators in these institutions should be empowered to take care of and support HIV-positive learners. However, placement at special schools should not be used as an excuse to remove HIV-positive learners from mainstream schools (Kelly, 2000a:12; Jankee, 2001:11; Zungu-Dirwayi, 2004:16).

3.4.4 Disclosure of HIV/AIDS-related information and confidentiality

In this regard, school policies should state that no learner (or parent on behalf of a learner) or educator is compelled to disclose her/his HIV/AIDS status to the school or employer (SA, 27/1996; Jankee, 2001:11). In cases where the medical condition diagnosed is the HIV/AIDS disease, the regulations relating to communicable diseases and the notification of notifiable medical conditions only require the person performing the diagnosis to inform the immediate family members and the persons giving care to the person and, in cases of HIV/AIDS-related death, the persons responsible for the preparation of the body of the deceased (UNAIDS, 2004a: 22); voluntary disclosure of a learner' or educator's HIV/AIDS status to the appropriate authority should be welcomed and an enabling environment should be cultivated in which the confidentiality of such information is ensured and in which unfair

discrimination is not tolerated. In terms of section 39 of the Child Care Act (SA, 74/1983), any learner above the age of fourteen years with HIV/AIDS, or if the learner is younger than fourteen years, his or her parent, is free to disclose such information voluntarily; any person to whom any information about the medical condition of a learner or educator with HIV/AIDS has been divulged, should keep this information confidential; unauthorised disclosure of HIV/AIDS-related information could give rise to legal liability; and no employer can require an applicant for a job to undergo an HIV test before she/he is considered for employment and an employee cannot be dismissed, retrenched or refused a job simply because she/he is HIV positive (SA, 27/1996; Pillay, 2005:3).

Emlet, 2005 opines that through disclosure of HIV, the seropositive person may reduce potential infections of sexual partners thereby diminishing the spread of HIV. Disclosure also provides a means for obtaining social support to assist in coping with the disease process (Emlet, 2005:4). Pillay (2005:6) states that conversely, disclosure of HIV status opens up the potential for stigma and shame of having HIV. The experience of disclosing has been documented as traumatic. Non-disclosure can also be a means of protective silence. By limiting disclosure of one's HIV status, the possibility of facing stigma and discrimination is thereby controlled. For this reason an HIV positive learner or educator may weigh the power of the stigma associated with HIV against the need for support. Sometimes, the power of the stigma overrides the need for support.

3.4.5 Safe school environment

Schools should implement universal precautions to eliminate the risk of transmission of all blood-borne pathogens, including HIV, effectively in the school environment. The basis for advocating the consistent application of universal precautions lies in the assumption that in situations of potential exposure to HIV, all persons are potentially infected and all blood should be treated as such; all blood, open wounds, sores, breaks in the skin, grazes and open skin lesions, as well as all body fluids and excretions which could be stained or contaminated with blood (for example tears, saliva, mucus, phlegm,

urine, vomit, faeces and pus) should be treated as potentially infectious; blood, especially in large spills such as from nosebleeds, and old blood or blood stains, should be handled with extreme caution; skin exposed accidentally to blood should be washed immediately with soap and running water (SA, 27/1996; Jankee, 2001:14). All bleeding wounds, sores, breaks in the skin, grazes and open skin lesions should ideally be cleaned immediately with running water and/or other antiseptics. If there is a biting or scratching incident where the skin is broken, the wound should be washed and cleansed under running water, dried, treated with antiseptic and covered with a waterproof dressing; blood splashes to the face (mucous membranes of eyes, nose or mouth) should be flushed with running water for at least three minutes; disposable bags and incinerators should be made available to dispose of sanitary wear; all open wounds, sores, breaks in the skin, grazes and open skin lesions should at all times be covered completely and securely with a non-porous or waterproof dressing or plaster so that there is no risk of exposure to blood; cleansing and washing should always be done with running water and not in containers of water. Where running tap water is not available, containers should be used to pour water over the area to be cleansed; schools without running water should keep a supply, e.g. in a 25-litre drum, on hand specifically for use in emergencies. This water can be kept fresh for a long period of time by adding a disinfectant, such as Milton, to it; all persons attending to blood spills, open wounds, sores, breaks in the skin, grazes, open skin lesions, body fluids and excretions should wear protective latex gloves or plastic bags over their hands to eliminate the risk of HIV transmission effectively; bleeding can be managed by compression with material that will absorb the blood, e.g. a towel; if a surface has been contaminated with body fluids and excretions which could be stained or contaminated with blood (for instance tears, saliva, mucus, phlegm, urine, vomit, faeces and pus), that surface should be cleaned with running water and fresh, clean household bleach (1:10 solution), and paper or disposable cloths; the person doing the cleaning should wear protective gloves or plastic bags; blood-contaminated material should be sealed in a plastic bag and incinerated or sent to an appropriate disposal firm. Tissues and toilet paper can readily be flushed down a toilet. If instruments (for instance scissors) become

contaminated with blood or other body fluids, they should be washed and placed in a strong household bleach solution for at least one hour before drying and re-using; needles and syringes should not be re-used, but should be safely disposed of; all schools should train learners, educators and non-teaching staff as well as school governing bodies or parents who volunteer to assist in school activities, in first aid, and have available and maintain at least two first-aid kits, each of which should contain the following:

- two large and two medium pairs of disposable latex gloves;
- two large and two medium pairs of household rubber gloves for handling blood-soaked material in specific instances (for example when broken glass makes the use of latex gloves inappropriate);
- absorbent material, waterproof plasters, disinfectant (such as hypochlorite), scissors, cotton wool, gauze tape, tissues, containers for water and a resuscitation mouth piece or similar device with which mouth-to-mouth resuscitation could be applied without any contact being made with blood or other body fluids, protective eye wear; and
- a protective face mask to cover nose and mouth (SA, 27/1996; Jankee, 2001:14; Ramirez-Valles, 2002:389; UNAIDS, 2004:23).

Each classroom or other teaching area should preferably have a pair of latex or household rubber gloves; latex or household rubber gloves should be available at every sports event and should also be carried by the playground supervisor; first-aid kits and appropriate cleaning equipment should be stored in one or more selected rooms in the school and should be accessible at all times, also by the playground supervisor; the contents of the first-aid kits, or the availability of other suitable barriers, should be checked each week against a contents list by a designated staff member of the school. Expired and depleted items should be replaced immediately; a fully equipped first-aid kit should be available at all school events, outings and tours, and should be kept on vehicles for the transport of learners to such events; all learners, educators and other staff members, including sports coaches, should be given

appropriate information and training on HIV transmission, the handling and use of first-aid kits, the application of universal precautions and the importance of adherence to universal precautions; learners, educators and other staff members should be trained to manage their own bleeding or injuries and to assist and protect others; learners, especially those in pre-primary and primary schools, but also secondary school learners should be instructed never to touch the blood, open wounds, sores, breaks in the skin, grazes and open skin lesions of others, nor to handle emergencies such as nosebleeds, cuts and scrapes of friends on their own. They should be taught to call for the assistance of an educator or other staff member immediately; learners should be taught that all open wounds, sores, breaks in the skin, grazes and open skin lesions on all persons should be kept covered completely with waterproof dressings or plasters at all times, not only when they occur in the school environment; and all cleaning staff, learners, educators and parents should be informed about the universal precautions that will be adhered to at a school or an institution (SA, 27/1996; Jankee, 2001:14; UNAIDS, 2004:23).

From the foregoing paragraph it is apparent that universal precautions are in essence barriers to prevent contact with blood or body fluids. Adequate barriers can also be established by using less sophisticated devices such as unbroken plastic bags on hands where latex or rubber gloves are not available; common household bleach for use as disinfectant, diluted one part bleach to ten parts water (1:10 solution) made up as needed, spectacles and a scarf. Schechtman (2007:2) analyses programmes that promote school safety from HIV/AIDS among other risks by engaging in discussions that promote gender sensitivity, violence awareness and prevention and to modify school buildings and grounds to promote safety. These indirectly help in preventing HIV/AIDS. The Oklahoma Department of Mental Health and Substance Abuse Services (2007:1) has a prevention resource centre that supplies first aid kits and information to organisations that need the first aid kits free. South Africans could benefit if such free resources would be accessed.

3.4.6 Prevention of HIV transmission during play and sport

In this regard, the Department of Education's National Policy on HIV/AIDS (SA, 27/1996; UNAIDS, 2006:8; Jankee, 2001:16) is not alone in maintaining that the school policy should state that the risk of HIV transmission as a result of contact play and contact sport is generally insignificant; the risk increases where open wounds, sores, breaks in the skin, grazes, open skin lesions or mucous membranes of learners and educators are exposed to infected blood; certain contact sports may represent an increased risk of HIV transmission; adequate wound management, in the form of the application of universal precautions, is essential to contain the risk of HIV transmission during contact play and contact sport; no learner or educator may participate in contact play or contact sport with an open wound, sore, break in the skin, graze or open skin lesion; if bleeding occurs during contact play or contact sport, the injured player should be removed from the playground or sports field immediately and treated appropriately. Only then may the player resume playing and only for as long as any open wound, sore, break in the skin, graze or open skin lesion remains completely and securely covered; blood-stained clothes should be changed; the same precautions should be applied to injured educators, staff members and injured spectators; a fully equipped first-aid kit should be available wherever contact play or contact sport takes place. Similarly, the Oklahoma Department of Mental Health and Substance Abuse Services (2007:5) recommends that the use of the first aid kit should be automatic to many school stakeholders through the publication of free resources and educational material; sports participants, including coaches, with HIV/AIDS should seek medical counselling before participation in sport, in order to assess risks to their own health as well as the risk of HIV transmission to other participants; staff members acting as sports administrators, managers and coaches should ensure the availability of first-aid kits and the adherence to universal precautions in the event of bleeding during participation in sport; staff members acting as sports administrators, managers and coaches have special opportunities for meaningful education of sports participants with respect to HIV/AIDS (SA, 27/1996; UNAIDS, 2006:10). They should encourage sports participants to seek medical and other appropriate

counselling where appropriate; and a copy of the National Policy on HIV/AIDS should be kept in the media centre of each school.

3.4.7 Education on HIV/AIDS

This sub-topic refers to a continuing life-skills and HIV/AIDS education programme, which should be implemented at all schools and institutions for all learners, educators and other staff members (Kebede, Aklilu & Sanders, 2000:285). Schechtman, (2007:17) highlights the importance of educating learners, especially girls about the importance of the protection of girls from gender-based violence at school and at home as well as economic and structural violence. She maintains that poverty is one of the most important risk factors for both school failure and HIV/AIDS. She then suggests new programs for promoting school safety, for example, to promote gender sensitivity and violence awareness and prevention among bus and taxi drivers, and to modify school buildings and grounds to promote safety.

Age-appropriate education on HIV/AIDS should form part of the curriculum for all learners, and should be integrated in the life-skills education programme for pre-primary, primary and secondary school learners. Measures should also be implemented at hostels (SA, 27/1996; Jankee, 2001:12). This should include providing information on HIV/AIDS and developing the life skills necessary for the prevention of HIV transmission (Coombe & Kelly, 2001:47); inculcating from an early age onwards basic first-aid principles (SA, 27/1996; Jankee, 2001:24), including how to deal with bleeding with the necessary safety precautions; emphasising the role of drugs, sexual abuse and violence, and sexually transmitted diseases (STDs) in the transmission of HIV, and empowering learners to deal with these situations; encouraging learners to make use of health care, counselling and support services (including services related to reproductive health care and the prevention and treatment of sexually transmitted diseases) offered by community service organizations and other disciplines; teaching learners how to behave towards persons with HIV/AIDS, raising awareness on prejudice and stereotypes around HIV/AIDS; cultivating an enabling environment and a culture of non-discrimination towards persons with HIV/AIDS; and providing information on appropriate

prevention and avoidance measures, including abstinence from sexual intercourse and immorality, the use of condoms, faithfulness to one's partner, obtaining prompt medical treatment for sexually transmitted diseases and tuberculosis, avoiding traumatic contact with blood, and the application of universal precautions; education and information regarding HIV/AIDS should be given in an accurate and scientific manner and in language and terms that are understandable; parents of learners should be informed about all life-skills and HIV/AIDS education offered at the school and institution, the learning content and methodology to be used, as well as values that will be imparted. They should be invited to participate in parental guidance sessions and should be made aware of their role as sexuality educators and imparters of values at home; educators may not have sexual relations with learners. Should this happen, the matter has to be handled in terms of the Employment of Educators Act (SA, 76/1998; Jankee, 2001:); and if learners or educators are infected with HIV, they should be informed that they can still lead normal, healthy lives for many years by taking care of their health.

3.4.8 Duties and responsibilities of learners, educators and parents

The school policy should state that all learners and educators should respect the rights of other learners and educators; the Code of Conduct adopted for learners at a school should include provisions regarding the unacceptability of behaviour that may create the risk of HIV transmission; the ultimate responsibility for the behaviour of a learner rests with her/his parents. Parents of all learners are expected to require learners to observe all rules aimed at preventing behaviour which may create a risk of HIV transmission; and are encouraged to take an active interest in acquiring any information or knowledge on HIV/AIDS supplied by the school, and to attend meetings convened for them by the governing body or council (SA, 84/1996; Devanney, 2001:16).

It is recommended that a learner or educator with HIV/AIDS and her/his parent, in the case of learners, should consult medical opinion to assess whether the learner or educator, owing to her/his condition or conduct, poses a medically recognised significant health risk to others (Filmer, Jeffrey & Lant,

2000:199). If such a risk is established, the principal of the school should be informed. The principal of the school should take the necessary steps to ensure the health and safety of other learners, educators and staff members (Jankee, 2001:21).

Educators have a particular duty to ensure that the rights and dignity of all learners and educators are respected and protected (Foster & Williamson, 2001:275).

3.4.9 3.4.9 Refusal to study with or teach a learner with HIV/AIDS, or to work with or be taught by an educator with HIV/AIDS

According to SA (27/1996) and Jankee (2001:17), refusal to study with a learner or to work with or be taught by an educator or other staff member with or perceived to have HIV/AIDS should be pre-empted by providing accurate and understandable information on HIV/AIDS to all educators, staff members, learners and their parents. Learners who refuse to study with a fellow learner or be taught by an educator or educators and staff who refuse to work with a fellow educator or staff member or to teach or interact with a learner with or perceived to have HIV/AIDS and are concerned that they themselves will be infected, should be counselled.

The situation should be resolved by the principal and educators in accordance with the principles contained in this policy, the code of conduct for learners or the code of professional ethics for educators. Should the matter not be resolved through counselling and mediation, disciplinary steps may be taken (SA, 27/1996).

3.4.10 School and institutional implementation plans

Within the terms of its functions under the South African Schools Act (SA, 84/1996), the Further Education and Training Act (SA, 98/1998; Jankee, 2001:18) or any applicable provincial law, the governing body of a school or the council of an institution may develop and adopt its own implementation plan on HIV/AIDS to give operational effect to the national policy. In this regard, a provincial education policy for HIV/AIDS, based on the national

policy, can serve as a guideline for Governing Bodies when compiling an implementation plan.

Major role-players in the wider school community (for example religious and traditional leaders, representatives of the medical or health care professions or traditional healers) should be involved in developing an implementation plan on HIV/AIDS for the school (Farmer *et al.*, 2001:81). Within the basic principles laid down in this national policy, the school implementation plan on HIV/AIDS should take into account the needs and values of the specific school and the specific communities it serves. Consultation on the school implementation plan could address and attempt to resolve complex questions, such as discretion regarding mandatory sexuality education, or whether condoms need to be made accessible within a school as a preventive measure, and if so under what circumstances (Letterny, 2006:69; Knowltan, 2002:16; Goodman, 2000:312).

3.4.11 Health Advisory Committee

Where community resources make this possible, it is recommended that each school and institution should establish its own Health Advisory Committee as a committee of the governing body or council. Where the establishment of such a committee is not possible, the school should draw on expertise available to it within the education and health systems. The Health Advisory Committee may as far as possible use the assistance of community health workers led by a nurse or local clinics (SA, 27/1996).

Where it is possible to establish a Health Advisory Committee, the Committee should be set up by the governing body or council and should consist of educators and other staff, representatives of the parents of learners at the school or learners at the institution, representatives of the learners and representatives from the medical or health care professions; elect its own chairperson who should preferably be a person with knowledge in the field of health care; advise the governing body or council on all health matters, including HIV/AIDS (Giese, 2003:29); be responsible for developing and promoting a school plan of implementation on HIV/AIDS and review the plan

from time to time, especially as new scientific knowledge about HIV/AIDS becomes available; and be consulted on the provisions relating to the prevention of HIV transmission in the Code of Conduct.

3.5 CONCLUSION

This chapter presented the literature review on the impact of HIV/AIDS on school, family and community systems.

The next chapter presents methods which were employed to collect empirical data for this research.

CHAPTER FOUR

EMPIRICAL RESEARCH DESIGN

4.1 INTRODUCTION

This chapter presents the empirical research methods which the researcher used to answer the research questions posed in section 1.3 above and to reach the research aims stated in section 1.4 above. It includes:

- an overview and justification of the empirical research methods which the researcher employed to answer the posed research questions and the stated research aims;
- an explanation of the way in which the questionnaire was developed;
- a description of the pilot study that was conducted in order to verify the suitability of the questionnaire for the selected sample.

Chapter one served as both the literature and empirical research 'driving engine' for the entire research, while the clarification of the theoretical framework of this research in chapter two provided the structure around which the recommendations and the novel approach to the ecosystemic combating of the HIV/AIDS epidemic at schools are developed (see chapter six). Chapter three provided literature review's findings on the HIV/AIDS epidemic, and ways in which it negatively affects schools, families and communities. The empirical research design, which is provided in this chapter, is necessary to outline ways in which the empirical research of this study will be conducted in order to reach the aims of this study, which are to:

- investigate the nature of the ecosystemic theoretical framework and the impact of HIV/AIDS on schools;
- investigate ways in which School Management Teams deal with the HIV/AIDS epidemic;

- investigate in what way School Governing Bodies deal with the HIV/AIDS epidemic;
- investigate how HIV/AIDS programmes are coordinated at schools;
- investigate if a synergistic relationship exists between schools and communities in dealing with HIV/AIDS; and
- suggest an ecosystemic approach which schools can infuse in the management and governance processes of dealing with the HIV/AIDS epidemic at schools.

The nature of these aims suggests that the outline of the empirical research which is employed in this research should investigate ways in which School Management Teams and School Governing Bodies deal with the HIV/AIDS epidemic at their schools, ways in which HIV/AIDS programmes are coordinated at schools, and if a synergistic relationship exists between schools and other community social systems in dealing with the HIV/AIDS epidemic. The results of this investigation should enable the researcher to suggest and develop an ecosystemic approach in combating the negative effects of the HIV/AIDS epidemic at schools.

On the basis of the latter paragraph, the researcher deemed a quantitative research approach to be the most suitable and appropriate method of gathering data for this research. Charles (1995:97) explains that quantitative data deals principally with numbers while qualitative data deals with meanings. Henning, Van Rensburg and Smit (2004:3) and Charles (1995:99) state that one of the most important requisites in contemporary social science is that scientific information should be quantitative because it represents an endeavour to detect laws, relationships and explanations of various occurrences. Results obtained in such a way are always transcribed in a statistical manner. The extent into which observations are translated into numbers serves as an indication of the maturity of science. Quantitative research measures the reaction of many people to a limited set of questions,

thus facilitating comparison and statistical aggregation of the data, which give a broad, general set of findings (Thomas, 1998:133).

In order to reach the correct conclusion for this research, it is important to focus on the character of a research instrument. The next section explains the reason for the researcher's deeming of a self-developed questionnaire to be the most suitable empirical research instrument for this research.

4.2 COMPILATION OF THE SELF-DEVELOPED MEASURING INSTRUMENTS USED IN THE EMPIRICAL RESEARCH OF THIS STUDY

Although several instruments have been devised to obtain self-reports of School Management Teams, School Governing Bodies and coordinators of HIV/AIDS programmes on the effects of the HIV/AIDS epidemic on school systems, none was considered entirely appropriate for this study because of their having been developed in overseas countries and being too foreign for the South African social context and were as a result deemed to be unsuitable for answering questions raised in section 1.3 above and for reaching the research aims set in section 1.4 above. They were therefore only utilized as guides for the construction of three measuring instruments for use with a South African sample which comprised School Management Teams, School Governing Bodies, and coordinators of HIV/AIDS programmes at schools. The items of the questionnaire were constructed and adapted from the findings of the literature review, mainly from chapter three.

The aims of the research had to be kept in mind in the choice and development of the items of the questionnaire. In the choice of the type of items, the researcher included:

- structured or closed questions;
- unstructured or open-ended questions; and
- divisive items (for example, yes/no).

Divisive items were mostly used because most of the desired information was of a factual nature. Open-ended items (in the form of "Comments" or

“Specify”) were also included in one questionnaire in order to allow respondents to elaborate on or motivate their responses.

Taking into consideration the aims of this study and findings in the literature survey, the researcher decided to determine:

- the way in which School Management Teams deal with the HIV/AIDS epidemic (see Section B of Addendum A), the programmes their schools use to fight the HIV/AIDS epidemic (See Section C of Addendum A), and the community structures their schools use to deal with the epidemic of HIV/AIDS (See Section D of Addendum A);
- the way in which School Governing Bodies deal with the HIV/AIDS epidemic (see Section B of Addendum B) and the programmes their schools use to fight the HIV/AIDS epidemic (see Section C of Addendum B); and
- the attitude of coordinators of HIV/AIDS programmes on the way HIV/AIDS and sexuality education are dealt with at their schools, their views on the effects of HIV/AIDS on teaching and learning and classroom management, and community structures their schools use to deal with the epidemic of HIV/AIDS.

The aims of this research and the findings from the literature led to the development of the following questionnaires for this study:

4.2.1 Questionnaires

The following questionnaires were constructed and used during the empirical research of this study.

4.2.1.1 School Management Teams’ management of the HIV/AIDS epidemic

This measuring instrument required participants to provide demographic information (see section A of Addendum A) such as their:

- gender profiles;

- age ranges;
- highest academic qualifications;
- highest professional qualifications;
- current school management position;
- where their schools are located;
- indications of whether they are managing at public or private schools;
- indications of whether they are managing at primary or secondary schools;
and
- indications of whether they teach Life Orientation/Life Skills/School Guidance.

This section of the questionnaire was necessary for the researcher to determine the biographical and social contexts of the School Management Teams which formed the sample of this study. Such social contexts are necessary for the researcher to understand the personal attributes and environments of the participants who responded to the items of the questionnaire.

Section B of this measuring instrument was used to assess the way in which schools deal strategically with the HIV/AIDS epidemic. The researcher required School Management Team participants to tell her whether their schools have:

- designated person(s) for coordinating HIV/AIDS prevention;
- written policies or documents that express long-term goals for combating HIV/AIDS;
- copies of the Policy on HIV/AIDS (SA, 27/1996);
- functional Employment Assistance Programmes (EAP);

- learners or staff members who had disclosed being infected with HIV/AIDS;
- any plans to deal with a learner or staff member who is infected with HIV/AIDS;
- any learners who are pregnant or single parents; and
- placed HIV/AIDS prevention as a priority in their curricula.

The responses of the participants to the items of this section of the questionnaire enabled the researcher to assess the approaches, if any, which schools use in dealing with the HIV/AIDS epidemic.

Section C of this measuring instrument was used to investigate if schools have programmes which they use in dealing with the HIV/AIDS epidemic. The researcher required School Management Team participants to tell her whether:

- combating HIV/AIDS is a policy in all grades at their schools;
- HIV/AIDS is part of a sexuality theme within the required Life Orientation/Life Skills/School Guidance curricula at their schools;
- HIV/AIDS is taught as part of the other required learning areas such as Natural Sciences, Languages or Arts and Culture at their schools;
- their school principals have taken the following actions to support education concerning HIV/AIDS:
 - determined if all educators of HIV/AIDS have had specific training or qualifications;
 - ensured that the educators have copies of authorized/recommended teaching materials for dealing with HIV/AIDS;
 - reviewed the teaching materials concerning HIV/AIDS being used in the light of the school, district or department of education criteria;

- regularly reviewing the number and nature of learner health problems;
- established guidelines for use of external speakers on HIV/AIDS;
- regularly reviewed the number and nature of learner health problems;
- issued explicit statements or taking steps to ensure that HIV/AIDS infected, gay, lesbian and bisexual learners or staff are not subjected to discrimination or harassment; and
- if their schools have peer helper programmes for HIV/AIDS or sexuality issues.

The responses of the participants to the items of this section of the questionnaire enabled the researcher to gain information on the programmes that schools have, if any, for dealing concertedly with the HIV/AIDS epidemic.

Section D of this measuring instrument was used to investigate if schools use local community structures to deal with the HIV/AIDS epidemic. The researcher required School Management Team participants to tell her whether:

- have any parents who have chosen to exempt their children from HIV/AIDS/sexuality education at their schools;
- besides the Department of Education, other government departments communicated with their schools to combat the HIV/AIDS epidemic;
- there are non-governmental organizations that communicate with their schools to prevent and fight HIV/AIDS;
- their schools seek ways to make presentations and topics on HIV/AIDS education relevant to the needs and interests of the learners from:
 - public health nurses or medical doctors,
 - social workers,
 - the police services, and

- justice or legally knowledgeable persons.
- their schools have reviewed their policies on the role of the coordinators of HIV/AIDS programmes with regard to communication with parents and the community on HIV/AIDS and sexual issues;
- their schools have sent information directly to parents on HIV/AIDS and sexuality programmes;
- have their schools involved parents in information meetings and workshops on HIV/AIDS and sexuality programmes;
- their schools implement programmes to eliminate sexual harassment at school and within the community; and
- their schools implement programmes to prohibit discrimination based on sexual orientation.

The responses of the participants to the items of this section of the questionnaire enabled the researcher to assess and evaluate the ecosystemic engagement, if any, of the schools with other social agencies which are found in their communities in order to combat the HIV/AIDS epidemic.

4.2.1.2 School Governing Bodies' management of the HIV/AIDS epidemic questionnaire

This questionnaire consisted of section A which required participants' demographic information, section B which required them to tell the researcher about the ways in which their schools deal strategically with HIV/AIDS, section C which required them to tell the researcher about the programmes their schools use to combat the HIV/AIDS epidemic and section D which required them to tell the researcher about the local community structures their schools use to deal with the epidemic of HIV/AIDS.

Section A of this measuring instrument required participants to provide demographic information such as:

- their gender profiles;

- their age ranges;
- the level of education they have achieved in their academic life;
- the component they represent in the School Governing Body;
- where their schools are located;
- indications of whether they are managing at public or private schools; and
- indications of whether they are managing at primary or secondary schools;

Section B of this measuring instrument investigated the ways in which the School Governing Body members deal strategically with the HIV/AIDS epidemic at their schools. The items enquired whether the participants' schools:

- currently have designated person(s) for coordinating HIV/AIDS prevention, not necessarily in the SGB;
- have written policies or documents that express long-term goals for HIV/AIDS education;
- have copies of the South African National policy on HIV/AIDS, (SA, 27/1996);
- have Health Advisory Committees (HACs) as enshrined in the South African National policy on HIV/AIDS policy, (SA, 27/1996);
- have ensured that the Employment Assistance Programme (EAP) is functional at their school;
- have had any disclosures of learners, staff members or parents who have been infected with HIV;
- have any plans to deal with learners, staff members or parents who have disclosed their HIV/AIDS status;
- have any learners who are pregnant or single parents; and

- placed the HIV/AIDS pandemic as a priority for teaching and learning.

Section C of the measuring instrument revealed the programmes that participants' schools use in dealing strategically with the HIV/AIDS epidemic.

The items enquired whether the participants:

- understand the role that the School Governing Bodies should play in dealing strategically with the HIV/AIDS epidemic at school;
- have measures in place to ensure that HIV/AIDS affected and infected educators and learners are informed about fundamental human rights, especially those of non-discrimination and equality;
- as School Governing Body members, ever attended HIV/AIDS workshops and seminars not organized by their district;
- had their children or themselves (if learners) getting lessons on the way in which to conduct themselves concerning safe sexual behaviour;
- had their children or they themselves (if learners) instructed in coping with peer pressure in issues concerning safe sexual behaviour pertaining to HIV/AIDS/sexuality related aspects ;
- want their children or themselves (if learners) to get lessons on how to conduct themselves concerning coping with peer pressure;
- want their children or themselves (if learners) to get lessons in dealing with HIV/AIDS/STDs; and
- want their children or themselves (if learners) to get lessons in dealing with opportunistic illnesses e.g. TB, pneumonia, diarrhoea, rash, swollen glands.

Section D of the measuring instrument investigated the ways in which the schools of the Governing Body participants use community structures to deal with the HIV/AIDS epidemic. The items enquired whether the participants':

- schools include take-home learning activities for learners to use with parents, family or community members as part of HIV/AIDS and sexuality education; and
- School Governing Bodies ever invite health advisors or psychologists to address learners and educators on HIV/AIDS issues.

In an open-ended question, School Governing Body participants were asked what, in their opinion, could help South African schools to work with other organizations and individuals in respective communities to combat HIV/AIDS.

4.2.1.3 Questionnaire for coordinators of HIV/AIDS programmes

This questionnaire consisted of section A which required participants' demographic information, section B which required them to tell the researcher about the ways in which their schools deal strategically with HIV/AIDS, section C which required them to tell the researcher about the programmes their schools use to fight the HIV/AIDS epidemic and section D which required them to tell the researcher about the local community structures their schools use to deal with the epidemic of HIV/AIDS.

Section A of this measuring instrument required participants to provide demographic information such as:

- their gender profiles;
- their age ranges;
- their highest academic qualifications;
- their highest professional qualifications;
- where their schools are located;
- indications of ownership of the school in which they are currently teaching;
- indications of the pre- and/or in-service training they have received on HIV/AIDS.

Section B of this measuring instrument investigated the attitudes of the coordinators of HIV/AIDS programmes on the way educators deal with the HIV/AIDS epidemic and sexuality education at their schools. The items enquired whether:

- the participants would be distressed if they were to teach a child who is HIV positive in their classrooms;
- the participants were of the opinion that homosexuals should be allowed to teach young people; and
- for the protection of others, the participants were of the opinion that educators should be told which learners at school are HIV positive.

Section C of the measuring instrument investigated the ways in which Life Orientation and HIV/AIDS programmes are coordinated. The items enquired about:

- the importance to participants that safe-sexual behaviour be part of the HIV/AIDS and sexuality programmes;
- how competent participants felt about teaching safe-sexual behaviour to learners;
- how supportive participants' school principals were of the teaching of safe-sexual behaviour;
- how important it is to participants that coping with peer pressure should be part of the HIV/AIDS and sexuality programmes;
- how competent they felt about teaching learners to cope with peer pressure;
- How supportive their school principals were of the teaching of coping with peer pressure;
- how important it is to participants that HIV/AIDS/STDs be part of the HIV/AIDS and sexuality programmes;

- how competent they felt teaching about HIV/AIDS/STDs;
- how important it is to participants that coercive sex, sexual harassment and sexual assault be part of the HIV/AIDS and sexuality programmes;
- how competent participants about teaching learners how to deal with coercive sex, sexual harassment and sexual assault;
- how supportive school principals are of teaching how to deal with coercive sex, sexual harassment and sexual assault; and
- whether there are learners in participants' schools who suffer from what they suspect to be HIV-related illnesses such as diarrhoea, pneumonia, tuberculosis and severe weight loss.

Section D of the measuring instrument investigated community structures which participants' schools use to deal with the HIV/AIDS epidemic. The items enquired about:

- how important it is to participants that communication about sex with parents and other adults be part of the HIV/AIDS and sexuality programmes;
- how thoroughly do participants cover communication about sex with parents and other adults in class;
- how competent participants felt about teaching learners communication about sex with parents and other adults;
- how adequate are resources at their schools to teach communication with parents and other adults about sex;
- how supportive are school principals of the teaching of communication with parents and other adults about sex;
- whether, besides the Department of Education, other government departments communicate with their schools to combat the HIV/AIDS epidemic;

- whether there are non-governmental organizations that communicate with their schools to combat HIV/AIDS;
- whether their schools seek ways to make presentations on topics concerning HIV/AIDS relevant to the needs and interests of the learners by public health nurses or medical doctors, social workers, the police services or legally knowledgeable persons;
- whether their schools include take-home learning activities for learners to use with parents, families or community members as part of HIV/AIDS and sexuality education;
- whether their schools have reviewed their policies on the role of coordinators with regard to communication with parents and the community on HIV/AIDS and sexual issues;
- whether their schools have ever sent information directly to parents on HIV/AIDS and sexuality programmes;
- whether their schools have involved parents in information meetings and workshops on HIV/AIDS and sexuality programmes;
- whether their schools implement programmes to eliminate sexual harassment at school and within the community; and
- whether their schools implement programmes to prohibit discrimination based on sexual orientation.

4.2.2 The length of the questionnaire

The researcher gave attention to the length of the questionnaires. The aim of the empirical research was to gather as much of the necessary empirical data from the participants as the primary sources of this data as possible, but nevertheless to keep the questionnaire as short, precise and concise as possible. The School Management Team participants' questionnaire consists of thirty-seven items (see Addendum A). The School Governing Body

members' questionnaire consists of twenty-eight items. The coordinators of HIV/AIDS programmes' questionnaire consists of thirty-seven items.

4.2.3 The anonymity of the questionnaire

The respondents of all three questionnaires were assured that all information would be regarded as confidential and would be used only for research purposes.

In a covering letter to School Management Team members, School Governing Body members and coordinators of HIV/AIDS programmes, the purpose of the questionnaires was described. Stressing the confidentiality of information, an appeal was made to the respondents to respond openly and sincerely.

Written guidelines and personal briefings were provided to ensure, as far as possible, standardized administration and to secure respondents' guarantee of confidentiality. Participants were given three days to complete the questionnaires, which were to be collected by the researcher on the afternoon of the third day. All data were collected during May 2005.

4.2.4 Piloting the questionnaires

According to Best and Kahn (2003:39), it is usually highly desirable to conduct a pilot study on a questionnaire and to revise the questionnaire based on the results of the pilot study. Furthermore, a pilot study which uses a group of respondents who are part of the intended study population, but who will not be part of the sample should, according to Best and Kahn (2003:39), attempt to determine whether the questionnaire items possess the desired qualities of measurement and discriminability. As Verma and Mallick (1999:41) point out, a pilot study gives the researcher an idea of what the empirical research method will actually look like in operation and what effects (intended or not) it is likely to have.

All the questionnaires were tested on a small scale during a preliminary investigation. With a view to testing the accuracy, reliability, validity and suitability in respect of both content and language of the instrument for local

use, the questionnaires were given to a number of School Management Team Members (n=15), School Governing Body members (n=45) and coordinators of HIV/AIDS programmes (n=15) to complete as a pilot project. Piloting of these questionnaires indicated that South African School Management Team members, School Governing Body members and coordinators of HIV/AIDS programmes judged it to be suitable for local use in respect of both content and language. There was, therefore, no need to translate the items of the questionnaire into any other language.

After consultation with the promoter, a few questions were modified and a second and final edition of the questionnaire followed. The Statistical Consultation Services of the North-West University (Vaal Triangle Campus) also ensured that they were satisfied that the data obtained by the questionnaire was statistically analysable.

As mentioned in the first paragraph of this section, the respondents who participated in the piloting stage of the questionnaire were not used in the final administration of the questionnaire to the 697 participants who formed the sample of this research.

4.3 POPULATION AND SAMPLE SELECTION

Neuman (1997:51), Best and Kahn (2003:12) and Leedy and Ormrod (2001:223) postulate that sampling is a process of choosing a small group of participants from a defined population. They further define sampling as the scientific research in which a number of individuals are stakeholders in establishing a concise conclusion about a large number of people.

Sample selection is the primary technique used to collect data and the manner in which cases rich in information present themselves. The reasoning behind sampling is associated with the purpose of the research, as well as with the research problem studied (Thomas, 1998:56; Best & Kahn, 2003:12).

Cooper and Emory (1995:52) state that, when an educational design is in the planning stage, the researcher should take the population, to which the results should be generalized, into account. Such intention should involve decisions

over sample sizes and sampling methods. Best and Kahn (2003:342) and Bernard (1994:16) emphasize the importance of a selection strategy which should be employed in order to achieve the sub-set of the population from whom data is collected by means of documentation. It is therefore important to conceptualize sampling as an aspect of research.

This research has chosen a specific population which comprises School Management Teams, School Governing Body members and coordinators of HIV/AIDS programmes in the Gauteng province because of the significant role they can play in combating HIV/AIDS at schools, for example by developing and implementing strategic policies which are ecosystemic in nature for dealing with the HIV/AIDS epidemic.

4.3.1 Description of the population

All School Management Team members, School Governing Body members and coordinators of HIV/AIDS programmes falling under the jurisdiction and control of the Gauteng Department of Education were considered as the study population.

The Gauteng Department of Education has 25 789 School Management Team members, School Governing Body members and coordinators of HIV/AIDS programmes at both public and private schools. As the study could be delayed if the researcher were to send questionnaires to such a large number of participants, which would have had particular financial and time implications for the researcher, it was not regarded by both the researcher and the promoter as practically feasible to send the questionnaires to such a large number. After consultation with the study promoter, it was decided to limit the study population to School Management Team members, School Governing Body members and coordinators of HIV/AIDS programmes in the seven districts of education in Gauteng.

4.3.2 Method of random sampling

Samples like cluster and random sampling were considered for use in this investigation. After careful consideration of the advantages and

disadvantages of each of these methods, it was decided on random sampling. This type of sampling was chosen because each member of the population has an equal and known chance of being selected. This is also the purest form of probability sampling (Leedy & Ormrod, 2001:848). A list of all public schools and private schools in the selected districts of education was obtained and schools for investigation were selected randomly from the list. The respondents consisted of School Management Team members (N=246), School Governing Body members (N=380) and coordinators of HIV/AIDS programmes (N=71) from randomly selected primary and secondary schools in the twelve districts of education of the Gauteng province.

4.3.3 Random sample size

A total of 697 School Management Team members, School Governing Body members, and coordinators of HIV/AIDS programmes programmes formed the sample of this research. This sample ranged from town (Cities) and townships to farm areas and also included participants from primary and secondary schools.

4.3.4 Questionnaire distribution

All 697 questionnaires which were personally distributed by the researcher were returned (see Table 4.1 below). The strategy for personally distributing the questionnaires to schools helped the researcher to get a 100% return of all questionnaires.

Table 4.1: Feedback from the population group

No distributed	No received	No lost or misplaced
697	697	0
100%	100%	0%

4.3.5 Procedure

With the permission of School Governing Bodies who were known not to have access to the completed questionnaires, copies of the instrument were

distributed by the researcher to principals, deputy principals, H.O.Ds, learners and educators who served in School Governing Bodies, parents and educators who are coordinators of HIV/AIDS programmes of the participating schools.

4.3.6 Location of schools

The number of schools as per locality was as follows:

Table 4.2: Location of schools

Location of schools	N	%
Town	15	21
Township	47	67
Farm	9	12

It is clear from Table 4.2 above that more schools from the townships participated in this research than schools in either towns or on farms. This was due to the fact that, during the random sampling stage of this research, the researcher found that there are more schools in the townships of the Gauteng province than are in towns or on farms.

4.4 POPULATION AND SAMPLE DISTRIBUTION

This section presents the number of filled-in questionnaires which the researcher got back from the School Management Teams, School Governing Bodies, and coordinators of HIV/AIDS programmes according to positions participants held, types, location and ownership of schools.

4.4.1 School Management Team participants (N=246)

In this section the School Management Team participants are distributed according to the positions they held, types, location and ownership of schools.

4.4.1.1 Types of schools at which the participants managed and the positions they held

The following Table presents the numbers (N=246) of the School Management Team participants as per the types of schools at which they managed and the positions they held.

Table 4.3: Types of schools at which the participants managed and the positions they held

	Principals		Deputy principals		HODs	
	n	%	n	%	n	%
Primary schools	38	54	32	52	44	39
Township schools	33	46	30	48	69	61
TOTAL	71	29	62	25	113	46

From the foregoing table it is clear that the School Management Team participants' sample consisted of 71 principals of which 38 were from primary schools and 33 were from secondary schools, 62 deputy principals of which 32 were from primary and 30 were from secondary schools and 113 Heads of Departments of which 44 were from primary schools and 69 were from secondary schools.

4.4.1.2 Location of schools from which the participants came

The following Table presents the numbers (N=246) of the School Management Team participants as per their location of schools.

Table 4.4: Location of schools from which the participants came

	Principals		Deputy principals		HODs	
	n	%	n	%	n	%
Town schools	15	21	12	19	32	28
Township schools	47	66	44	71	58	51
Farm schools	9	13	6	10	23	20
TOTAL	71	29	62	25	113	46

Of the 71 principals 15 came from town (i.e. suburban) schools, 47 from township (i.e. black locations) schools and 9 came from farm schools (i.e. on land owned by private farmers); of the 62 deputy principals 12 came from town schools, 44 from township schools and 6 from farm schools; and of the 113 Heads of Departments 32 came from town schools, 58 came from township schools and 23 came from farm schools.

4.4.1.3 Ownership of the schools at which the participants manage

The following Table presents the numbers (N=246) as per School Management Team participants from public and private schools.

Table 4.5: Ownership of the schools at which the participants manage

	Principals		Deputy principals		HODs	
	n	%	n	%	n	%
Public schools	61	86	52	84	101	89
Private schools	10	14	10	16	12	11
TOTAL	71	29	62	25	113	46

From the foregoing table it is clear that the School Management Team participants consisted of 71 principals of which 61 were from public schools and 10 from private schools; of the 62 deputy principals 52 were from public schools and 10 from private schools; and 113 Heads of Departments of which 101 were from public schools and 12 from private schools.

4.4.2 School Governing Body participants

In this section the School Governing Body participants are distributed according to their representation, types, location and ownership of schools.

4.4.2.1 Types of schools and the representation of the School Governing Body participants' sample

The following Table presents the numbers (N=380) as per School Governing Body representation and the types of schools they govern.

Table 4.6: Types of schools and the representation of the School Governing Body participants' sample

	Parents		Learners		Educators		Non teaching staff	
	n	%	n	%	n	%	n	%
Primary schools	70	74	0	0	26	33	31	46
Secondary schools	78	53	84	100	54	67	37	54

From the foregoing table it is clear that the School Governing Body participants' sample consisted of 148 parents, 70 of which were from primary schools and 78 from secondary schools; 84 learners, which were from secondary schools; 80 educators, 26 of which were from primary schools and 54 from secondary schools; and 68 non-teaching staff, 31 of which were from primary schools and 37 from secondary schools.

4.4.2.2 Location of schools of the School Governing Body participants' sample

The following Table presents the numbers (N=380) as per School Governing Body participants from town schools, township schools and farm schools.

Table 4.7: Location of schools of the School Governing Body participants' sample

	Parents		Learners		Educators		Non teaching staff	
	n	%	n	%	n	%	n	%
Town schools	44	30	28	33	30	37	28	41
Township schools	71	48	47	56	39	49	33	48
Farm schools	33	22	9	11	11	14	7	11
TOTAL	148	39	84	22	80	21	68	18

From the foregoing table it is clear that the School Governing Body participants' sample consisted of 148 parents, 44 of which were from town, 71 from township schools and 33 from farm schools; 84 learners, 28 of which were from town, 47 from township schools and 9 from farm schools ; and 68 non-teaching staff, 28 of which were from town, 33 from township schools and 7 from farm schools.

4.4.2.3 Ownership of the schools at which the participants govern

The following Table presents the numbers (N=380) as per School Governing Body participants from public and private schools.

Table 4.8: Ownership of the schools at which the participants govern

	Parents		Learners		Educators		Non teaching staff	
	n	%	n	%	n	%	n	%
Public schools	87	59	69	82	58	72	40	59
Private schools	61	41	15	18	22	28	28	41
TOTAL	148	39	84	22	80	21	68	18

From the foregoing table it is clear that the School Governing Body participants' sample consisted of 148 parents, 87 of which were from public schools and 61 from private schools; 84 learners, 69 of which were from public schools and 15 from private schools; 80 educators, 58 of which were from public schools and 22 from private schools; and 68 non-teaching staff, 40 of which were from public schools and 28 from private schools.

4.4.3 Coordinators of HIV/AIDS programmes (N=71)

In this section the Coordinators of HIV/AIDS programmes are distributed according to the types, location and ownership of schools at which they coordinate.

4.4.3.1 Types of schools

The following Table presents the (N=71) types of schools where the participants coordinate.

Table 4.9: Types of schools at which the participants coordinate

Coordinators of HIV/AIDS programmes	n	%
In primary schools	33	46
In secondary schools	38	54

From the foregoing table it is clear that the coordinators of HIV/AIDS programmes participants' sample consisted of 71 participants. These participants were selected from 33 primary schools and 38 secondary schools.

4.4.3.2 Location of schools from which the participants came

The following Table presents the numbers (N=71) as per Coordinators of HIV/AIDS programmes from farm schools, suburb schools and township schools.

Table4.10: Location of schools from which the coordinators came

Coordinators of HIV/AIDS programmes	n	%
Town schools	15	21
Township schools	47	66
Farm schools	9	13

From the foregoing table it is clear that the coordinators of HIV/AIDS programmes participants' sample consisted of 71 participants 15 of which were from town, 47 from township schools and 9 from farm schools.

4.4.3.3 Ownership of the schools at which the participants coordinate HIV/AIDS programmes

The following table presents the numbers (N=71) as per coordinators of HIV/AIDS programmes from public and private schools.

Table 4.11: Ownership of the schools at which the participants coordinate HIV/AIDS programmes

Coordinators of HIV/AIDS programmes	n	%
In public schools	59	83
In private schools	12	17

From the foregoing table it is clear that the coordinators of HIV/AIDS programmes participants' sample consisted of 71 participants 59 of which were from public schools and 12 from private schools.

4.5 CONCLUSION

This chapter highlighted the outline of the empirical research method of this research. Clarity was provided for the reason of employing quantitative methods of research and the rationale for a self-developed questionnaire and ways in which it was compiled. Items of the questionnaires were also clarified. Characteristics of the population and sample selection also received attention.

The next chapter presents the analyses and interpretations of data that the researcher collected during the empirical research proceedings.

CHAPTER FIVE

DATA ANALYSES AND INTERPRETATIONS OF RESULTS

5.1 INTRODUCTION

In this chapter, the researcher analyses by means of tables the data received through the responses of the members of School Management Teams (n=246), School Governing Bodies (n=380) and coordinators of HIV/AIDS programmes (n=71), that is the N=697 total population, participants of selected schools who formed the sample of this research. The responses of School Management Team participants are analysed and interpreted first (see section 5.2), followed by those of School Governing Body participants (see section 5.3) and lastly those of coordinators of HIV/AIDS programmes (see section 5.4).

The analysed data is also interpreted.

5.2 RESPONSES OF THE SCHOOL MANAGEMENT TEAM PARTICIPANTS (N=246)

This section provides responses of all the School Management Team participants (n=246) who formed the sample of this study.

5.2.1 Demographic information

This sub-section presents information on the biographical and social contextual particulars of the School Management Team participants who formed the sample of this research.

The following table presents demographic information of the School Management Team participants (n=246) who formed the sample of this study.

Table 5.1: Demographic information

ITEMS	VARIABLES		RESPONSES	
			n	%
A1	Gender profiles of the participants	Female	150	61
		Male	96	39
A2	Age ranges of the participants	21-30 years	39	16
		31-40 years	113	46
		41-50 years	47	19
		More than 50 years	47	19
A4	Highest professional qualifications of the participants	Matric	86	35
		Bachelors' degree	101	41
		Honours' degree	52	21
		Masters' degree	7	3
		Doctoral degrees	0	0
A5	Highest professional qualifications of the participants	Before matric	91	37
		After matric	42	17
		After degree	113	46
A6	Location of schools from which the participants come	Principal	71	29
		Deputy Principal	62	25
		Head of Department	113	46
A7	Ownership of schools at which the participants manage	Public	214	87
		Private	32	13
A8	Types of schools at which	Primary	113	46

	the participants manage	Secondary	133	54
A9	On whether participants teach Life Orientation/Life Skills/ School Guidance	Yes	81	33
		No	165	67

The analyses and interpretations of Table 5.1 follow

Demographic information of the participants is as follows:

5.2.1.1 Gender profiles

The majority (61%) of the participants were females, while 39% were males. This means that the sample of this research consisted of a majority of female School Management Team participants.

5.2.1.2 Age ranges

The majority which is a little less than half (46%) of the participants' ages ranged between 31 and 40 years, 19% of the participants' ages ranged between 41 and 50 years; another 19% of the participants were more than 50 years old; while 16% of the participants' ages ranged between 21 and 30 years. This means that the ages of the majority of the School Management Team participants ranged between 31 and 40 years.

5.2.1.3 Highest academic qualifications

The majority (41%) of the participants had bachelors' degrees, 35% had matric certificates, 21% had honours' degrees, while 3% had masters' degrees as their highest academic qualifications and none had doctoral degrees.

5.2.1.4 Highest professional qualifications

The majority which is a little less than half (46%) of the participants had professional qualifications obtained after graduating with their university degrees, 37% of the participants had professional certificates obtained after

matric and 17% of the participants had professional certificates obtained before matric.

5.2.1.5 Current positions

The majority which is a little less than half (46%) of the participants were Heads of Departments at their schools, 29% were principals, while 25% were deputy principals. This means that the majority of the School Management Team participants were Heads of Departments at their schools.

5.2.1.6 Location of schools

The majority (61%) of the participants were teaching at schools located at townships, 24% were at suburban schools, while 15% were at farm schools. This means that the majority of the School Management Team participants were from township schools.

5.2.1.7 Ownership of schools

The majority (87%) of the participants were teaching at public schools, while 13% were teaching at private schools. This means that the majority of the School Management Team participants were managers at public schools.

5.2.1.8 Types of schools

The majority (54%) of the participants were teaching at secondary schools, while 46% were teaching at primary schools. This means that the majority of the School Management Team participants were managers at secondary schools.

5.2.1.9 Determining whether participants taught Life Orientation/Life Skills/School Guidance

The majority (67%) of the School Management Team participants did not teach Life Orientation/ Life Skills or School Guidance, while 33% taught at least one of the above learning areas or subjects at their schools. This means that the majority of the school management team participants did not teach Life Orientation/ Life Skills or School Guidance at their schools.

The next sub-section presents information about the School Management Team participants' responses on the way in which their schools deal with the HIV/AIDS epidemic.

5.2.2 School Management Teams participants' responses on the way in which their schools deal with HIV/AIDS

School Management Team participants' responses on the way in which their schools deal with HIV/AIDS epidemic were as follows (see Table 5.2 below):

Table 5.2: School Management Teams participants' responses on the way in which their schools deal with HIV/AIDS

ITEMS	VARIABLES	RESPONSES			
		YES		NO	
		n	%	n	%
B1	On whether schools of the participants currently have designated persons for coordinating HIV/AIDS prevention	172	70	74	30
B2	On whether schools of the participants had written policies or documents that express long-term goals for HIV/AIDS education	98	40	148	60
B3	On whether schools of the participants had copies of HIV/AIDS policy, Act 27 of 1996	84	34	162	66
B4	On whether schools of the participants had Health Advisory Committees as mandated in Act 27 of 1996	32	13	214	87
B5	On whether schools of the participants had functional Employment Assistance Programmes (EAPs)	64	26	182	74

B6	On whether there had been disclosures of learners or staff members who have been infected with HIV at their schools	91	37	155	63
B7	On whether schools of the participants had any plans to deal with HIV infected learners or staff members	52	21	194	79
B8	On whether there were any learners who were pregnant or single parents at the participants' schools	91	37	155	63
B1	On whether schools of the participants currently have designated persons for coordinating HIV/AIDS prevention	172	70	74	30

The analyses and interpretations of Table 5.2 follow below:

5.2.2.1 Designated persons for coordinating HIV/AIDS prevention at schools

The majority (70%) of the participants indicated that their schools currently had designated persons for coordinating HIV/AIDS prevention, while 30% indicated that their schools did not have designated persons for coordinating HIV/AIDS prevention. This finding bodes well for the campaign of concerted dealing with HIV/AIDS at schools because it is through personnel designated specifically for coordinating HIV/AIDS programmes that schools can be able to work with families, the community, societal and global agencies. The literature review highlighted the need for such coordination (see paragraph 2.9).

5.2.2.2 Written policies or documents that express long-term goals for HIV/AIDS education

The majority (60%) of the School Management Team participants indicated that their schools did not have written policies or documents that express long-term goals for HIV/AIDS education, while 40% agreed that their schools

had the written policies. This finding highlights the dearth of School Management Teams' strategic approach to the HIV/AIDS epidemic at schools, which is greatly worrisome because if there are no strategic and proactive policies for combating HIV/AIDS at schools, they will always find themselves reacting to the disasters that the viral disease is causing to both learner, educator and non-teaching staff human resources and the school organizational structure and climate. Without written school policies or documents that express long-term goals for HIV/AIDS education, stakeholders cannot have a blue-print and working documents for mapping their approaches to deal with the catastrophies that can result from the effects of HIV/AIDS on both human resources and school organizational systems. This is also not in line with the South African National Policy on HIV/AIDS, Act 27 of 1996 which stipulates that a provincial education policy for HIV/AIDS, based on the national policy, can serve as a guideline for schools when compiling an implementation plan to deal proactively with the HIV/AIDS epidemic (see paragraph 3.4.10).

5.2.2.3 Copies of the South African National Policy on HIV/AIDS, Act 27 of 1996

The majority (66%) of the participants indicated that their schools do not have copies of the South African National Policy on HIV/AIDS, Act 27 of 1996, while 34% indicated that their schools do have the copies. This again shows a dearth of ecosystemic coordination among social systems, which have been developed by the country to deal with the scourge of HIV/AIDS. This is an indication that the majority of the School Management Teams do not have the necessary national policy directions to regulate the effective implementation of education and training for learners and parents, including educators and non-teaching staff, concerning the HIV/AIDS epidemic.

The South African National Policy on HIV/AIDS, Act 27 of 1996, is a national policy developed by the politicians to help schools deal with the HIV/AIDS epidemic (see paragraph 3.4). That most of the schools do not have this strategic policy for dealing with the HIV/AIDS epidemic at schools is worrisome. This could imply that schools are delaying the implementation of

this important policy of the Ministry of Education whose mission is to combat HIV/AIDS at schools. It could be easily said that policies delayed in implementation by schools is tantamount to policies being denied to learners, educators and non-teaching staff who are infected and affected by HIV/AIDS.

5.2.2.4 School Health Advisory Committees

The majority (87%) of the participants indicated that they did not have school Health Advisory Committees as recommended in the South African National Policy on HIV/AIDS, Act 27 of 1996, while 13% indicated that they had school Health Advisory Committees at their schools. It is surprising that the majority of the School Management Teams were at schools that did not have school Health Advisory Committees as recommended in the South African National Policy on HIV/AIDS, Act 27 of 1996. The Health Advisory Committees can be a vehicle for involving health-related stakeholders such as medical doctors, nurses, physiotherapists, non-governmental organizations dealing with HIV/AIDS, *etc.* in schools' efforts to deal with the epidemic. This, again conflicts with the stipulations of the South African National Policy on HIV/AIDS, Act 27 of 1996 (see paragraph 3.4.11).

5.2.2.5 Functionality of the Employment Assistance Programmes

The majority (74%) of the participants indicated that the Employment Assistance Programme was not functional at their schools, while 26% indicated that the Employment Assistance Programme was functional. This finding could indicate that educators, non-teaching staff, learners and their families do not benefit from the health and wellness support services that the Department of Education offers through the Employment Assistance Programme.

5.2.2.6 Disclosure of learners or staff members who have been infected with HIV

The majority (63%) of the participants indicated that there had been no disclosures at their schools of learners or staff members who had been infected with HIV, while 37% acknowledged the disclosure of learners or staff

members who had been infected with HIV. This finding is to be expected at schools where there is no clear strategic policy on HIV/AIDS, because learners and educators could be afraid of stigmatization and discrimination on the grounds of suffering from HIV/AIDS. The literature review indicates that educators should be alert to unfair accusations against any person suspected of having HIV/AIDS (see paragraph 3.4.1). Voluntary disclosure of a learner or educator's HIV/AIDS status to the appropriate authority should be welcomed and an enabling environment should be cultivated in which the confidentiality of such information is ensured (see paragraph 3.4.4).

5.2.2.7 Plans to deal with HIV infected learners or staff members at schools

The majority (79%) of the participants indicated that there were no plans to deal with HIV infected learners or staff members at their schools, while 21% indicated that there were plans to deal with HIV infected learners or staff members at their schools. This again indicates a dearth of proactiveness from the School Management Teams in dealing with HIV/AIDS. This shows lack of vision and mission statements in dealing with the HIV/AIDS epidemic at schools. This finding contradicts the literature review, which indicates that the governing body of a school or the council of an institution may develop and adopt its own implementation plan on HIV/AIDS to give an operational effect to the national policy (see paragraph 3.4.10).

5.2.2.8 Pregnant or single parent learners at schools

The majority (63%) of the participants indicated that there were no pregnant or single parent learners at their schools, while 37% indicated that there were pregnant or single parent learners at their schools. Although a smaller percentage of learners were either pregnant or single parents, it is alarming that such a social problem is prevalent in communities. This indicates that schools need to work together with parents as the ultimate responsibility for the behaviour of a learner rests with her/his parents (see paragraph 3.4.8). Other community organizations such as clinics, hospitals and non-governmental organizations that deal with sexuality and HIV/AIDS where

these learners can get information on birth control should collaborate with schools and parents.

5.2.2.9 Placing HIV/AIDS as a priority in curricula of schools

The majority (67%) of the participants indicated that HIV/AIDS was not placed as a priority in the curricula of their schools, while 33% indicated that HIV/AIDS was placed as a priority in the curricula of their schools. Such a disturbing finding was to be expected from schools which do not have strategic plans and documents such as school policies on HIV/AIDS and the National Policy on HIV/AIDS. According to the literature review HIV/AIDS should form part of the curriculum for all learners and should be integrated in the life-skills education programme (see paragraph 3.4.7).

The next section presents information on the School Management Team participants' responses about the programmes their schools use to deal with the HIV/AIDS epidemic.

5.2.3 Programmes the School Management Teams use to deal with the HIV/AIDS epidemic at schools

The analyses of the School Management Team participants' responses on the programmes schools use to deal with the HIV/AIDS epidemic at schools gave the following results:

Table 5.3: Programmes the School Management Teams use to deal with the HIV/AIDS epidemic at schools

ITEMS	VARIABLES	RESPONSES			
		YES		NO	
		n	%	n	%
C1	On whether the teaching about HIV/AIDS was policy in all grades at schools of the participants	145	59	101	41

C2	On whether HIV/AIDS was taught as part of a sexuality theme within the required Life Orientation/Life Skills/ School Guidance curricula at schools of the participants	162	66	84	34
C3	On whether HIV/AIDS was taught as part of the other required learning areas such as Natural Sciences, Language or Arts at schools of the participants	160	65	86	35
On whether school principals at schools of the participants had taken the following actions to support HIV/AIDS education:					
C4	Determined if all educators of HIV/AIDS have had specific training or qualifications	96	39	150	61
C5	Ensured that educators had copies of authorized/ recommended teaching materials concerning HIV/AIDS	71	29	175	71
C6	Reviewed the teaching materials concerning HIV/AIDS being used in light of the schools, districts or Department of Education criteria	71	29	175	71
C7	Established guidelines for use of external speakers on HIV/AIDS	54	22	192	78
C8	Regularly reviewed the number and nature of learner health problems	98	40	148	60
C9	Issued explicit statements or taken steps to ensure that HIV infected, gay, lesbian and bisexual learners or staff were not subjected to discrimination or harassment	86	35	160	65

C10	Whether schools of the participants had peer helper programmes for HIV/AIDS or sexuality issues	170	69	76	31
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The analyses and interpretations of Table 5.3 follow below:

5.2.3.1 Teaching about HIV/AIDS as policy in all grades at schools

The majority (59%) of the participants indicated that teaching about HIV/AIDS in all grades was a policy at their schools, while 41% indicated that teaching about HIV/AIDS in all grades was not a policy at their schools. This implies that School Management Teams and educators have infused HIV/AIDS in the school curricula, which action has the potential of promoting HIV/AIDS awareness among learners at schools.

5.2.3.2 Teaching about HIV/AIDS as part of a sexuality theme

The majority (66%) of the participants indicated that HIV/AIDS was taught as part of a sexuality theme within the required Life Orientation/Life Skills/School Guidance curriculum at their schools, while 34% indicated that HIV/AIDS was not taught as part of a sexuality theme within the required Life Orientation/Life Skills/School Guidance curriculum at their schools. This also implies that School Management Teams and educators have infused HIV/AIDS into the school curricula. Such an action has the potential of promoting HIV/AIDS awareness among learners at schools.

5.2.3.3 Teaching about HIV/AIDS as part of the other required learning areas

The majority (65%) of the participants indicated that HIV/AIDS is taught as part of the other required learning areas such as the Natural Sciences, Languages, Art and Culture, while 35% indicated that HIV/AIDS is not taught as part of the other required learning areas. This again implies that School Management Teams and educators have infused HIV/AIDS into the school curricula. Such an action has the potential of promoting HIV/AIDS awareness among learners at schools.

5.2.3.4 Training or qualifications for educators of HIV/AIDS

The majority (61%) of the participants indicated that school principals at their schools had not determined if all educators who teach about HIV/AIDS have specific training or qualifications to support HIV/AIDS education, while 39% indicated that school principals had determined if all educators who teach about HIV/AIDS have specific training or qualifications to support HIV/AIDS education. Being trained or being qualified to support HIV/AIDS education will equip educators with the necessary skills they need to combat HIV/AIDS. Lack of training would render the educators ineffective.

5.2.3.5 Copies of authorised/recommended teaching materials concerning HIV/AIDS for educators

The majority (71%) of the participants indicated that school principals had not ensured that educators had copies of authorised/recommended teaching materials concerning HIV/AIDS, while 29% indicated that school principals ensured that educators had copies of teaching materials concerning HIV/AIDS. Having teaching materials concerning HIV/AIDS would not only ensure effective teaching and learning where learners would be able to participate in the struggle against the epidemic, but also involve parents and communities.

5.2.3.6 Review of teaching materials concerning HIV/AIDS being used In the light of the school, district or department of education criteria

The majority (71%) of the participants indicated that school principals had not reviewed the teaching materials concerning HIV/AIDS being used In the light of the school, district or department of education criteria to support HIV/AIDS education, while 29% indicated that school principals had reviewed the teaching materials concerning HIV/AIDS being used In the light of the school, district or department of education criteria to support HIV/AIDS education. It is alarming that a high percentage of participants indicate that teaching materials concerning HIV/AIDS had not been reviewed. This could indicate that the school principals are not aware of what is contained in those materials and not actively involved in ensuring that learners are taught. This also indicates that

educators are solely responsible for these teaching materials. This could create a situation where they could emphasize certain sections and neglect others.

5.2.3.7 Guidelines for use of external speakers on HIV/AIDS

The majority (78%) of the participants indicated that school principals had not established guidelines for the use of external speakers on HIV/AIDS, while 22% indicated that school principals established guidelines for the use of external speakers on HIV/AIDS. External speakers could introduce a different perspective and an additional approach. Guidelines for the use of external speakers could therefore encourage schools to involve their communities, a situation that would provide a valuable resource.

5.2.3.8 Review of the number and nature of learner health problems

The majority (60%) of the participants indicated that school principals had not regularly reviewed the number and nature of learner health problems, while 40% indicated that school principals had regularly reviewed the number and nature of learner health problems. This finding can also be linked to a school without a strategic policy and plan on HIV/AIDS, where there are no proper plans for health promotion as part of school development.

5.2.3.9 Issue of explicit statements or take steps against discrimination or sexual harassment of HIV infected gay, lesbian, bi-sexual learners and staff

The majority (65%) of the School Management Team participants indicated that their schools had not issued explicit statements or taken steps to ensure that HIV infected, gay, lesbian and bi-sexual learners and staff are not subjected to social discrimination or harassment, while 35% indicated that their schools had issued explicit statements or taken steps to ensure that HIV infected, gay, lesbian, bi-sexual learners and staff are not subjected to discrimination or harassment, in order to support HIV/AIDS education and awareness among learners, parents and educators. This again points to a lack of strategic planning and systemic approach to the HIV/AIDS epidemic.

5.2.3.10 Peer helper programmes for HIV/AIDS or sexuality issues

The majority (69%) of the participants indicated that schools have peer helper programmes for HIV/AIDS or sexuality issues, while 31% indicated that their schools did not have peer helper programmes for HIV/AIDS or sexuality issues. This is a positive step towards the right direction of dealing with HIV/AIDS at schools.

The next section presents information about community structures which schools use to deal with the epidemic of HIV/AIDS.

5.2.4 How schools deal with HIV/AIDS epidemic

The analysis of School Management Team participants' responses on how schools deal with the epidemic of HIV/AIDS is presented and interpreted below.

Table 5.4: How schools deal with the epidemic of HIV/AIDS

ITEMS	VARIABLES	RESPONSES			
		YES		NO	
		n	%	n	%
D1	On whether any of the parents had chosen to exempt their children from HIV/AIDS/sexuality education at schools of the participants	17	7	229	93
D2	On whether besides Department of Education, other government departments communicated with schools of the participants to fight the HIV/AIDS epidemic	116	47	130	53
D3	On whether there were non-governmental organizations that communicated with schools of the participants to prevent and fight HIV/AIDS	160	65	86	35
D4	On whether schools of the participants sought ways to make presentations and topics on HIV/AIDS education relevant to the needs of the learners from the public health nurses or medical doctors, social workers, the police services and legally knowledgeable persons	138	56	108	44
D5	On whether schools of the participants had reviewed their policies on the role of coordinators of HIV/AIDS programmes with regard to communication with parents and the community on HIV/AIDS and sexuality issues	91	37	155	63

D6	On whether schools of the participants had sent information directly to parents on HIV/AIDS and sexuality programmes	84	34	162	66
D7	On whether schools of the participants had involved parents in information meetings and workshops on HIV/AIDS and sexuality programmes	89	36	157	64
D8	On whether schools of the participants implemented programmes to eliminate sexual harassment at schools and within the communities	138	56	108	44
D9	On whether schools of the participants implemented programmes to prohibit discrimination based on sexual orientation	148	60	98	40

The analyses and interpretations of Table 5.4 follow below:

5.2.4.1 Parental exemption of children from HIV/AIDS/sexuality education at schools

The majority (93%) of the participants indicated that none of the parents had chosen to exempt their children from HIV/AIDS and sexuality education at their schools, while 7% indicated that some of the parents had chosen to exempt their children from HIV/AIDS/ sexuality education at schools. This is an indication that most parents are not against the infusion of HIV/AIDS and sexuality education into schools' curricula.

5.2.4.2 Communication by other government departments besides Department of Education with schools to fight HIV/AIDS epidemic

The majority (53%) of the participants indicated that other government departments, besides the Department of Education, did not communicate with the schools to combat the HIV/AIDS epidemic, while 47% indicated that other

government departments, besides the Department of Education, communicated with the schools to fight the HIV/AIDS epidemic. This finding shows a dearth of ecosystemic engagement among stakeholders to combat HIV/AIDS at schools.

5.2.4.3 School communication with non-government organizations to prevent and fight HIV/AIDS

The majority (65%) of the participants indicated that non-governmental organizations communicate with their schools to prevent and fight HIV/AIDS, while 35% indicated that non-governmental organizations did not communicate with their schools to prevent and fight HIV/AIDS. It is interesting to find that non-governmental organizations are taking an initiative to ensure that they work with schools to combat HIV/AIDS. This notion is in line with the literature review which states that schools should coordinate resources and services for families and learners (see paragraph 2.10.6).

5.2.4.4 Ways sought to make topical presentations on HIV/AIDS education by public health nurses or medical doctors, social workers, the police services and legally knowledgeable persons

The majority (56%) of the participants indicated that their schools sought ways to make presentations of topics on HIV/AIDS education relevant to the needs and interests of the learners by public health nurses or medical doctors, social workers, the police and legally knowledgeable persons, while 44% indicated that their schools did not seek ways to make presentations of topics on HIV/AIDS education relevant to the needs and interests of the learners by public health nurses or medical doctors, social workers, the police and legally knowledgeable persons. It provides comfort when schools involve other organizations to curb the epidemic.

5.2.4.5 Review of policies on the role of coordinators of HIV/AIDS programmes on communication with parents and the community

The majority (63%) of the participants indicated that their schools had not reviewed policies on the role of coordinators of HIV/AIDS programmes on

communication with parents and the community on HIV/AIDS and sexuality issues, while 37% indicated that their schools had reviewed policies on the role of coordinators of HIV/AIDS programmes on communication with parents and the community on HIV/AIDS and sexuality issues. This finding was to be expected at schools without strategic plans concerning HIV/AIDS.

5.2.4.6 Sending information to parents on HIV/AIDS and sexuality programmes

The majority (66%) of the participants indicated that their schools had not sent information on HIV/AIDS and sexuality programmes directly to parents, while 34% indicated that their schools had sent information on HIV/AIDS and sexuality programmes directly to parents. This is an indication of the lack of connectedness between families and schools on matters regarding HIV/AIDS and sexuality education.

5.2.4.7 Parental involvement in information meetings and workshops on HIV/AIDS/sexuality programmes

The majority (64%) of the participants indicated that schools had not involved parents in information meetings and workshops on HIV/AIDS and sexuality programmes, while 36% indicated that schools had involved parents in information meetings and workshops on HIV/AIDS and sexuality programmes. This, again, is an indication of the lack of connectedness between families and schools on matters regarding HIV/AIDS and sexuality education.

5.2.4.8 Programmes to eliminate sexual harassment at schools and within communities

The majority (56%) of the participants indicated that their schools implemented programmes to eliminate sexual harassment at schools and within the communities, while 44% indicated that schools did not implement programmes to eliminate sexual harassment at schools and within the communities. This is a right step towards eliminating sexual harassment at schools. This could encourage learners prior to adulthood to beware of sexual coercion and harassment.

5.2.4.9 Programmes to prohibit discrimination based on sexual orientation

The majority (60%) of the participants indicated that their schools implemented programmes to prohibit discrimination based on sexual orientation, while 40% indicated that their schools did not implement programmes to prohibit discrimination based on sexual orientation. This is a right step towards dealing with discrimination based on sexual orientation at schools.

The next section answers the second research question by analysing the responses of the School Governing Body participants.

5.3 REPONSES OF THE SCHOOL GOVERNING BODIES (N=380)

This section provides the responses of all the School Governing Body participants (n=380) who formed the sample of this study.

5.3.1 Demographic information

This section presents tables with the data on the demographic information of the School Governing Body participants:

Table 5.5: Demographic information

ITEMS	VARIABLES		RESPONSES	
			n	%
A1	Gender profiles of the participants	Female	144	38
		Male	236	62
A2	Age ranges of the participants	Less than 21years	84	22
		21-30 years	129	34
		31-40 years	95	25
		41-50 years	61	16
		More than 50 years	11	3
A3	Highest level of education achieved by participants	Below Matric	178	47
		Matric	46	12
		Matric and a certificate	27	7
		Matric and a diploma	61	16
		Matric and a degree	68	18
		Secondary	133	54
A4	Component of the School Governing Body which the participants represent	Parents	148	39
		Learners	91	24

The analyses and interpretations of Table 5.5 follow:

5.3.1.1 Gender profiles

The majority (62%) of the participants were males, while 38% were females. This means that the sample of this research consisted mainly of School Governing Body male participants.

5.3.1.2 Age ranges

The majority (34%) of the participants ranged between 21 and 30 years, 25% were between 31 and 40 years, 22% were less than 21 years, 16% ranged between 41 and 50 years, and 3% were above 50 years. This means that the majority of the School Governing Body participants' ages ranged between 21 and 30 years of age.

5.3.1.3 Highest academic qualifications

The majority which is a little less than half (47%) of the participants have educational qualifications of below matric, 18% of the participants have bachelor degrees, 16% have diplomas, 12% have matric and 7% have certificates as their highest academic qualification. This means that the majority of the School Governing Body participants have educational qualifications of below matric.

5.3.1.4 Component of the School Governing Bodies represented by participants

The majority (39%) of the participants represented parents, 24% represented learners, 21% represented educators, while 16% represented non-teaching staff. This means that the majority of the members of School Governing Body participants were parents.

5.3.1.5 Location of schools

The majority which is a little less than half (47%) of the participants, which of course formed the majority of the responses on this item, were at schools situated in townships, 45% were at town schools, while 8% were at farm

schools. This means that the majority of the members of School Governing Body participants were from schools situated in townships.

5.3.1.6 Ownership of schools

The majority (78%) of the participants were teaching at public schools, while 22% were teaching at private schools. This means that the majority of the members of School Governing Body participants were from state schools.

5.3.1.7 Types of schools

The majority (64%) of the School Governing Body participants were from secondary schools, while 36% were from primary schools. This means that the sample of this research consisted mainly of School Governing Body participants from secondary schools.

The next section presents information on how the School Governing Body members deal strategically with the HIV/AIDS epidemic at schools.

5.3.2 The responses of the School Governing Body members on the way in which their schools deal strategically with the HIV/AIDS epidemic

The analyses of the responses of the School Governing Body member participants on the way in which their schools deal strategically with the HIV/AIDS epidemic is presented below:

The following table presents responses of the School Governing Body members on the way in which their schools deal strategically with the HIV/AIDS epidemic.

Table 5.6: Responses of the School Governing Body members on the way in which their schools deal strategically with the HIV/AIDS epidemic

ITEMS	VARIABLES	RESPONSES			
		YES		NO	
		n	%	n	%
B1	On whether schools of the participants currently have designated persons for coordinating HIV/AIDS prevention, not necessarily in the SGB	334	88	46	12
B2	On whether schools of the participants had written policies or documents that express long-term goals for HIV/AIDS education	243	64	137	36
B3	On whether schools of the participants had copies of HIV/AIDS policy, Act 27 of 1996	239	63	141	37
B4	On whether schools of the participants had Health Advisory Committees as mandated in Act 27 of 1996	110	29	270	71
B5	On whether schools of the participants had functional Employment Assistance Programmes (EAPs)	95	25	285	75
B6	On whether there had been disclosures of learners, staff members or parents who had been infected with HIV	175	46	205	54
B7	On whether schools of the participants had any plans to deal with HIV infected learners or staff members or parents	129	34	251	66
B8	On whether there were any learners who were pregnant or single parents at the participants' schools	144	38	236	62

B9	On whether schools of the participants placed HIV/AIDS as priority for teaching and learning	186	49	194	51
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The analyses and interpretations of Table 5.6 follow below:

5.3.2.1 Designated person(s) for coordinating HIV/AIDS prevention

The majority (88%) of the participants of the School Governing Bodies indicated that their schools had designated persons for coordinating HIV/AIDS prevention, while 12% of the School Governing Bodies indicated that their schools did not currently have designated persons for coordinating HIV/AIDS prevention. It is interesting to note that schools have educators to ensure that HIV/AIDS programmes are coordinated at schools.

5.3.2.2 Written policies or documents that express long-term goals for HIV/AIDS education

The majority (64%) of the participants of the School Governing Bodies indicated that their schools had written policies or documents that express long-term goals for HIV/AIDS education, while 36% of the School Governing Bodies indicated that their schools did not have the written policies. It is interesting to note that the School Governing Bodies have written policies or documents that express long-term goals for HIV/AIDS education.

5.3.2.3 Copies of HIV/AIDS Policy, Act 27 of 1996

The majority (63%) of the School Governing Body participants indicated that their schools had copies of HIV/AIDS Policy, Act 27 of 1996, while 37% indicated that their schools did not have copies of HIV/AIDS Policy, Act 27 of 1996. It is interesting to note that the School Governing Bodies have copies of the South African National Policy on HIV/AIDS as recommended in Act 27 of 1996. This notion is in line with the literature review which states that it is necessary for schools to develop ecosystemic policies on HIV/AIDS that encapsulate the letter and spirit of the South African Schools Act and the National Policy on HIV/AIDS (see paragraph 3.2.3).

5.3.2.4 Health Advisory Committees as mandated in the HIV/AIDS Policy, Act 27 of 1996

The majority (71%) of the School Governing Body participants indicated that their schools did not have Health Advisory Committees as mandated in the HIV/AIDS Policy, Act 27 of 1996, while 29% of the School Governing Bodies participants indicated that their schools had Health Advisory Committees. It is disturbing to note that schools do not have Health Advisory Committees. Having Health Advisory Committees would help to raise awareness of the impact of HIV/AIDS on education, educators, learners and parents, in order to promote health and safety and help reduce the spread and transmission of HIV (see paragraph 3.4.11). The unavailability of Health Advisory Committees at schools as indicated in the above responses reflects that nothing or very little is done at schools to develop and promote the wellness of educators and learners or to promote safe schools.

5.3.2.5 Functionality of the Employment Assistance Programmes

The majority (75%) of the School Governing Body participants indicated that the Employment Assistance Programmes are not functional at their schools, while 25% of the School Governing Bodies indicated that the Employment Assistance Programmes are functional at their schools. It is disturbing to note that schools do not have the functional Employment Assistance Programmes at their schools

5.3.2.6 Disclosure of the HIV status of learners, staff members or parents at schools

The majority (54%) of the School Governing Body participants indicated that there had been no disclosure of HIV status of learners, staff members or parents, while 46% of the School Governing Bodies indicated that there had been disclosure of HIV status of learners, staff members or parents. This could be an indication of a lack of policies on the disclosure of learners and educators who are infected and affected by HIV/AIDS.

5.3.2.7 Plans to deal with HIV infected learners staff members or parents

The majority (66%) of the School Governing Body participants indicated that their schools had no plans to deal with HIV infected learners, staff members or parents, while 34% of the School Governing Bodies indicated that their schools had plans to deal with HIV infected learners, staff members or parents. This is again an indication of a lack of proactive governance and management of HIV/AIDS.

5.3.2.8 Learners who are pregnant or single parents at schools

The majority (62%) of the School Governing Body participants indicated that there were no learners at their schools who were pregnant or single parents, while 38% of the School Governing Bodies indicated that there were learners at their schools who were pregnant or single parents. Although only a small percentage of the participants indicated that there were pregnant or single parents at their schools, this is a concern, as this could mean that these learners are not using protective devices.

5.3.2.9 Placing HIV/AIDS as a priority for teaching and learning

A little more than half (51%) of the School Governing Body participants indicated that their schools did not place HIV/AIDS as a priority for teaching and learning, while a little less than half (49%) of the School Governing Bodies indicated that their schools placed HIV/AIDS as a priority for teaching and learning.

According to the Constitution of South Africa learners have a right to be educated in HIV/AIDS, sexuality and healthy lifestyles, in order to protect themselves against HIV infection. Education is therefore a unique tool for increasing HIV/AIDS awareness and the most logical ground on which to counter the spread of the disease (see paragraph 3.4.5).

The next section presents information on the programmes of School Governing Body members in dealing strategically with the HIV/AIDS epidemic at schools.

5.3.3 Programmes School Governing Body participants use in dealing strategically with the HIV/AIDS epidemic

The analyses of responses of the School Governing Body participants on their schools' programmes in dealing strategically with the HIV/AIDS epidemic at their schools revealed the following:

Table 5.7: Programmes School Governing Body participants use in dealing strategically with the HIV/AIDS epidemic

ITEMS	VARIABLES	RESPONSES			
		YES		NO	
		n	%	n	%
C1	On whether participants understood the role they should play in dealing strategically with the HIV/AIDS epidemic at schools	114	30	266	70
C2	On whether there were measures in place to ensure that HIV/AIDS affected and infected educators and learners are informed about fundamental human rights, especially those of no-discrimination and equality	338	89	42	11
C3	On whether participants ever attended HIV/AIDS workshops and seminars not organized by their districts	266	70	114	30
C4	On whether participants' children or themselves if learners got lessons in how to conduct themselves concerning safe sexual behaviour	236	62	144	38
C5	On whether participants' children or themselves if learners got lessons on coping with peer pressure in issues concerning HIV/AIDS/sexuality related aspects	239	63	141	37

C6	On whether participants' children or themselves if learners wanted to get lessons on how to conduct themselves concerning safe sexual behaviour pertaining to HIV/AIDS/sexuality related aspects	300	79	80	21
C7	On whether participants wanted their children or themselves if learners to get lessons on how to conduct themselves concerning coping with peer pressure	304	80	76	20
C8	On whether participants wanted their children or themselves if learners to get lessons in dealing with HIV/AIDS/STDs	300	79	80	21
C9	On whether participants wanted their children or themselves if learners to get lessons in dealing with opportunistic illnesses e.g. TB, pneumonia, diarrhoea, rash, swollen glands	289	76	91	24

The analyses and interpretations of Table 5.7 follow below:

5.3.3.1 The role the School Governing Body should play in dealing strategically with the HIV/AIDS epidemic

The majority (70%) of the participants indicated that they do not understand the role the School Governing Body should play in dealing strategically with the HIV/AIDS epidemic, while 30% indicated that they understand the role the School Governing Body should play in dealing strategically with the HIV/AIDS epidemic. This shows that School Governing Body members still need to be capacitated in the roles they should play in combating HIV/AIDS at their schools.

5.3.3.2 Measures to inform HIV/AIDS affected and infected educators and learners about fundamental human rights

The majority (89%) of the School Governing Body participants indicated that there were no measures to ensure that HIV/AIDS affected and infected educators and learners are informed about fundamental human rights, especially those of non-discrimination and equality, while 11% agreed that there were measures to ensure that HIV/AIDS affected and infected educators and learners were informed about fundamental human rights, especially those of non-discrimination and equality. This indicates a lack of governors' efforts to educate and train learners and educators in their fundamental human rights and ways in which they can deal with discrimination and repression based on their health status as a result of HIV/AIDS. In its preamble, the National Education Policy of 1996 states that all forms of unfair discrimination and intolerance should be combated at schools, and the rights of all learners and educators should be upheld (see paragraph 3.4.1).

5.3.3.3 School Governing Bodies, attendance of HIV/AIDS workshops and seminars not organized by districts

The majority (70%) of the School Governing Body participants indicated that they attended HIV/AIDS workshops that were not organized by districts, while 30% indicated that they attended HIV/AIDS workshops that were not organised by districts. It is interesting to note that most school governing body members have attended workshops on HIV/AIDS.

5.3.3.4 Lessons on conduct concerning safe sexual behaviour

The majority (62%) of the School Governing Body participants indicated that their children or themselves if learners got lessons on how to conduct themselves concerning safe sexual behaviour, while 38% indicated that their children or themselves if learners did not get lessons on how to conduct themselves concerning safe sexual behaviour. It is interesting to note that governors themselves have been educated on how to conduct themselves concerning safe sexual behaviour, therefore there is hope that they will avoid contracting HIV/AIDS.

5.3.3.5 Coping with peer pressure

The majority (63%) of the participants indicated that their children or themselves if learners got lessons in coping with peer pressure in issues concerning HIV/AIDS and sexuality-related aspects, while 37% indicated that their children or themselves if learners did not get lessons in coping with peer pressure in issues concerning HIV/AIDS and sexuality-related aspects. It is interesting to note that governors themselves have been educated in coping with peer pressure in issues concerning HIV/AIDS and sexuality-related aspects.

5.3.3.6 Getting lessons in safe sexual behaviour

The majority (79%) of the participants indicated that their children or themselves if learners wanted to get lessons on how to conduct themselves concerning safe sexual behaviour pertaining to HIV/AIDS and sexuality-related aspects, while 21% indicated that their children or themselves if learners did not want to get lessons on how to conduct themselves concerning safe sexual behaviour pertaining to HIV/AIDS and sexuality-related aspects. This could be an indication that governors who formed the sample of this research still wish to get more lessons in the ways in which to conduct themselves concerning safe sexual behaviour pertaining to HIV/AIDS and sexuality-related aspects.

5.3.3.7 Getting lessons on coping with peer pressure

The majority (80%) of the participants indicated that their children or themselves if learners wanted to get lessons on coping with peer pressure pertaining to HIV/AIDS and sexuality-related aspects, while 20% of the participants indicated that their children or themselves if learners did not want to get lessons on coping with peer pressure pertaining to HIV/AIDS and sexuality-related aspects. This is an indication that most of the learner School Governing Body participants need the capacity to cope with peer pressure pertaining to HIV/AIDS and sexuality-related aspects.

5.3.3.8 Getting lessons in dealing with HIV/AIDS/STDs

The majority (79%) of the participants indicated that their children or themselves if learners wanted to get lessons in dealing with HIV/AIDS/STDs, while 21% indicated that their children or themselves if learners did not want to get lessons in dealing with HIV/AIDS/STDs. This is an indication that most School Governing Body learner participants need the capacity to deal with HIV/AIDS/STDs.

5.3.3.9 Getting lessons in dealing with opportunistic illnesses

The majority (76%) of the participants indicated that their children or themselves if learners wanted to get lessons in dealing with opportunistic illnesses e.g. TB, pneumonia, diarrhoea, rash, swollen glands, while 24% participants indicated that their children or themselves if learners did not want to get lessons in dealing with opportunistic illnesses, e.g. TB, pneumonia, diarrhoea, rash, swollen glands. This is an indication that most School Governing Body learner participants need the capacity to deal with opportunistic illnesses such as tuberculosis, pneumonia, diarrhoea, rash, swollen glands *etc.* as HIV/AIDS and sexuality-related syndromes.

The next section presents information on community structures which schools use to deal with the epidemic of HIV/AIDS.

5.3.4 Community structures which schools use to deal with the epidemic of HIV/AIDS

The analyses of responses of the School Governing Body participants concerning community structures to deal with the epidemic of HIV/AIDS at their schools were as follows:

Table 5.8: Community structures which schools use to deal with the epidemic of HIV/AIDS

ITEMS	VARIABLES	RESPONSES			
		YES		NO	
		n	%	n	%
D1	On whether schools of the participants included take-home learning activities for learners to use with parents, family or community members as part of HIV/AIDS and sexuality education	194	51	186	49
D2	On whether School Governing Bodies ever invited health advisors or psychologists to address learners and educators on HIV/AIDS issues	232	61	148	39
D3	Getting opinions of the participants on what can help South African schools to work with other organizations and individuals in respective communities to combat HIV/AIDS, as an open-ended question				

The analyses and interpretations of Table 5.8 follow below:

5.3.4.1 Inclusion of take-home learning activities

The majority (51%) of the participants of the School Governing Bodies indicated that schools included take-home learning activities for learners to use with parents, families or the community as part of HIV/AIDS and sexuality education, while 49% of the School Governing Bodies indicated that schools did not include take-home activities for learners to use with parents, families or the community as part of HIV/AIDS and sexuality education. It is interesting to note that most schools have made provision for such inclusion of take-home learning activities.

5.3.4.2 Invitations to health advisors or psychologists to address learners and educators on HIV/AIDS issues

The majority (61%) of the participants indicated that School Governing Bodies invited health advisors or psychologists to address learners and educators on HIV/AIDS issues, while 39% indicated that School Governing Bodies did not invite health advisors or psychologists to address learners and educators on HIV/AIDS issues. This is an indication of a mandated partnership between the health and education sectors of the government, and shows commitment of the Department of Health in assisting schools in the fight against HIV/AIDS. This is also a clear indication that School Governing Bodies are engaged in efforts to involve related community services in dealing with the HIV/AIDS epidemic.

5.3.4.3 Opinions on what can help South African schools to work with other organizations and individuals in respective communities to combat HIV/AIDS

On the question of what can help South African schools to work with other organizations and individuals in respective communities to combat HIV/AIDS, the participants indicated the following as important:

- Communication;
- Collaboration;
- HIV/AIDS organizations visiting schools and conducting workshops regularly; and
- making HIV/AIDS a learning area rather than a part of Life Orientation, Life Skills or School Guidance.

The next section provides responses of the coordinators of HIV/AIDS programmes who formed the population sample of this study.

5.4 RESPONSES OF THE COORDINATORS OF HIV/AIDS PROGRAMMES (N=71)

This section provides responses of the coordinators of HIV/AIDS programmes (n=71) who formed the sample of this study.

5.4.1 Demographic particulars

The following table presents demographic information of the coordinators of HIV/AIDS programmes (n=71) who formed the sample of this study.

Table 5.9: Demographic information

ITEMS	VARIABLES		RESPONSES	
			n	%
A1	Gender profiles of the participants	Female	43	61
		Male	28	39
A2	Age ranges of the participants	Less than 21 years	12	17
		21 – 30 years	31	44
		31 – 40 years	25	35
		41 – 50 years	3	4
		More than 50 years	0	0
A3	Highest academic qualifications of the participants	Matric	23	32
		Bachelors' Degree	21	29
		Honours' Degree	18	26
		Masters' Degree	9	13
		Doctoral Degree	0	0
A4	Highest professional qualifications	Number of participants who obtained their professional qualifications before matric	36	51

	of the participants	Number of participants who obtained their professional qualifications after matric	16	23
		Number of participants who obtained their professional qualifications after degree(s)	19	26
A5	Location of schools of the participants	Town	14	20
		Township	48	67
		Farm	9	13
A6	Ownership of schools of the participants	Public	59	83
		Private	12	17
A7	On whether participants received pre- and in-service training	Workshop on HIV/AIDS	29	41
		Workshops on the implementation of HIV/AIDS education	8	11
		Informal training	24	34
		No pre- and/or in-service training	10	14

The analyses and interpretations of Table 5.9 follow below:

5.4.1.1 Gender profiles

The majority (61%) of the school coordinators of HIV/AIDS programmes were males, while 39% were females. This means that this sample of participants consisted mostly of males.

5.4.1.2 Age ranges

The majority (44%) of the participants ranged between 21 and 30 years, 35% were between 31 and 40 years, 17% were less than 21 years, 4% were

between 41 and 50 years, while none were above 50 years. This means that this sample of participants consisted mostly of educators whose ages ranged from 21 to 30 years.

5.4.1.3 Highest academic qualifications

The majority (32%) of the participants had matric, 29% had bachelor's degrees, 26% had honours degrees, 13% had master's degrees and none had doctors degrees. This means that this sample of participants consisted mostly of educators whose academic qualifications were only at matric level.

5.4.1.4 Highest professional qualifications

The majority which is a little more than half (51%) of the participants had their highest professional qualifications for teaching at primary schools, obtained before matric. 26% had their highest professional qualification for teaching after matric and 23% of the participants had their highest professional qualifications after degrees. This means that this sample of participants mostly consisted of educators whose highest professional qualification for teaching at primary schools were obtained either before matric.

5.4.1.5 Current positions

The total of 100% of the participant educators who participated in this study who were mainly responsible for HIV/AIDS activities in their respective schools were designated coordinators of HIV/AIDS programmes while none who participated in this study was not a coordinator of HIV/AIDS programmes.

5.4.1.6 Location of schools

The majority (67%) of the participants were teaching at schools situated in townships, 20% were at town schools, while 13% were at farm schools. This means that this sample of participants mostly consisted of educators from township schools. School ownership

5.4.1.7 Ownership of schools

The majority (83%) of the participants were teaching at public schools, while 17% were teaching at private schools. This means that this sample of participants mostly consisted of educators from public schools.

5.4.1.8 Pre- and in-service training

The majority (41%) of the participants indicated that they received workshops in HIV/AIDS, 34% indicated that they received informal training and exchanges of ideas in HIV/AIDS, 14% indicated that they did not receive any pre-service and/or in-service training in HIV/AIDS or sexuality education, while 11% stated that they attended workshops on the implementation of HIV/AIDS education. This means that this sample of participants consisted mostly of educators who had received pre-service and/or in-service training in HIV/AIDS or sexuality education.

The next section presents information on responses of the coordinators of HIV/AIDS programmes concerning the way in which their schools deal with the HIV/AIDS epidemic:

5.4.2 Attitude of coordinators of HIV/AIDS programmes towards the way educators deal with the HIV/AIDS epidemic and sexuality education at schools

Responses of the coordinators of HIV/AIDS programmes concerning the way in which educators deal with the HIV/AIDS epidemic and sexuality education at their schools were as follows:

Table 5.10: Attitude of coordinators of HIV/AIDS programmes towards the way educators deal with the HIV/AIDS epidemic and sexuality education at schools

ITEMS	VARIABLES	RESPONSES			
		YES		NO	
		n	%	n	%
B1	On whether participants would be distressed if they were to teach children who are HIV positive in their classrooms	27	38	44	62
B2	On whether homosexuals should be allowed to teach young people	44	62	27	38
B3	On whether, for the protection of others, educators should be told which learners at school are HIV positive	42	59	29	41

The analyses and interpretations of Table 4.10 follow:

5.4.2.1 Distress in teaching HIV positive learners

The majority (62%) of the participants indicated that they would not be distressed if they had to teach a child who is HIV positive, while 38% indicated that they would be distressed if they had to teach a child who is HIV positive. This response bodes well for the promotion of inclusive education at schools, which takes the plight of learners infected with HIV/AIDS into consideration.

5.4.2.2 Allowing homosexuals to teach young people

The majority (62%) of the participants indicated that homosexuals should be allowed to teach young people, while 38% indicated that homosexuals should not be allowed to teach young people. This response bodes well for the promotion of inclusive education at schools, which regards homosexual educators as a reality in the promotion of inclusive education in South Africa

and the country's fight against the HIV/AIDS epidemic. This also indicates that the majority of the coordinators of HIV/AIDS programmes at schools accepted homosexuals as having a contribution towards teaching learners about HIV/AIDS and about the non-discriminatory, non-sexist and non-judgmental attitude which should be upheld. This is in line with the stipulations of the Bill of Rights in the Constitution of South Africa, Act 108 of 1996.

5.4.2.3 Disclosing the identity of HIV positive learners

The majority (59%) of the participants indicated that for the protection of others, educators should be told which learners at schools are HIV positive, while 41% indicated that educators should not be told which learners at schools are HIV positive. This is an indication that most coordinators of HIV/AIDS programmes would like to see disclosure of HIV/AIDS status among learners being acceptable.

The next section presents information on responses of the coordinators of HIV/AIDS programmes on how they coordinate HIV/AIDS programmes (classroom management).

5.4.3 Responses of the coordinators of HIV/AIDS programmes on how Life Orientation and HIV/AIDS programmes are coordinated at schools

The following table presents responses of the coordinators of HIV/AIDS programmes on how Life Orientation and HIV/AIDS programmes are coordinated at schools.

Table 5.11: Responses of the coordinators of HIV/AIDS programmes on how Life Orientation and HIV/AIDS programmes are coordinated at schools

ITEMS	VARIABLES	RESPONSES			
		YES		NO	
		n	%	n	%
C1	Safe-sexual behaviour as part of the HIV/AIDS/sexuality programme	65	91	6	9
C2	On how competent do participants feel about teaching safe-sexual behaviour	58	81	13	19
C3	On how supportive school principals are of the teaching of safe-sexual behaviour	56	79	15	21
C4	On how important it is to the participants that coping with peer pressure be part of the HIV/AIDS/sexuality programme	60	84	11	16
C5	On how competent do participants feel about teaching learners to cope with peer pressure	54	76	17	24
C6	On how supportive are the school principals of the teaching of coping with peer pressure	52	73	19	27
C7	On how important it is to the participants that HIV/AIDS/STDs be part of the HIV/AIDS/sexuality programme	64	90	7	10
C8	On how competent do participants feel teaching about HIV/AIDS/STDs	56	79	15	21

C9	On how important it is to the participants that coercive sex, sexual harassment and sexual assault be part of the HIV/AIDS/ sexuality programme	59	83	12	17
C10	On how competent do participants feel about teaching learners how to deal with coercive sex, sexual harassment and sexual assault	50	71	21	29
C11	On how supportive are the school principals of teaching how to deal with coercive sex, sexual harassment and sexual assault	48	68	23	32
C12	On whether there are learners at the participants' schools who suffer from what the participants suspect to be HIV-related illnesses such as diarrhoea, pneumonia, tuberculosis, severe weight loss, etc.	38	54	33	46

The analyses and interpretations of Table 5.11 follow below:

5.4.3.1 Safe-sexual behaviour as part of the HIV/AIDS sexuality programme

The majority (91%) of the participants indicated that it is important to them that safe-sexual behaviour be part of the HIV/AIDS/sexuality programme, while 9% indicated that it is not important. This indicates that coordinators of HIV/AIDS programmes see the need for schools to infuse safe and healthy sexual behaviour in the HIV/AIDS/sexuality programme.

5.4.3.2 Competence about teaching safe-sexual behaviour

The majority (81%) of the participants indicated that they felt competent about teaching safe-sexual behaviour, while 19% indicated that they did not feel competent about teaching safe-sexual behaviour. This finding bodes well for HIV/AIDS educational programmes at schools. If most of the educators at schools feel that they are capable of teaching safe-sexual behaviour, all

learners will be taught about safe and healthy sexual behaviour and in this way promote healthy sexual living and combat HIV/AIDS infections among learners.

5.4.3.3 School principals' support in the teaching of safe-sexual behaviour

The majority (79%) of the participants indicated that school principals were supportive in the teaching of safe-sexual behaviour, while 21% indicated that school principals were not supportive. It is interesting to note that the majority of school principals are not averse to HIV/AIDS coordinators teaching safe-sexual behaviour among learners.

5.4.3.4 Coping with peer pressure as part of the HIV/AIDS/sexuality programmes

The majority (84%) of the participants indicated that it is important to them that coping with peer pressure be part of the HIV/AIDS/sexuality programme, while 16% indicated that it is not important. It is pleasing to note that coordinators of HIV/AIDS programmes see the need to include peer pressure as a factor in the HIV/AIDS/sexuality education programmes.

5.4.3.5 Competence in teaching learners to cope with peer pressure

The majority (76%) of the respondents indicated that they felt competent about teaching learners to cope with peer pressure, while 24% indicated that they did not feel competent. It is also pleasing to note that schools have competent people who can teach learners how to cope with peer pressure.

5.4.3.6 School principals' support in teaching learners to cope with peer pressure

The majority (73%) of the participants indicated that school principals were supportive of teaching learners to cope with peer pressure, while 27% indicated that school principals were not supportive. This again shows that schools are ready to include coping with peer pressure in the school curricula.

5.4.3.7 Importance of HIV/AIDS/STDs in HIV/AIDS/sexuality programmes

The majority (90%) of the participants agreed that it is important to them that HIV/AIDS/STDs be part of the HIV/AIDS/ sexuality programme, while 10% indicated that it is not important. It is interesting to note that coordinators of HIV/AIDS programmes at schools see the need to include HIV/AIDS/sexually transmitted diseases in the HIV/AIDS/sexuality programme of their schools.

5.4.3.8 Competence in teaching HIV/AIDS/STDs

The majority (79%) of the participants indicated that they felt competent about teaching HIV/AIDS/STDs, while 21% indicated that they did not feel competent. It could be deduced from the above table that the majority of coordinators of HIV/AIDS programmes felt competent about teaching HIV/AIDS/STDs. It is interesting to note that coordinators of HIV/AIDS programmes at schools felt competent and thus able to teach about HIV/AIDS/STDs.

5.4.3.9 The importance of teaching about coercive sex, sexual harassment and sexual assault as part of the HIV/AIDS/sexuality programme

The majority (83%) of the participants indicated that it is important to coordinators of HIV/AIDS programmes that teaching about coercive sex, sexual harassment and sexual assault be part of the HIV/AIDS/sexuality programme, while 17% indicated that it is not important. It is interesting to note that coordinators of HIV/AIDS programmes at schools indicated the need for teaching about coercive sex, sexual harassment and sexual assault as part of the HIV/AIDS/sexuality programme

5.4.3.10 Competence in teaching about how to deal with coercive sex, sexual harassment and sexual assault

The majority (71%) of the participants indicated that they felt competent about teaching how to deal with coercive sex, sexual harassment and sexual assault, while 29% indicated that they did not feel competent about teaching

how to deal with coercive sex, sexual harassment and sexual assault. It is interesting to note that most coordinators of HIV/AIDS programmes at schools feel competent about teaching ways in which to deal with coercive sex, sexual harassment and sexual assault.

5.4.3.11 School principals' support in teaching how to deal with coercive sex, sexual harassment and sexual assault

The majority (68%) of the participants indicated that school principals were supportive of teaching how to deal with coercive sex, sexual harassment and sexual assault, while 32% indicated that school principals were not supportive of teaching how to deal with coercive sex, sexual harassment and sexual assault. It is interesting to note that most coordinators of HIV/AIDS programmes at schools indicated that school principals were supportive of teaching how to deal with coercive sex, sexual harassment and sexual assault.

5.4.3.12 Presence of learners who suffer from opportunistic illnesses

The majority (54%) of the participants indicated that they did not know any learners at their schools/in classes who suffer from what is suspected to be HIV-related illnesses such as diarrhoea, while 46% of the participants indicated there were learners at their schools/in classes who suffer from what the coordinators and educators suspect to be HIV-related illnesses such as diarrhoea. This finding could be a result of HIV/AIDS not yet being a disease that people disclose freely as well as the fact that anyone who gets ill as a result of HIV/AIDS suffers from opportunistic illnesses which cannot be guaranteed to be caused by HIV/AIDS by an observer.

The next section presents information on the responses of the coordinators of HIV/AIDS programmes on community structures schools use to deal with the HIV/AIDS epidemic.

5.4.4 Responses of the participants on how Life Orientation educators and coordinators of HIV/AIDS programmes coordinate HIV/AIDS programmes

The following table presents responses of the participants on how Life Orientation educators and coordinators of HIV/AIDS programmes coordinate HIV/AIDS programmes.

Table 5.12: Responses of the participants on how Life Orientation educators and coordinators of HIV/AIDS programmes coordinate HIV/AIDS programmes

ITEMS	VARIABLES	RESPONSES			
		YES		NO	
		n	%	n	%
D1	On how important it is to the participants that communication about sexuality with parents and other adults be part of the HIV/AIDS/ sexuality programme	6	8	65	92
D2	On how thoroughly participants cover communication in classes about sexuality with parents and other adults	46	65	25	35
D3	On how competent do participants feel about communication about sexuality with parents and other adults	54	76	17	24
D4	On how adequate are the resources to teach communication about sexuality with parents.	44	62	27	38
D5	On how supportive school principals of the teaching of communication with parents and other adults about sexuality	52	73	19	27

D6	On whether other government departments besides the Department of Education, communicate with schools to fight the HIV/AIDS epidemic	24	34	47	66
D7	On whether there are non-governmental organizations that communicate with the participants' schools to fight the HIV/AIDS epidemic	21	30	50	70
D8	On whether the participants' schools sought ways to present topics on HIV/AIDS education relevant to the to the needs of the learners by public health nurses or medical doctors, social workers, the police services or legally knowledgeable persons	45	64	26	36
D9	On whether the participants' schools include take-home learning activities for learners to use with parents, families or community members as part of HIV/AIDS and sexuality education	36	51	35	49
D10	On whether the participants' schools have reviewed their policies on roles of coordinators of HIV/AIDS programmes with regard to communication with parents and the community on HIV/AIDS and sexuality issues	40	56	31	44
D11	On whether the participants' schools have sent information directly to parents on HIV/AIDS and sexuality programmes	35	49	36	51

D12	On whether the participants' schools have involved parents in information meetings and workshops on HIV/AIDS and sexuality programmes	33	46	38	54
D13	On whether the participants' schools implement programmes to eliminate sexual harassment at their schools and within the communities	35	49	36	51
D14	On whether the participants' schools implement programmes to prohibit discrimination based on sexual orientation	35	49	36	51

The analyses and interpretations of Table 5.12 follow below:

5.4.4.1 The importance of communication with parents and other adults about sexuality

The majority (92%) of the participants indicated that it was not important to them that communication with parents and other adults about sexuality be part of the HIV/AIDS sexuality programme, while 8% indicated that it is important. It is disturbing to note that the majority of coordinators of HIV/AIDS programmes regard communication with parents and other adults about sexuality to be unimportant as part of the HIV/AIDS sexuality programme.

5.4.4.2 Thoroughness in covering communication with parents about sexuality in classes

The majority (65%) of the participants indicated that they covered communication with parents and other adults about sexuality thoroughly in their classes, while 35% indicated that they did not cover communication with parents and other adults about sexuality thoroughly in their classes.

5.4.4.3 Competence in teaching learners how to communicate with parents and other adults about sexuality

The majority (76%) of the participants indicated that they felt competent to teach learners how to communicate with parents and other adults about sexuality, while 24% indicated that they did not feel competent. It is pleasing to note that most of coordinators of HIV/AIDS programmes feel competent to teach learners how to communicate with parents and other adults about sexuality.

5.4.4.4 Adequacy of resources to teach communicate with parents and other adults about sexuality

The majority (62%) of the participants indicated that resources to teach learners to communicate with parents and other adults about sexuality were adequate, while 38% indicated that resources to teach learners to communicate with parents about and other adults sexuality were not adequate. It is pleasing to note that most of the coordinators of HIV/AIDS programmes indicated that resources to teach learners to communicate with parents about sexuality were adequate at their schools.

5.4.4.5 Principals' support of the teaching of communication with parents and other adults about sexuality

The majority (73%) of the participants indicated that school principals were supportive of the teaching of communication with parents and other adults about sexuality, while 27% indicated that school principals were not supportive. It is pleasing to note that most of coordinators of HIV/AIDS programmes indicated that principals at their schools were supportive in ways to teach learners to communicate with parents and other adults about sexuality.

5.4.4.6 Communication between schools and other government departments besides the Department of Education to fight the HIV/AIDS epidemic

The majority (66%) of the participants indicated that besides the Department of Education, other government departments did not communicate with their schools to fight the HIV/AIDS epidemic, while 34% indicated that other government departments communicated with their schools to fight the HIV/AIDS epidemic. It is disturbing to note that, besides the Department of Education, other government departments did not communicate with schools to fight the HIV/AIDS epidemic.

5.4.4.7 Communication with non-governmental organizations

The majority (70%) of the participants indicated that there were no non-governmental organizations that communicated with their schools to fight HIV/AIDS, while only 30% indicated that there were non-governmental organizations that communicated with their schools to fight HIV/AIDS. It is disturbing to note that so few non-governmental organizations have communicated with schools to help them combat HIV/AIDS.

5.4.4.8 Presentation of topics on HIV/AIDS education by public health nurses or medical doctors, social workers, the police services or legally knowledgeable persons

The majority (64%) of the participants indicated that their schools seek ways to present topics on HIV/AIDS education relevant to the needs and interests of the learners by the public health nurses or medical doctors, social workers, the police services or legally knowledgeable persons, while 36% indicated that their schools do not seek ways to present topics on HIV/AIDS education relevant to the needs and interests of the learners by the public health nurses or medical doctors, social workers, the police services or legally knowledgeable persons. It is pleasing to note that most schools seek ways to present topics on HIV/AIDS education relevant to the needs and interests of the learners by the public health nurses or medical doctors, social workers, the police services or legally knowledgeable persons.

5.4.4.9 Take-home learning activities for learners

The majority (51%) of the participants indicated that their schools included take-home learning activities for learners to use with parents, families or community members as part of HIV/AIDS and sexuality education, while 49% indicated that their schools did not include take-home learning activities for learners to use with parents, families or community members as part of HIV/AIDS and sexuality education. It is interesting to note that about half of the schools include take-home learning activities for learners to use with parents, families or community members as part of HIV/AIDS and sexuality education.

5.4.4.10 Review of policies on roles of Life Skills/Life Orientation coordinators of HIV/AIDS programmes

The majority (56%) of the participants indicated that schools had reviewed policies on the role of Life Skills/Life Orientation/coordinators of HIV/AIDS programmes with regard to communication with parents and the community on HIV/AIDS and sexual issues, while 44% indicated that schools had not reviewed policies on the role of Life Skills/Life Orientation/coordinators of HIV/AIDS programmes with regard to communication with parents and the community on HIV/AIDS and sexual issues. It is interesting to note that schools have reviewed policies on the role of Life Skills/Life Orientation/coordinators of HIV/AIDS programmes with regard to communication with parents and the community on HIV/AIDS and sexual issues.

5.4.4.11 Sending information on HIV/AIDS and sexuality programmes to parents

A little more than half (51%) of the participants indicated that their schools had not sent information on HIV/AIDS and sexuality programmes directly to parents, while a little less than half, 49% indicated that their schools had sent information on HIV/AIDS and sexuality programmes directly to parents. It is interesting to note that schools have sent information on HIV/AIDS and sexuality programmes directly to parents.

5.4.4.12 Involvement of parents in information meetings and workshops on HIV/AIDS/sexuality programmes

The majority (54%) of the participants indicated that schools had not involved parents in information meetings and workshops on HIV/AIDS/sexuality programmes, while 46% of the schools involved parents in information meetings and workshops on HIV/AIDS/sexuality programmes. It is disturbing to note that many schools have not involved parents in information meetings and workshops on HIV/AIDS/sexuality programmes. This could indicate that parents may not have the necessary information and may not effectively deal with HIV/AIDS.

5.4.4.13 Implementation of programmes to eliminate sexual harassment at schools and within the communities

The majority (51%) of the participants indicated that their schools did not implement programmes to eliminate sexual harassment at schools and within the communities, while 49% indicated that their schools implemented programmes to eliminate sexual harassment at schools and within the communities. It is disturbing to note that so many schools do not implement programmes to eliminate sexual harassment at schools and within the communities.

5.4.4.14 Implementation of programmes to prohibit discrimination based on sexual orientation

The majority (51%) of the participants indicated that their schools did not implement programmes to prohibit discrimination based on sexual orientation, while 49% indicated that their schools implemented programmes to prohibit discrimination based on sexual orientation. It is disturbing to note that so many schools do not implement programmes to prohibit discrimination based on sexual orientation.

5.5 CONCLUSION

This chapter analysed and interpreted the results of the empirical research.

Chapter 6 summarizes the findings of the study, considers the implications of the findings and makes recommendations for future research.

CHAPTER SIX

SUMMARIES, CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

This chapter presents an overview of the research findings and conclusions from the literature study as well as from the empirical research. Recommendations in terms of assisting School Management Teams, School Governing Bodies and educators will also be included. These will be based on:

- how School Governing Bodies and School Management Teams deal with the HIV/AIDS epidemic;
- how HIV/AIDS programmes are coordinated at schools; and
- whether a reciprocal relationship exists between schools and communities in dealing with HIV/AIDS.

6.2 SUMMARY OF FINDINGS FROM LITERATURE REVIEW AND EMPIRICAL RESEARCH

This section deals with the summary of findings from both the literature study and an empirical investigation.

6.2.1 Summary of findings from the literature study

The following findings were drawn from the proceedings of the literature reviewed in various chapters of this study:

HIV/AIDS does not attack human biological systems only by reducing the ability of the body's immune system, thereby increasing susceptibility to opportunistic infections and impacting on psychological and physical health, but also attacks social systems by depleting them of the human resource assets and social structures necessary for successful development of the

country, and preventing the provision of care and treatment for persons living with HIV/AIDS (see paragraph 1.1 & 3.2).

A school in an area where there is a high prevalence of the HIV/AIDS epidemic will be hard hit by a high number of both learners and educators being infected and affected by HIV/AIDS. Schools in such areas become prey to a myriad of social problems caused by the prevalence of HIV/AIDS in the area in which they are situated (see paragraph 3.3.1).

The educational management and governance structures and programmes that traditionally responded well to the needs of a school with no HIV/AIDS can no longer suffice in the era of HIV/AIDS which is wreaking havoc both on human body systems and on school systems (see paragraph 1.1).

In order to be effective and transformational, educational management and school governance of the twenty-first century need to move from traditional, modern and positivist isolationist theoretical frameworks to a post-modern ecosystemic theoretical framework that is founded on reciprocal individual-school-community-society-global multiple interactions and relationships, which create partnerships and help relationships, build community environment and link families and community support (see paragraph 1.1 & 2.5).

Educational managers and governors can proactively and strategically utilize families, communities, society and the world in order to ecosystemically, collaboratively and constructively deal with the HIV/AIDS epidemic at schools (see paragraph 1.2). The post-modern educational manager and governor also need to adopt a strength-based approach to develop HIV/AIDS programmes that operationalize the ecological systems perspective in her/his practice (see paragraph 2.5).

The post-modern educational management and governance practice incorporate a comprehensive approach to child development that combines health, education and social services; a strong emphasis on parent participation in the services and administration sectors; and a re-definition of professional roles toward greater collaboration and partnership with parents (see paragraph 2.9).

6.2.2 Summary of findings from the empirical research

In this section, findings from the responses of the School Management Teams, School Governing Bodies and coordinators of HIV/AIDS programmes are provided.

6.2.2.1 Findings from the responses of the School Management Teams

The responses of School Management Team participants revealed that their schools have designated persons for coordinating HIV/AIDS prevention programmes (see paragraph 5.2.2.1). However, these participants indicated not having written policies or documents that express long-term goals for HIV/AIDS education, copies of the South African National Policy on HIV/AIDS, Act 27 of 1996, School Health Advisory Committees as recommended in the South African National Policy on HIV/AIDS, Act 27 of 1996, functional Employment Assistance Programmes, disclosures of the HIV status of learners or staff members who had been infected with HIV, plans to deal with HIV infected learners or staff members, pregnant or single parent learners and placing HIV/AIDS as a priority in their curricula (see paragraph 5.2.2.2; 5.2.2.3; 5.2.2.4; 5.2.2.5; 5.2.2.6; 5.2.2.7; 5.2.2.8 & 5.2.2.9). The SMT participants also revealed that at their schools teaching about HIV/AIDS in all grades is a policy; HIV/AIDS is taught as part of a sexuality theme within the required Life Orientation/Life Skills/School Guidance curriculum and the other required learning areas such as Natural Sciences, Languages, Art and Culture (see paragraph 5.2.3.1; 5.2.3.2 & 5.2.3.3). School principals have not determined if all educators who teach about HIV/AIDS have specific training or qualifications to support HIV/AIDS education, ensured that educators have copies of teaching materials for HIV/AIDS, reviewed the teaching materials concerning HIV/AIDS being used in the light of the school, district or department of education criteria to support HIV/AIDS education, established guidelines for use of external speakers on HIV/AIDS, regularly reviewed the number and nature of learner health problems, and issued explicit statements or taken steps to ensure that HIV infected, gay, lesbian and bi-sexual learners or staff are not subjected to social discrimination or harassment (see paragraph 5.2.3.4; 5.2.3.5; 5.2.3.6; 5.2.3.7; 5.2.3.8 & 5.2.3.9) but they have

peer helper programmes for HIV/AIDS or sexuality issues (see paragraph 5.2.3.10).

With regard to community structures which schools use to deal with the HIV/AIDS epidemic, the School Management Team participants revealed that at their schools none of the parents have chosen to exempt their children from HIV/AIDS and sexuality education (see paragraph 5.2.4.1); other government departments, besides the Department of Education, do not communicate with the schools to combat the HIV/AIDS epidemic, while non-governmental organizations communicate with their schools to prevent and fight HIV/AIDS (see paragraph 5.2.4.2 & 5.2.4.3); their schools sought ways to make presentations of topics on HIV/AIDS education relevant to the needs and interests of the learners by public health nurses or medical doctors, social workers, the police services, legally knowledgeable persons (see paragraph 5.2.4.4); their schools have not reviewed policies on the role of coordinators of HIV/AIDS programmes with regard to communication with parents and the community on HIV/AIDS/sexuality issues, sent information on HIV/AIDS and sexuality programmes directly to parents and involved parents in information meetings and workshops on HIV/AIDS and sexuality programmes (see paragraph 5.2.4.5; 5.2.4.6 & 5.2.4.7); and their schools implemented programmes to eliminate sexual harassment at school and within the communities and prohibit discrimination based on sexual orientation (see paragraph 5.2.4.8 & 5.2.4.9).

6.2.2.2 Findings from the responses of the School Governing Bodies

Responses of School Governing Body participants revealed that at their schools they have designated persons for coordinating HIV/AIDS prevention, written policies or documents that express long-term goals for HIV/AIDS education, copies of the South African National Policy on HIV/AIDS as recommended in Act 27 of 1996 (see paragraph 5.3.2.1 ; 5.3.2.2 & 5.3.2.3); and do not have Health Advisory Committees as recommended in Act 27 of 1996, functional Employment Assistance Programmes, plans to deal with HIV infected learners, staff members or parents and learners who are pregnant or single parents, and disclosures of the HIV status of learners, staff members or

parents who are infected with HIV/AIDS (see paragraph 5.3.2.4 ; 5.3.2.5 ; 5.3.2.6; 5.3.2.7 & 5.3.2.8).

On the programmes their schools use in dealing strategically with the HIV/AIDS epidemic, the School Governing Body participants revealed that at their schools they do not understand the role the School Governing Bodies should play in dealing strategically with the HIV/AIDS epidemic and that there are no measures to ensure that HIV/AIDS affected and infected educators and learners are informed about fundamental human rights, especially those of non-discrimination and equality (see paragraph 5.3.3.1 & 5.3.3.2). School Governing Bodies attend HIV/AIDS workshops that were not organized by districts; School Governing Body members whose children attend school and learners who are members of School Governing Bodies get lessons on how to conduct themselves concerning safe-sexual behaviour and coping with peer pressure as HIV/AIDS and sexuality-related aspects; and School Governing Body members whose children attend school and learners who are members of School Governing Bodies want to get lessons on how to conduct themselves concerning safe-sexual behaviour, coping with peer pressure, HIV/AIDS/STDs, opportunistic illnesses, e.g. TB, pneumonia, diarrhoea, rash, swollen glands as HIV/AIDS and sexuality-related aspects (see paragraph 5.3.3.3 ; 5.3.3.4 ; 5.3.3.5; 5.3.3.6 ; 5.3.3.7 ; 5.3.3.8 & 5.3.3.9).

With regard to community structures which schools use to deal with the epidemic of HIV/AIDS, the School Governing Body participants revealed that their schools include take-home learning activities for learners to use with parents, families or the community as part of HIV/AIDS and sexuality education and invite health advisors or psychologists to address learners and educators on HIV/AIDS issues (see paragraph 5.3.4.1 & 5.3.4.2).

On the open-ended question of what can help South African schools to work with other organizations and individuals in respective communities to combat HIV/AIDS, School Governing Body participants highlighted the following as important:

- communication;

- collaboration;
- HIV/AIDS organizations visiting schools;
- conducting workshops regularly and making HIV/AIDS a learning area rather than a part of Life Orientation; and
- Life skills or School Guidance (see paragraph 5.3.4.3).

6.2.2.3 Findings from the responses of the coordinators of HIV/AIDS programmes

On the way in which educators deal with the HIV/AIDS epidemic and sexuality education at schools, the coordinators of HIV/AIDS programmes revealed that they would not be distressed if they had to teach a child who is HIV positive, homosexuals should be allowed to teach young people and, for the protection of others, educators should be told which learners at schools are HIV positive (see paragraph 5.4.2.1; 5.4.2.2 & 5.4.2.3).

On the way in which they coordinate HIV/AIDS programmes, the coordinators of HIV/AIDS programmes revealed that it is important to them that safe-sexual behaviour, coping with peer pressure, HIV/AIDS/STDs, coercive sex, harassment and assault be part of the HIV/AIDS/sexuality programme (see paragraph 5.4.3.1& 5.4.3.9); they feel competent about teaching safe-sexual behaviour, coping with peer pressure; school principals are supportive of teaching safe-sexual behaviour, coping with peer pressure and how to deal with coercive sex, sexual harassment and sexual assault (see paragraph 5.4.3.2 ; 5.4.3.3 ; 5.4.3.4; 5.4.3.5 ; 5.4.3.6 ; 5.4.3.7 ; 5.4.3.8 & 5.4.3.11). They also revealed that they do not know of any learners at their schools/in classes who suffer from what is suspected to be HIV-related illnesses such as diarrhoea (see paragraph 5.4.3.12).

With regard to programmes on community structures which schools use to deal with the HIV/AIDS epidemic, the coordinators of HIV/AIDS revealed that at their schools they cover communication with parents and other adults about sexuality thoroughly in the class and feel competent about teaching learners

how to communicate with parents and other adults about sex; and resources to teach learners to communicate with parents about sex are adequate, school principals are supportive on how to teach learners to communicate with parents and other adults about sex, they seek ways to present topics on HIV/AIDS education relevant to the needs and interests of the learners from public health nurses or medical doctors, social workers, the police services, or legally knowledgeable persons, they include take-home learning activities for learners to use with parents, families or community members as part of HIV/AIDS and sexuality education, they have reviewed policies on the role of coordinators of HIV/AIDS programmes with regard to communication with parents and the community on HIV/AIDS and sexual issues (see paragraph 5.4.4.2 ; 5.4.4.3 ; 5.4.4.4; 5.4.4.5 ; 5.4.4.8; 5.4.4.9 5.4.3.10). They also revealed that half of the schools have sent information on HIV/AIDS and sexuality programmes directly to parents, while the other half have not (see paragraph 5.4.4.11).

The co-ordinators of HIV/AIDS programmes further reveal that at their schools they do not find it important that communication with parents and other adults about sex be part of the HIV/AIDS sexuality programme, other government departments do not communicate with their schools to fight the HIV/AIDS epidemic, besides the Department of Education, there are no non-governmental organizations that communicate with their schools to prevent and fight HIV/AIDS and that they have not involved parents in information meetings and workshops on HIV/AIDS and sexuality programmes; and implement programmes to eliminate sexual harassment at schools and within the communities, or prohibit discrimination based on sexual orientation (see paragraph 5.4.4.1 ; 5.4.4.6 ; 5.4.4.7 ; 5.4.4.12 ; 5.4.4.13 & 5.4.4.14).

6.2.2.4 A comparison between School Management Teams and School Governing Bodies

When responses obtained from the questionnaires of School Management Teams and School Governing Bodies were compared, the following similarities and differences emerged.

6.2.2.4.1 Similarities in the responses of the School Management Teams and School Governing Bodies

The responses of both School Management Teams and School Governing Bodies indicate that they agree that their schools have:

- designated persons for co-ordinating HIV/AIDS prevention; and
- no School Health Advisory Committees as recommended in the South African National Policy on HIV/AIDS, Act 27 of 1996, functional Employment Assistance Programme, disclosures of the HIV status of learners or staff members who had been infected with HIV, plans to deal with HIV infected learners or staff members, pregnant or single parent learners.

6.2.2.4.2 Differences in the responses of the School Management Teams and School Governing Bodies

The responses of both School Management Teams and School Governing Bodies indicate that they disagree concerning the following issues:

- School Management Teams indicate that their schools have no written policies or documents that express long-term goals for HIV/AIDS education, whereas School Governing Bodies indicate that their schools have these policies. School Management Teams indicate that their schools have no copies of the South African National Policy on HIV/AIDS, Act 27 of 1996 whereas the School Governing Bodies indicate that their schools have the policies.
- School Management Teams indicate that their schools have not placed HIV/AIDS as a priority in their curricula, whereas half of the School Governing Bodies indicate that they have placed HIV/AIDS as a priority.

6.2.2.5 A comparison between School Management Teams and coordinators of HIV/AIDS programmes

When responses obtained from the questionnaires of School Management Teams and coordinators of HIV/AIDS programmes were compared, the following similarities and differences emerged.

6.2.2.5.1 Similarities in the responses of the School Management Teams and coordinators of HIV/AIDS programmes

The responses of both School Management Teams and coordinators of HIV/AIDS programmes indicate that they agree that:

- Government departments, other than the Department of Education, do not communicate with the schools to combat the HIV/AIDS epidemic.

6.2.2.5.2 Differences in the responses of the School Management Teams and coordinators of HIV/AIDS programmes

The responses of both School Management Teams and coordinators of HIV/AIDS programmes indicate that they disagree concerning non-governmental organizations:

- School Management Teams indicate that non-governmental organizations communicate with their schools to prevent and fight HIV/AIDS, while coordinators of HIV/AIDS programmes indicate that they do not.

6.3 RECOMMENDATIONS

This section provides recommendations for both further research and practical implementation of both the literature review and empirical research findings.

6.3.1 Recommendations for further research

Little or no research has been done on the development of an approach which schools can inculcate in the management and governance processes of dealing with the HIV/AIDS epidemic at schools. Furthermore, in the light of

possible limitations in this research, the following recommendations for future research are made:

- Further research ought to be undertaken on how schools can create climate conducive to combating HIV/AIDS. This climate would provide an enabling environment for disclosure, abstinence, voluntary testing and counselling (VCT) and being faithful to one partner.
- This research highlights a concern about parental involvement in school matters. Research on this matter would expose ways of how schools could create environments and climates that are welcoming, since it is evident that it was not always parents who were hard for schools to reach, but schools that were hard for parents to reach or contact.
- Since this research concentrated on an ecosystemic management approach for assisting schools to combat HIV/AIDS in a few districts of Gauteng, further research ought to be undertaken at provincial and national levels so that a holistic national picture can be obtained, concerning the ecosystemic management approach for assisting schools to combat HIV/AIDS. This would provide knowledge on how inclusive HIV/AIDS educational and prevention programmes are in South Africa.
- Further research could also be done on the effect of the interaction between health services and schools in the fight against the HIV/AIDS epidemic. This would direct the focus on whether available interaction is effective and what could be done to improve health care. Studies in the best ways of utilizing the services to the benefit of school communities would be one way of reducing and ultimately eliminating the HIV/AIDS epidemic.

6.3.2 Recommendations for practical implementation

The data analysis of the results for this research led to the following recommendations which have implications for an ecosystemic management approach for assisting schools to combat HIV/AIDS. These recommendations

are intended to encourage progress within families, communities, societies and the world in the fight against the HIV/AIDS epidemic.

6.3.2.1 School-based policies

Findings of the empirical research indicated that there is a deficiency of written policies or documents that express long-term and short-term goals for the ecosystemic management of HIV/AIDS. To address this School Management Teams and School Governing Bodies should strive to contain the levels of infection and progression of HIV/AIDS among its educators, non-teaching staff, learners and parents by ensuring that the following policies are planned, drafted and implemented. These policies and plans should:

- address challenges for learners and parents living with HIV/AIDS who live in poverty. To address the problems of these learners, parents should be motivated to be involved in food gardening, where all kinds of vegetables that will provide them with a variety of nutrients will be produced;
- address challenges that confront learners and parents in families, such as sexual violence, which form part of the high crime rate at schools and in the community and which could have an impact on the spread of the HI virus. The policies would therefore, address specific issues, like:
 - the prohibition of sexual relationships and exploitation among minors, who are mainly learners at school level, and between learners and staff;
 - the prohibition of the use of drugs within school premises;
 - encouragement of the disclosure of the HIV status of infected learners or staff members. Such measures and plans that break the conspiracy of silence should be implemented through campaigns like the yearly AIDS awareness days on 1 December and other advocacy campaigns that focus on specific aspects, for example, education on how the virus is contracted;

- ensure that precautionary measures are observed according to the National Policy on HIV/AIDS by provision of first aid kits. Sick bays with the necessary equipment for learners and staff who become ill at school should be established; and
- make provision for incentives to equip the co-ordinators and educators who choose to work on additional certification, diplomas or graduate degrees on HIV/AIDS and those who go an extra mile to assist HIV/AIDS infected and affected learners and staff.

6.3.2.2 Life Skills education for learners

Findings of the empirical research indicated that schools have not placed HIV/AIDS as a priority in their curricula. This deprives learners of Life Skills education which is vital for their survival in this era of HIV/AIDS epidemic. Life Skills education should be taught to learners at an early age, starting from pre-school up to the highest levels of education. This needs to be done in the classrooms as part of the school curriculum. The research findings also indicate that there are learners who have been pregnant or are single parents, and that learners, coordinators of HIV/AIDS programmes, School Governing Bodies and school principals want learners to be educated in dealing with safe-sexual behaviour, coping with peer pressure and coercive sex.

Life Skills Education which involves how learners should be taught on various themes which orientate and provide them with basic and detailed skills, knowledge and values to deal with the above-mentioned challenges for HIV/AIDS affected and infected communities should include the following:

- Communication skills which would assist the learners when they encounter problems
- Assertiveness
- Coping skills
- Conflict-resolution skills

6.3.2.3 Use of forums for learners, parents and educators

Findings of the empirical research indicate that schools had not involved parents in information meetings and workshops on HIV/AIDS and sexuality programmes. It is therefore recommended that learners, parents, educators and a wider spectrum of the community be invited in forums to debate the HIV/AIDS and sexuality issues, for example:

- How learners should conduct themselves in love relationships
- How to differentiate safe activities from dangerous activities
- How enabling environments can be built in families and at school for disclosure of the positive HIV/AIDS status of members
- How learners, parents and school staff could overcome stigma and discrimination so as to change the mindset among families and community members.

Parents could be invited to these forums to break the silence on sexuality issues as it is a taboo to talk about them. These sessions could be held at least twice a year where parents could interact directly with their own children through the facilitation of educators.

Knowledge acquired from these forums would not only enable the ignorant to gain understanding of the environment and the world in which they live, but also assist those who are infected to open up and talk about their experiences of living with HIV/AIDS, while those who are not HIV positive would get better insight and abandon discriminatory behaviour towards the infected.

6.3.2.4 Form a multidisciplinary team

Findings of the empirical research indicate that schools do not have Health Advisory committees and Employment Assistance Programme which could fabricate webs of support for learners, school staff and parents from the formal and informal resources available. They are connections that link school stakeholders and their families to the human and physical resources of the

community. It is therefore recommended that schools forge partnerships with meso-systems in the form of health, political, economic, legal, social and religious governmental and non-governmental organizations as part of the Health Advisory Committee.

Within each of the systems there could be sub-systems, like youth, gender women/men, rural/urban, poverty-alleviation and employment organizations addressing forums/desks/wings/units which would address specific problems of the school stakeholders. One or more of the members from each of the above-mentioned organizations should be part of the school multidisciplinary team, for example, the Health Advisory Committee. The organizations would provide schools with resources and services, for example, clothes and food for those who live in poverty, homes of safety for victims of sexual abuse and orphans, health services in the form of provision of health care for HIV/AIDS infected and affected people, financial assistance in the form of social grants, legal assistance in the form of legal advice and representations in courts of law especially for orphans and minors and economic assistance in the form of employment and /or job opportunities. These services create a series of referral touch points for families in need of health, financial or crisis assistance. Co-ordination among these agencies, parents and schools provide a safety net for families in crisis – and provide a solid resource for strengthening all relationships within the learners' mesosystem.

The finding in this research indicates that School Health Advisory Committees are non-existent and those that exist are not functional. Since the Health Advisory Committee is a cornerstone in the management of HIV/AIDS at schools, its absence at schools highlights a need for the training of School Management Teams, School Governing Bodies and coordinators of HIV/AIDS programmes in establishment of the committees, roles of each of the stakeholders in the multidisciplinary team and ensuring the effectiveness of each member in managing HIV/AIDS.

Multidisciplinary teams should ensure that counselling services and crisis intervention programmes are provided for learners and staff in learning distress. Therefore, physical health, emotional and psychological problems

should be addressed by some or all of the above-mentioned specialists or practitioners.

6.3.2.5 Provision of special training and workshops for educators who teach about HIV/AIDS

Findings of the empirical research indicate that school principals had not determined if all educators who teach about HIV/AIDS have specific training or qualifications to support HIV/AIDS education. It is imperative that these educators be trained so as to equip them with the necessary information they need to assist learners, educators and parents infected and affected by HIV/AIDS. The training should include human rights, ethics, values, tolerance, competence, acting in loco parentis, partnership, palliative care, nutrition, as well as sharing and disseminating information and skills acquired in workshops, meetings and conferences. A culture of educators visiting and observing other educators at the same schools and at other schools to get ideas on methods of teaching about HIV/AIDS, behaviour conduct and ethics in dealing with the HIV/AIDS infected and affected should be inculcated.

6.3.2.6 Family-centred approach

Findings of this research indicated that School Management Teams have not sent information on HIV/AIDS and sexuality programmes directly to parents and have not involved parents in information meetings. It is necessary therefore, to encourage School Management Teams as strategic managers and leaders to adopt a family-centred approach to HIV/AIDS management if schools are to succeed in effectively managing the catastrophic consequences of the HIV/AIDS epidemic. This means that they include all family members and significant others.

Such people are the parents, including foster parents and guardians of the learners, as well as siblings and other relatives. These family members and significant others can have a positive influence on the infected and/or affected members of the family as they have stronger bonds of blood relationships. They understand each other better through the family ties. They have the advantage of knowing the likes and dislikes of the people who are in dire need

of their help. They are the ones who observe first the physical or mental or emotional or spiritual illness as a result of HIV/AIDS and can recommend the various therapies which are relevant. However, not all family members are aware of the therapeutic powers they have to relieve and soothe the emotionally, physically and spiritually wounded.

For such reasons, the school managers and leaders need to create opportunities for the family members of the infected and affected learners and staff to acquire skills, knowledge, values and attitudes for dealing with their HIV/AIDS infected members. They can create opportunities for them to disclose their positive HIV status, confide in some members with a degree of confidence that they may not be rejected, discriminated against and labelled. They need to involve them in such a way that the infected are happy and willing to work among family members and siblings, as well as at school. Learners who are fulfilled in their homes develop better coping strategies even at school.

Thus schools could take the lead in eliminating, or at least reducing, traditional barriers to parental involvement. They should give parents specific opportunities and knowledge regardless of their economic status, educational level or cultural background, since most parents care deeply about their children's education and can provide substantial support when allowed to do so by school staff and leaders.

6.3.2.7 Use authorized/ recommended teaching and learning materials for HIV/AIDS

Findings of this research indicated that participants have not reviewed teaching materials concerning HIV/AIDS being used in the light of the school, district or Department of Education. This could indicate that in these schools outdated information that is not relevant to current issues in the fight against HIV/AIDS is used. Schools should have textbooks, journals, magazines and newspapers that provide information about HIV/AIDS for the various age groups that are at school. Media in the form of TV and radio programmes for HIV/AIDS and edutainment, e.g. Soul City soapy, Soul Buddyz and Takalane

Sesame should be promoted at schools by regular viewing. In addition, drama, debates, indoor games and various sports and culture codes can entertain different age groups, yet send important messages to the listeners and viewers.

The teaching and learning support material for Life Skills and especially HIV/AIDS should be regularly reviewed to ensure that they are relevant to the needs of the school learners and educators who will facilitate the learning processes/provided supplementary materials aligned with the HIV/AIDS policy.

6.4 AN ECOSYSTEMIC MANAGEMENT APPROACH TO ASSISTING SCHOOLS TO COMBAT HIV/AIDS

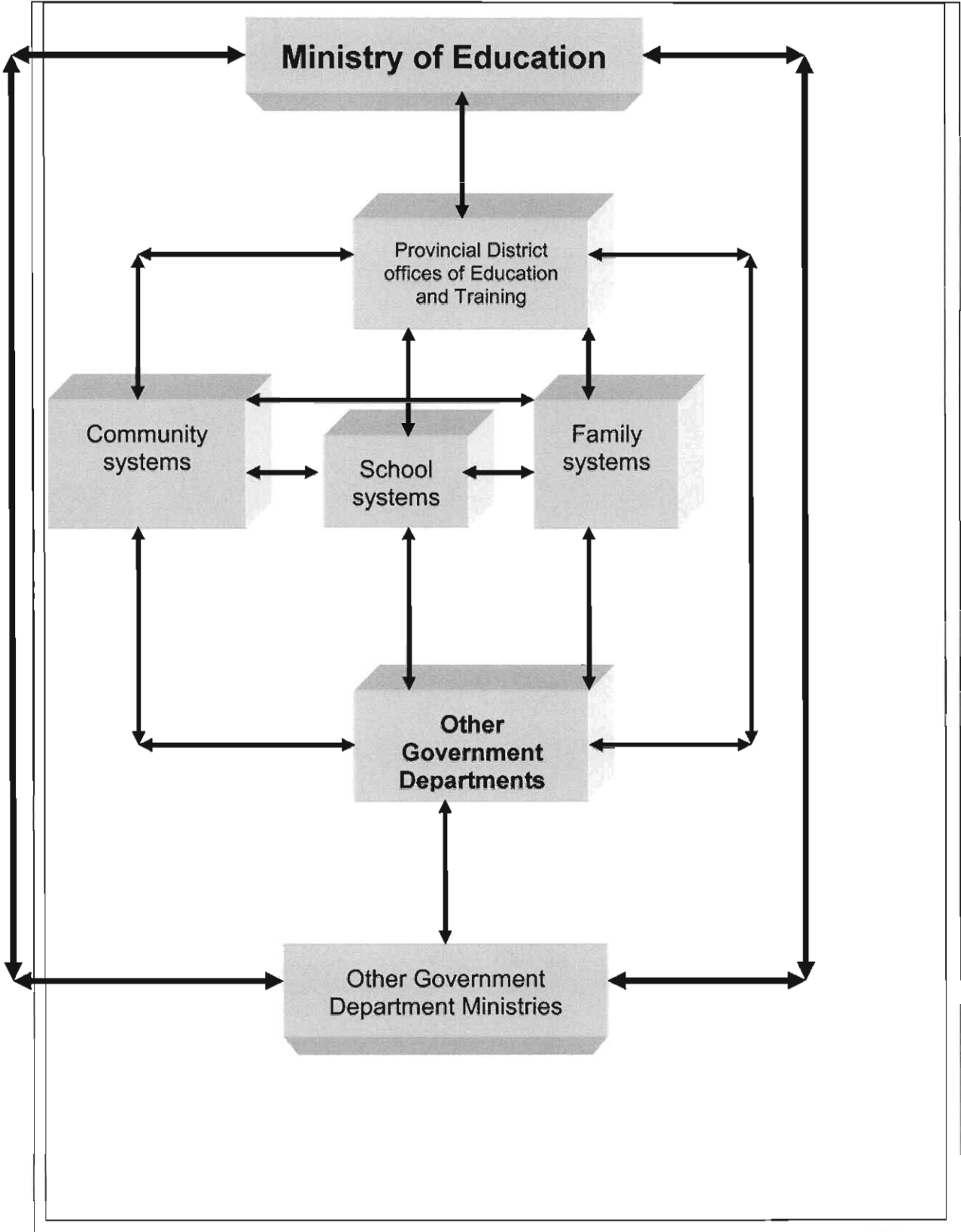
A challenge of the twenty first century for School Management Teams, School Governing Bodies and coordinators of HIV/AIDS programmes is how to combat HIV/AIDS which devastates school stake-holders such as learners, educators, non-teaching staff, parents and school systems. This challenge calls for schools to develop and adopt an ecosystemic management approach to dealing with this deadly epidemic with its potential of disabling educator and learner human resources which is also concomitant with the 'disabling' (destroying) of the school organizational systems. They should come up with working ecosystemic strategies that promote a synergistic collaboration among school, family and community social systems to ensure effectiveness in managing the HIV/AIDS epidemic. Such an ecosystemic approach which takes into consideration the symbiotic co-existence of schools, families and other community agencies (i.e. churches), governmental organisations (i.e. the Department of Health, Department of Social Development, Department of Police Services, Department of Justice and Department of Safety and Security) and non-governmental organisations (i.e. home based care centres, support groups for HIV/AIDS infected and affected, orphanages and shelters for destitute women and children), has a great potential in reducing the number of school-staff and educators who are newly infected by HIV/AIDS and in assisting those who are already infected and affected by HIV/AIDS to develop the necessary psychological, social and physical resilience. It can

also play an effective role in shaping the attitudes, opinions and the behaviour of both learners and teaching/non-teaching staff affected and infected with HIV/AIDS.

From the foregoing paragraph it can be concluded that an effective ecosystemic management approach needs to be founded on the socio-cultural values of all the social systems that constitute their ecology (environment), which in the context of this research is the community within a particular society. The ecology in this regard forms their social context in the form of family-school-community-society, which is essential for managing epidemics such as HIV/AIDS which depend also on the socio-cultural orientations of human beings in order to be dealt with.

On the basis of the researcher's assertions made above, this research proposes the following ecosystemic approach to dealing with the HIV/AIDS epidemic at schools. The whole approach is developed within the South African context on which Chapter three of this study was based. The figure below illustrates the synergistic connection among the various social systems in communities. This synergy depicts only the social systems in communities which have a direct link with schools. The concerted interconnectedness among all these social systems can be a *sine qua non* for dealing with the HIV/AIDS epidemic at schools.

Figure 6.1: Social systems within communities for effectively dealing with the HIV/AIDS epidemic



From the above figure, the researcher proposes the following approach to assisting school-staff, learners and parents who are suffering from HIV/AIDS:

- Presently Broad Management Teams (BMTs) which are composed of senior managers of School Districts concentrate on monitoring school effectiveness. This study has indicated (see paragraph 1.1; 2.1-2.12; 3.1 & 3.3) that there cannot be effective teaching and learning at schools where HIV/AIDS rages. These Broad Management Teams should therefore include senior managers from other government department systems such as the Department of Health, Department of Social Development, Department of Police Services, Department of Justice, Department of Safety and Security.
- The fight against HIV/AIDS calls for these leaders to be hands-on to enable them to get first hand information on problems schools encounter in managing HIV/AIDS. Senior managers would identify and assign experts in their districts to assist SMTs, SGBs and coordinators of HIV/AIDS programmes in managing HIV/AIDS. Schools would, therefore, have a team of experts whom they can rely on for assistance especially in matters pertaining to HIV/AIDS.
- The Health Advisory Committees are not functional in most schools. This according to the National Policy on HIV/AIDS should be a multi-disciplinary committee that assists learners and school-staff in the management of HIV/AIDS. The school districts are involved in the election and training of SGBs, these members are trained before they commence their duties and continuously during their term of office. If Health Advisory Committees can get such support and assistance they can be able to take off and be effective in combating HIV/AIDS. It should also be the responsibility of the School Districts to monitor activities of these committees.
- More professionals such as psychologists and counsellors should be employed by the Department to ensure that the management of HIV/AIDS in schools is effective. The skills that educators acquire from institutions of

higher learning on HIV/AIDS should be put to use by School Management Teams and District officials.

- The National Policy on HIV/AIDS mandates Voluntary Counselling and Testing (VCT). The negative effect of VCT is that most people especially school-staff and learners end up not testing as they do not understand the necessity of doing so. For this reason, a review of the National Policy for HIV/AIDS from VCT to Compulsory Counselling and Testing (CCT) needs to be done. Mobile clinics could move from school to school to render CCT to school-staff and learners after every three months. Those who are HIV negative would be conscientised to avoid contracting the HI virus. These professionals would also check on learners and school-staff that are already infected to offer assistance.
- A programme for HIV/AIDS education should be planned for the whole year. There should be an activity for each month culminating in the HIV/AIDS week in September and the HIV/AIDS day in December as highlights. These activities which include parents and the wider community should be endorsed and monitored at district level. Learners should be encouraged to come up with their own programmes to combat HIV/AIDS and to assist the infected.
- There should be communication links between schools, families and the wider community. Schools could make use of newsletters, school magazines, banners and book markers that have information on specified topics about HIV/AIDS. They could be distributed to parents and families through the learners as part of the communication that schools have with parents and surrounding communities. They could also be directly sent as information on the pertinent HIV/AIDS topics that demand immediate attention, e.g. information and skills on protection that girls and women could use to avoid contracting the virus.
- Relief educators are a necessity in schools. When an educator is sick or is taking care of a sick family member or a relative, learners in her/his class are left unattended. In other cases learners are shared amongst educators

of that grade. This becomes a work overload to these educators that disrupts planned activities and the smooth running of the school.

- Educators are substituted after twenty days of their absence from school. The Department of Education should reduce this period to five days. There should be a pool of relief educators who are controlled by the district. Schools should communicate with the district within five days provided the educator's leave exceeds the stipulated time. Each school could have about six to eight educators that are on standby for that particular school. Relief educators would get a chance of being enculturated into the school, a vital part in teaching and learning. Teachers that are on relief could be those who have not yet been appointed, qualified educators who have resigned and those who have retired. Orientation of these relief educators should be done by the schools at the beginning of each year.

6.5 LIMITATIONS OF THE RESEARCH

In acknowledgement of the limitations of the present research, the following are indicated:

Reliability of the study cannot be guaranteed since there has been no consistency in responses to questionnaires from participants from the same sample of schools. School Management Teams responded differently from School Governing Bodies and coordinators of HIV/AIDS programmes to some of the questions (see paragraph 6.2.2.1 & 6.2.2.2). This calls for follow up research.

The study was conducted in Gauteng province in South Africa, while there are eight more provinces that would bring a more reliable and valid study of the problem when the population from which the sample was taken was wider.

Probing deeper into lifestyles that spread HIV/AIDS would bring greater value to this study, a matter which has been only partly attended to.

This research came short of providing skills on how to use the ecosystemic management approach for all the activities at school, a condition that would

blend the integration of learning areas with family and community activities. It focused on Life Sciences, whereas sport, art, music, economic sciences and religion, among others, also play an important role.

Some participants were uncomfortable in responding to sexuality issues and needed preliminary explanation of the necessity of such a research being conducted.

6.6 CONCLUSION

School conditions that impact negatively on teaching and learning activities are the strategic responsibility of both the School Management Teams and School Governing bodies. An ecosystemic approach to HIV/AIDS's negative impact on teaching and learning activities can therefore be a strategic way for both the managers and governors of schools to engage and employ the services of all the necessary stakeholders in dealing with all the ravages of this epidemic on the human resources of learners and educators.

The researcher hopes that the ecosystemic approach to dealing with the HIV/AIDS epidemic at schools which she proposed in this research will help School Management Teams and School Governing Bodies to deal with the devastating effects of this epidemic and to promote healthy school systems which are health promoting for learners, educators and parents.

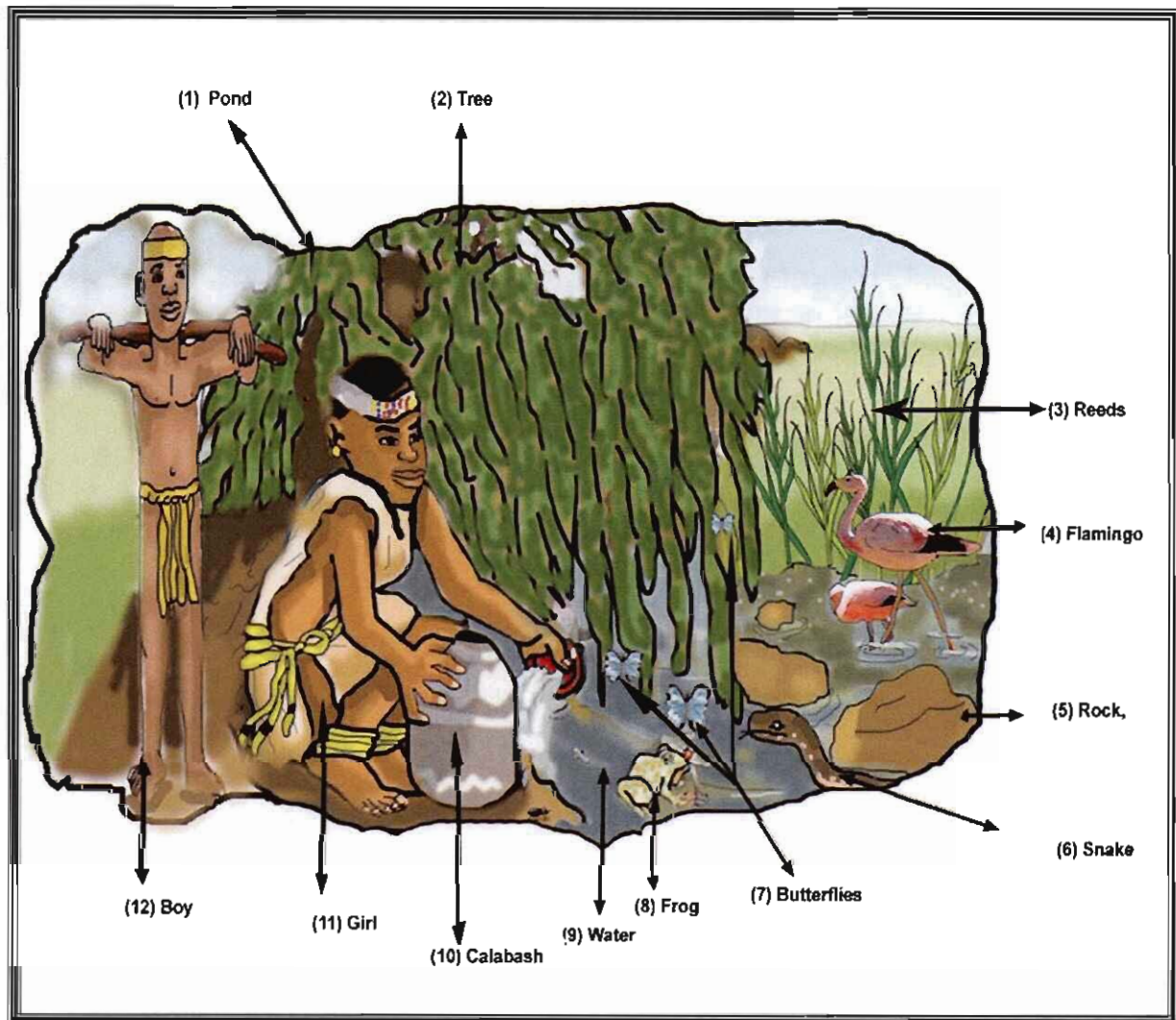
CHAPTER SEVEN

AN ECOSYSTEMIC MANAGEMENT APPROACH TOWARDS ASSISTING SCHOOLS TO COMBAT HIV/AIDS

7.1 INTRODUCTION

This chapter uses the analogy of a pond (see figure 7.1 below) to, on the basis of suggestions made in section 6.4 above, formulate and develop the ecosystemic management approach towards assisting schools to combat HIV/AIDS. The ecosystemic management approach formulated and developed in this chapter highlights linkages among ecosystem health, education, human well-being, and social development and welfare; and highlights thinking on the value of ubuntu/botho way of life founded ecosystemic services.

Figure 7.1: A pond depicting an ecosystemic theory



HIV/AIDS as an epidemic is, in this approach, regarded as disruptive to the environment (social context) and social systems (agencies) such as families, schools, and communities in which learners develop. As a result of this disruptive nature of the epidemic disruptive to the social context and agencies, there is a need for an effective ecosystemic management approach to assisting schools as microsystems (see figure 2.1) of communities to combat this epidemic for the wellness and well-being of learners. The pond (see 1 in figure 7.1 above) which represents the environment or community (ecology and its systems) in which the children develop contains the following.

- A tree (see 2 in figure 7.1 above) representing a school with its roots beneath the water (see below for the analogy of water), i.e. a school

founded on human values and norms. Such a tree in the pond represents a school whose strength is rooted in the cultural virtues, i.e. norms and values of its community and society. The curriculum and organizational behaviour of such a school are founded on the values and norms of the community in which it finds itself.

- Reeds (see 3 in figure 7.1 above) which are representational of children's virginity and celibacy. In the *AmaZulu* and *AmaSwati* African culture, a reed symbolizes pureness and purity of boys and girls because of their having not been involved in pre-marital sexual intercourse. That is why, in communities like KwaZulu-Natal and Swaziland, we still have rituals such as *umkhosi womhlanga* (Reed dance rituals) where girls display their purity of body and sexuality to communities as a sense of pride for their having not engaged themselves in pre-marital sexual intercourse.
- A flamingo (see 4 in figure 7.1 above) representing non-governmental organizations (NGOs). NGOs represent social organizations in communities with senses of community and cooperation. These are organizations which strive to bring new experiences or social situations into communities. South Africa has more HIV-positive people than has any other country, with at least 1.1 million orphaned children. International non-governmental organizations such as USAID have programmes in South Africa which help address HIV/AIDS. For example, in 2007 alone, USAID provides care for over 200,000 people and helps build management and technical abilities to deal with HIV/AIDS. This international agency assists South Africa's government to establish socio-educational policies in schools and communities and to provide therapy so people affected by AIDS could continue to function productively. Their programmes allow national non-governmental and faith-based groups to train local residents and support hospices to help people with AIDS at or near their homes and schools, providing much-needed compassionate support from local neighbourhood caregivers. USAID's prevention efforts give medication to pregnant women to prevent passing the virus to their unborn babies, and

thus encourage youth to practise safe behaviour. South Africa has the following NGOs advocating on the HIV/AIDS epidemic:

- **LoveLife.** LoveLife is a nationwide campaign which aims to promote healthy sexual behaviour among adolescents, reduce the incidence of HIV/Aids, sexually transmitted diseases and teenage pregnancies. LoveLife uses a widespread media campaign targeting adolescents, and offers educational, recreational and sexual health services in under-resourced areas.
 - **Soul City.** Soul City uses the mass media to promote awareness around health issues. Soul City has succeeded in integrating education and entertainment using popular radio and television drama.
- A rock (see 5 in figure 7.1 above), which is representational of the family which is the springboard of children development. The rock, therefore, suggests a great need for schools to work with their learners' parents to educate children on the one hand and on the other hand their parents about the nature of HIV/AIDS and the extent of its devastations, the ways to prevent it, the ways to live with it, and the impact it has on human development. In this way families are strengthened. Strong families become a solid base for schools to admit and continue having learners who are knowledgeable about this devastating epidemic which has killed many children of school-going age. This statement highlights the genetic influence of families.
 - A snake (see 6 in figure 7.1 above) which is representational of the troublesome HIV/AIDS which has intruded into the human environment to contaminate its values and norms, with the sole purpose of disrupting the healthy communal living of children and parents. The snake's contamination of the human environment makes it (environment) unhygienic and unsafe, which places children's health at risk. The snake, therefore, portrays a destructive element in the pond which plays a threatening and degrading role in the development of the ecosystem, especially in the pond where water is stagnant. The snake's venomous

nature is a source of water-borne diseases (such as diarrhoeal diseases, malaria and dengue fever) to which children are susceptible. The poor nutritional status and micronutrient deficiencies among children can, as a result of disease-infected water, decrease their immune and non-immune host defences, making many of them more vulnerable to infectious diseases. The effects of HIV/AIDS are also responsible for the death of many children and their parents. It is for this reason that the researcher equates a snake to the HIV/AIDS epidemic because of its venomous nature as an intimidator (people are afraid of snakes, just as they are also afraid of HIV/AIDS) degrader and contaminator (the snake's venom in the human body weakens its immune and non-immune defences, just as the effects of HIV/AIDS are responsible for the weakening of the immune system of HIV/AIDS) which, if not treated, leads to the death of both adults and children.

- Butterflies (see 7 in figure 7.1 above) which are representational of AIDS orphans. Unlike other animals which are nurtured by mother's milk and are dependent on another for its basic survival, the butterfly never meets its mother and should survive independently and so remains a stranger to affection (Hawley, 2005). Such a scenario can be likened to a child, such as an AIDS orphan (South Africa has at least 1.1 million orphaned children), who grows up in a cold and detached home environment where she/he has to grow up in a similar situation like that of the butterfly. In such a situation, kindness is sparing for such a child and once she/he becomes an adult, it will be very difficult for her/him to show compassion. Human affection is an extremely important element. At a young age, compassion is very crucial, not only for survival, but to establish these very important human values.
- A frog (see 8 in figure 7.1 above) which is representational of governmental organizations in communities. Just like the frog which is a symbol of reincarnation from frothy spawn containing a myriad of eggs, to the tadpole breathing by means of gills and sprouting legs, which finally in losing its tail becomes the adult air-breathing hopper. Governmental

organizations are there to bring radical transformation of the social lives of human beings, especially those vulnerable to stigmatization, poverty *etc.*, because of the diseases such as HIV/AIDS, *etc.* Governmental organizations such as the Department of Social Development and Welfare, the Department of Education, the Department of Agriculture, the Department of Finance, the Department of Housing, *etc.*

- Water (see 9 in figure 7.1 above) is representing human life and human culture, i.e. norms and values. In this research, human culture, i.e. norms and values, is viewed as life itself. The researcher believes that the dearth of values and norms in communities leads to people perishing just as people will always die in communities where there is no water. The death of values such as virginity and celibacy and norms such as African ubuntu/botho and its communalism and humanistic face, have lead to HIV/AIDS thriving in communities and societies and the eventual surmise of millions of human beings.

The pond also carries water which human beings such as a virgin (see 11 in figure 7.1 above) and a celibate (see 12 in figure 7.1 above) fetch in a calabash (representational of the African way of life of Ubuntu/Botho whose social ideals are founded on the philosophy of *communitarianism*, placing an emphasis on the good of the community and thus encapsulating social values such as communalism (collectivism), interdependence (a person is a person through other persons), humanness (warmth, tolerance, understanding, peace, humanity), caring (empathy, sympathy, helpfulness, charity, friendliness), sharing (unconditional giving, re-distribution, open-handedness), respect (commitment, dignity, obedience, order) and compassion (love, cohesion, informality, forgiveness, spontaneity) as the cornerstones of Afrocentrism.

The traditional African way of life emphasized the social virtue of virginity and celibacy. Virgins and celibates were young people who have not engaged into sex activities. They were role models in the community by saying 'no' to sex before marriage. They were empowered with enough life skills for their own personal growth.

From the context of the above analogy it is clear that the pond is home to both venomous snakes, which place human populations at risk such as high burdens of disease (HIV/AIDS) and also impair their capacity to prepare for the future (the burden of HIV/AIDS in communities, for example, is a major impediment to all social development programmes, including those focused on school management and development, family-school-community-society protection and poverty reduction, and water which is indispensable for human living and development, just as human culture, i.e. man made values and norms are indispensable for human beings' enculturation (transmission of virtuous values and norms from one generation to the other) and development.

The management approach formulated and developed in this research is premised on the belief that schools have a great role to play in preventing, limiting, or management of environmental (community) damage (mitigation approach) by the HIV/AIDS epidemic and in making the necessary school organizational changes in order to protect individuals, especially with regard to their primary clients (learners), from the devastating and deadly HIV/AIDS epidemic's consequences (adaptation strategies).

In this chapter, the researcher, therefore, advocates for an ecosystemic management approach which is effective in partnering all social systems in communities with a view to assisting schools combat HIV/AIDS. This advocacy is based on the belief that schools have a responsibility to educate their primary clients (learners) and secondary clients (parents and communities) about the devastating nature of the HIV/AIDS epidemic, thereby reducing human vulnerability to the effects of this epidemic. Such an ecosystemic management approach can best be met through integrated, synergistic approaches rather than by way of isolated interventions. Integrated and synergistic approaches are needed for the following reasons.

- Prevention of HIV is still the only cure: it involves changing attitudes, such as practising monogamy, abstinence or using condoms.

- Pre-test counselling. This will need to precede a medical HIV test. An HIV test is not a miracle solution by itself, but an important first step towards reassurance and protecting others from infection. In addition, an HIV test may be necessary for proper medical care. It is also important to note that a negative result often provides a stimulus to practise safe sex in future.
- Post-test counselling. Regardless of the result, post-test counselling is essential. In the case of a negative result, it is necessary to explain methods to avoid becoming HIV+ at a later stage. For a positive result then, specialised and experienced counsel and providing empathy and personal advice, especially concentrating on how to avoid spreading the disease to others are necessary.
- Long-term counselling. In addition to immediate post-test counselling, those who test HIV+ will require long-term counselling.
- Comprehensive home-based care, medical care and Anti-Retroviral Treatment (ART). In the latter stages, home-based care is often the best and most affordable method to assist the learner who is infected with HIV/AIDS and family. It includes referral to health centres and ART.
- Orphan care. Orphan care should be easier especially that the South African Government offer grants to the indigent children.

Particular emphasis is placed on the sustainable intensification of existing ecosystems in order to satisfy a growing demand for communal development of strong relationships among families, schools, communities, societies and the world-at-large. Building such a strong ecosystemic approach to assisting schools combat HIV/AIDS at schools needs a multi-level approach for strengthening families, schools and communities.

7.2 A MULTI-LEVEL APPROACH FOR SCHOOLS TO STRENGTHEN FAMILIES AND COMMUNITIES

Ross and Deverell (2004:36) note that the development of social and community networks which can safeguard children's interests and rights is

more likely to produce an environment conducive to promoting children's growth to maturity as full citizens and this development is essential element of any child welfare service that focuses on child and parent well-being (see Veckiene, Eidukeviciute 2005, 160). In the light of the latter statement and the analogy used in 7.1 above, it is necessary to strengthen families as rocks (see the 7.1 above) or cornerstones, because of their procreative and multiplying nature of human life, of communities in order to combat the effects of the HIV/AIDS epidemic on human life. If families can be strong (healthy) as a rock in protecting their children from HIV/AIDS, there will also be strong schools and communities which are free from this devastating epidemic.

7.2.1 Schools need to educate parents on parenting

During this era of urbanization in South Africa, parents are at risk of neglecting and abusing their children. Child abuse and neglect is a particular concern in distressed, urban neighbourhoods where negative economic, social, and family trends such as unemployment, inadequate housing, and rising rates of substance abuse place overwhelming pressures on parents. While children are the primary victims of the increasing rates of parental abuse and neglect, non-abused siblings, parents, and other family members are also hurt.

Child maltreatment is a complex problem; underlying causes differ from case to case. However, common factors that contribute to child maltreatment, are parental lack of knowledge about child development and child rearing, social isolation, poverty, unemployment, substance abuse, and overcrowded and inadequate housing. The child protection system is in crisis — overstressed, underfunded, and unable to cope with increasing reports of child abuse and neglect. With both overreporting and underreporting in respect of this epidemic, some families experience excessive professional neglect. Thousands of children and families do not obtain appropriate services or receive these only after children have been seriously harmed.

A scenario like the one mentioned in the latter two paragraphs asks schools to share the responsibility of protecting children from harm, together with the Department of Social Development and Welfare professionals such as social

workers, the Department of Safety and Security professionals such as the police, and Department of Education professionals such as educational psychologists, sociopedagogues etc. These initiatives work in partnership with individuals in order to use existing community resources to develop more creative and flexible ways of helping families who have difficulty in parenting.

A partnership between a school and the Department of Social Development and Welfare professionals such as social workers, and the Department of Safety and Security professionals such as the police could design a multi-level approach to prevent child abuse and neglect by using geographically specific data in order to determine the census blocks or housing units with high rates of child abuse, reports and assessing the particular community conditions (housing, isolation, etc.) that may be contributing factors; creating a range of family supports for young families, including child care, playgrounds, and recreational areas; inviting schools to review the family assessment tools that the Department of Social Development and Welfare professionals such as social workers use in their investigations of child abuse reports in order to determine how culturally appropriate they are; and training community members to serve as foster family homes for neighborhood children to avoid out-of-area placement and to facilitate the maintenance of parental ties; developing community-wide education efforts about the individual, family, school and community factors that contribute to child abuse and neglect; creating a mechanism for obtaining consensus among schools and community leaders concerning what should be considered evidence of families at-risk of neglect and abuse; developing appropriate preventive responses at the community level to avoid lengthy, intrusive investigations; and establishing peer support and information programs for new parents and child caregivers including mothers, their male partners, and family babysitters sponsored by churches or other religious and social organizations; establishing home-visiting programs, such as healthy families, for those new parents deemed by schools or health providers or community leaders to be at risk of neglect and abuse; creating a voluntary network of families willing to offer temporary respite care to overburdened and stressed parents; and forming partnerships between schools and the Department of Social

Development and Welfare to enlist the help of relatives, neighbours, and friends to offer at-risk families ways in which they can help support the parents and so ensure the children's safety.

Such a multi-level approach will have many indirect benefits. For example, parents who discover that they can make a positive difference in their children's learning, feel better about themselves — which may give them the confidence needed to enroll in a familial parenting literacy program or become involved in working with others so as to improve the school program or community. This shows that when efforts are simultaneously mounted at school and community levels to educate parents on effective parenting, the resulting synergy may make a difference.

7.2.2 Schools need to develop policies and practices for strengthening parents' abilities to fulfill their responsibilities.

Schools need to develop policies and practices for educators to learn to work collaboratively with individual parents around the education of their children. Educators should support and supplement family functioning and seek substitute and replace families' roles only as a last resort. This is not an easy principle to implement — the typical bias of many helpers, whether voluntary or professional, is to supplant parents. Whether designed for children or adults, educational psychology services should focus on the family as a unit and on the interrelated responsibilities of family members. A family-centred approach would design educational management procedures, staff training programs, and on-going staff communication patterns in order to ensure that the family is seen as a whole unit and that the services provided, are working toward interrelated goals.

Effective family-centred services are built on family strengths and competencies. In contrast to a deficit- or needs-based approach, a strengths-based approach requires program staff to address a family's problems by working with them in order to identify and validate their strengths and competencies as well as the untapped family and community resources that can be mobilized to help them cope better. When providing a service to meet

the needs of a particular child, adolescent, or adult service providers should involve other important members of the family who are often part of the problem, are always affected by it, and should be part of the solution.

A family-centred approach requires professional service providers to work with informal sources of support within the community. Relatives, friends, churches, and voluntary associations can be mobilized to help support and reinforce parental responsibilities and to work together to prevent child abuse and family breakdown through self-help and mutual assistance activities. Informal and professional helpers, whether in voluntary or involuntary settings, should treat parents and other family members with respect, regard them as experts, and work with them in partnership in order to determine service goals and strategies for the child and family.

Just as the community development field has insisted on returning power to the community residents, many in the family and human services fields have re-examined the nature of the power relationship between families, service providers and professionals. The traditional service model — still too often the dominant ones — makes the service provider the expert who has all the required knowledge needed to determine the nature of the service or to prescribe the remedy. The family-centered service model rests on the concept of partnership and emphasizes that customers (typically parents) should be seen as having their own expertise and resources. In this approach, professionals — such as doctors, teachers, and social workers — are partners collaborating with families in order to assure that education, social services, or health care is provided in a way that respects the control of the family/parent (Moroney, 1980; Henderson *et al.*, 1986).

Parents and other family members are experts with informed views, whose wishes should be respected in the planning and evaluation of community-based services. However, most families who receive services — especially young, poor, troubled and vulnerable families — do not have the time or interest to get involved, leaving a few community activists to represent their views and needs. Families' views about their experience with services may be obtained through other outreach efforts, including phone surveys or focus

group discussions held in homes, churches, or community associations. Some experts also recommend that families should band together to form organizations to advocate for their own empowerment (Kordesh, 1995).

The foregoing paragraphs mean that schools should work with representatives of communities to modify service design, policies, and procedures to take cultural and ethnic differences of families they serve, into account.

7.3 INFUSE UBUNTU/BOTHO INDUCTION AND IN-SERVICE PROGRAMMES FOR EDUCATORS, SCHOOL MANAGEMENT TEAMS AND SCHOOL GOVERNING BODY MEMBERS

Ubuntu/botho, which is founded on the philosophy of *communitarianism*, places an emphasis on the good of the community, thus encapsulating social values such as communalism (collectivism), interdependence (a person is a person through other persons), humanness (warmth, tolerance, understanding, peace, humanity), caring (empathy, sympathy, helpfulness, charity, friendliness), sharing (unconditional giving, re-distribution, open-handedness), respect (commitment, dignity, obedience, order) and compassion (love, cohesion, informality, forgiveness, spontaneity) as the cornerstones of Afrocentrism and human development. They should also be inducted and trained so as to understand rural, township, farm and suburban unique respective ways of life and their influence on human living, including the ecologies of township, rural, farm and suburban childhood and adolescence, and the social systems in these ecologies which have both a positive and negative influence on the development of adolescents and children; the impact of the socio-economic status of families, such as poverty and affluence, on the effective development of learners; definitions and causes of poverty and its link to HIV/AIDS infections in South Africa and its impact on the psycho-physical and social well-being of human living, especially on people who are currently infected and affected by the HIV/AIDS epidemic. Added to this, insight into the religions of the people of South Africa, such as Christianity, Islam, Buddhism, *ukukhonza amadlozi* (worship of ancestors), and their influence on dealing with the HIV/AIDS epidemic, as well

as empathy with learners, parents and other community members infected and affected by the HIV/AIDS epidemic and how being infected and affected by the HIV/AIDS epidemic have nothing to do with learners abilities to learn, develop, achieve and succeed in life.

The ubuntu/botho way of life can be used to re-introduce the values of virginity and celibacy among boys and girls. The community rituals such as Reed dance should be introduced in all communities for the promotion of sexual purity among youth. Such values and rituals should be infused in school curricula as well.

7.4 MULTIDISCIPLINARY PSYCHO-SOCIAL SERVICES

Schools also need multidisciplinary psycho-social services to deal with the scourge of the HIV/AIDS epidemic, which is now presented below.

7.4.1 The need for psychological services at all schools

Psychological services should be provided for HIV/AIDS-infected and-affected learners to maintain or enhance their psychological and social well-being.

All schools need permanent educational psychologists. Schools have to register with the Health Professions Council of South Africa for educational psychologists and other categories of psychologists to do one year of compulsory internship and community service respectively. This will enable educational psychologists completing a compulsory one-year internship to join schools after completing their studies. This can positively impact on the rendering of psycho-social services in schools. This venture can also serve as a solution for continual recruitment of full-time and permanent educational psychologists at schools.

In schools where it is not possible to recruit educational psychologists, schools can use external registered educational psychologists whom they can contract for HIV/AIDS-infected and-affected learners who need psychological therapy.

The other activities which can be practised by educational psychologists are the following.

7.4.1.1 Personal psychotherapy

Educational psychologists can offer individually based psychotherapy to all learners requiring and requesting HIV/AIDS test. Follow-up psychotherapy can be offered at home. Family psychotherapy can be offered also to the family of the infected and affected learners.

Voluntary Psychotherapy and Testing (VCT) can be conducted at schools, with the co-operation of educational psychologists and nurses and/or medical doctors. Such school services should offer reliable and confidential testing and psychotherapy: pre-test psychotherapy, testing (quick test + confirmation) and post-test psychotherapy of the individual and her/his family.

7.4.1.2 Group psychotherapy

Learners living positively with AIDS can meet monthly with educational psychologists in their schools for a group psychotherapy session. During this session, they can share their experiences of living with the diseases. The educational psychologists can, during these sessions, engage the services of nurses or medical doctors to treat the opportunistic infections; check the infected learners' general health and take their weights. Together with these sessions, seminars/workshops can be held regularly in order to update HIV/AIDS-infected and-affected learners in latest relevant information.

7.4.1.3 Home visits

This can also be done by educational psychologists to assess the living conditions of the learners infected and affected by the HIV/AIDS epidemic. During these visits, the orphans can be identified and their needs noted. Psychotherapy can also be given to the caregivers and the orphan guardians who will be identified during these home visits. It is also necessary that educational psychologists are accompanied by nurses or medical doctors during these home visits so that treatment for opportunistic infections can also

be given during this time. Food parcels and social support, if necessary, is provided and an appointment for the next visit is made.

7.4.1.4 Health Education

Health education should basically be on the impact of HIV/AIDS and the need for behaviour change.

7.4.2 Social Work Services

Social work services should aim to provide professional services to help learners infected and affected by the HIV/AIDS epidemic to cope more effectively with their problems with social functioning and to prepare them to live with their psycho-social plight.

Social work services should provide structured treatment programmes such as life-skills, family care and marriage, alcohol and drug abuse, orientation, sexual offences, trauma, and HIV and AIDS. The increasing number of people living with HIV/AIDS is a major challenge, as not all social workers are trained HIV/AIDS counsellors.

7.4.3 Spiritual care of children infected and affected by HIV/AIDS

There is a need for schools to provide spiritual-care services to children infected and affected by the HIV/AIDS epidemic through needs-based programmes within a multidisciplinary context to persons who are in the care of the schools. This should be done in partnership with churches or faith-based organisations (FBOs) and other role-players to help learners affected and infected with HIV/AIDS develop spiritually. It should also aim to contribute to changing their behaviour, based on a lifestyle which is in accordance with the acceptable values and norms of their faith.

Religious and spiritual literature, such as the *Bible* and the *Qur'an*, should be supplied to learners infected and affected by the HIV/AIDS epidemic.

7.5 CONCLUSION

An ecosystemic approach as described above is essential in order to really make a difference in the lived experiences of learners infected and affected by HIV/AIDS epidemic. If any of the components are missing, the other components become much more difficult, if not impossible, and this is to the detriment of all involved.

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ADDENDUM A

A QUESTIONNAIRE FOR SCHOOL MANAGEMENT TEAMS ON MANAGEMENT OF HIV/AIDS

DIRECTIONS FOR COMPLETING THE QUESTIONNAIRE

Please answer the questions in each section frankly. There is no right or wrong answer. Only frank responses will be of great value to this research. Do not write your name. Your responses will be treated confidentially. Make a cross (x) in the appropriate box.

The questionnaire consists of section A which requires demographic information, section B which requires you to tell me how your school deals with HIV/AIDS, section C which requires you to tell me about the programmes your school uses to fight the HIV/AIDS epidemic and section D which requires you to tell me about the community structures your school uses to deal with the epidemic of HIV/AIDS.

SECTION A: DEMOGRAPHIC INFORMATION

Please indicate the following:

1.	Your gender			Female	Male	
2.	Your age	21 – 30 years	31 – 40 years	41 – 50 years	More than 50 years	
3.	Your highest academic qualification	Matric	Bachelors' degree	Honours' degree	Masters' degree	Doctoral degree
4.	Your highest professional qualification	Obtained before matric	Obtained after matric	Obtained after degree(s)		
5.	Your current position is		Principal	Deputy Principal	HOD	

6.	Your school is located in a	town	township	farm
7.	Your school is		Public	Private
8.	Your school is a		Primary	Secondary
9.	Do you teach Life orientation/ Life Skills/ School Guidance?		Yes	No

SECTION B: HOW YOUR SCHOOL DEALS WITH THE HIV/AIDS EPIDEMIC

10.	Does your school currently have a designated person(s) for coordinating HIV/AIDS prevention?	Yes	No
11.	Does your school have a written policy or document that expresses long-term goals for HIV/AIDS education?	Yes	No
12.	Does your school have a copy of the HIV/AIDS policy, Act 27 of 1996?	Yes	No
13.	Does your school have the Health Advisory Committee (HAC) as enshrined in Act 27 of 1996?	Yes	No
14.	Is the Employment Assistance Programme (EAP) functional at your school?	Yes	No
15.	Has there been a disclosure of a learner or staff member at your school who has been infected with HIV?	Yes	No
16.	Does your school have any plan to deal with such a learner or staff member?	Yes	No
17.	Are there any learners who are pregnant or single parents at your school?	Yes	No
18.	Does your school place HIV/AIDS as a priority in its curriculum?	Yes	No

SECTION C: THE PROGRAMMES YOUR SCHOOL USES TO FIGHT THE HIV/AIDS EPIDEMIC

19.	Is the teaching of HIV/AIDS a policy in all grades at your school?	Yes	No
20.	Is HIV/AIDS taught as part of a sexuality theme within required Life Orientation/ Life Skills/ School Guidance curriculum in your school?	Yes	No
21.	Is HIV/AIDS taught as part of the other required learning areas such as Natural Sciences, Language or Arts and Culture at your school?	Yes	No
Has the school principal at your school taken the following actions to support HIV/AIDS education:			
22.	Determined if all educators of HIV/AIDS have had specific training or qualifications?	Yes	No
23.	Ensured that the educators have copies of authorized/ recommended teaching materials concerning HIV/AIDS?	Yes	No
24.	Reviewed the teaching materials concerning HIV/AIDS being used in the light of the school, district or department of education criteria?	Yes	No
25.	Established guidelines for use of external speakers on HIV/AIDS?	Yes	No
26.	Regularly reviewed the number and nature of learner health problems?	Yes	No
27.	Issued an explicit statement or taken steps to ensure that HIV infected, gay, lesbian and bi-sexual learners or staff are not subjected to discrimination or harassment?	Yes	No

28.	Does your school have peer helper programmes for HIV/AIDS or sexuality issues?	Yes	No
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SECTION D: HOW YOUR SCHOOL DEALS WITH HIV/AIDS EPIDEMIC

29.	Have any of the parents chosen to exempt their children from HIV/AIDS/sexuality education at your school?	Yes	No
30.	Besides Department of Education, do other government departments communicate with the school to fight the HIV/AIDS epidemic?	Yes	No
31.	Are there non-governmental organizations that communicate with your school to prevent and fight HIV/AIDS?	Yes	No
32.	Does your school seek ways to make presentations and topics on HIV/AIDS education relevant to the needs and interests of the learners from the public health nurses or medical doctors, social workers, police service, justice or legally knowledgeable persons?	Yes	No
33.	Has your school reviewed its policies on the role of the coordinator of HIV/AIDS programmes with regard to communication with parents and the community on HIV/AIDS and sexual issues?	Yes	No
34.	Has your school sent information directly to parents on HIV/AIDS and sexuality programmes?	Yes	No
35.	Has your school involved parents in information meetings and workshops on HIV/AIDS and sexuality programmes?	Yes	No

36.	Does your school implement programmes to eliminate sexual harassment at school and within the community?	Yes	No
37.	Does your school implement programmes to prohibit discrimination based on sexual orientation?	Yes	No

ADDENDUM B

A QUESTIONNAIRE FOR SCHOOL GOVERNING BODIES ON MANAGEMENT OF HIV/AIDS

DIRECTIONS FOR COMPLETING THE QUESTIONNAIRE

Please answer the questions in each section frankly. There is no right or wrong answer. Only frank responses will be of great value to this research. Do not write your name. Your responses will be treated confidentially. Make a cross (x) in the appropriate box.

The questionnaire consists of section A which requires demographic information, section B which requires you to tell me how your school deals strategically with HIV/AIDS, section C which requires you to tell me about the programmes your school uses to fight the HIV/AIDS epidemic and section D which requires you to tell me about the community structures your school uses to deal with the epidemic of HIV/AIDS.

SECTION A: DEMOGRAPHIC INFORMATION

Please indicate the following:

1.	Your gender				Female	Male
2.	Your age	Less than 21 years	21 – 30 years	31 – 40 years	41 – 50 years	More than 50 years
3.	What level of education have you achieved?	Below Matric	Matric	Matric and certificate	Matric and diploma	Matric and degree(s)
4.	In the SGB which component do you represent?	Parents	Learners	Educators	Non-teaching Staff	

5.	Where is your school located?	in town	in a township	on a farm
6.	Who owns your school?	Public		Private
7.	What type of school is it?	Primary		Secondary

SECTION B: HOW THE SCHOOL GOVERNING BODY MEMBERS DEAL STRATEGICALLY WITH THE HIV/AIDS EPIDEMIC

8.	Does your school currently have a designated person(s) for coordinating HIV/AIDS prevention, not necessarily in the SGB?	Yes	No
9.	Does your school have a written policy or document that expresses long-term goals for HIV/AIDS education?	Yes	No
10.	Does your school have a copy of the South African National policy on HIV/AIDS policy, Act 27/1996?	Yes	No
11.	Does your school have a Health Advisory Committee (HAC) as enshrined in South African National policy on HIV/AIDS policy, Act 27/1996?	Yes	No
12.	Is the employment assistance programme (EAP) functional in your school?	Yes	No
13.	Has there been a disclosure of a learner, staff member or parent at your school, who has been infected with HIV?	Yes	No
14.	Does your school have any plan to deal with such a learner, staff member or parent?	Yes	No

15.	Are there any learners who are pregnant or single parents at your school?	Yes	No
16.	Does your school place HIV/AIDS as a priority for teaching and learning?	Yes	No

SECTION C: THE PROGRAMMES YOUR SCHOOL USES IN DEALING STRATEGICALLY WITH THE HIV/AIDS EPIDEMIC

17.	Do you understand the role the school governing body should play in dealing strategically with the HIV/AIDS epidemic at school?	Yes	No
18.	Are there measures in place to ensure that HIV/AIDS affected and infected educators and learners are informed about fundamental human rights, especially those of non-discrimination and equality?	Yes	No
19.	Do School Governing Body members ever attend HIV/AIDS workshops and seminars not organised by your district?	Yes	No
20.	Do your children or self (if learner) get lessons in how to conduct themselves concerning safe sexual behaviour?	Yes	No
21.	Do your children or self (if learner) get lessons in coping with peer pressure in issues concerning HIV/AIDS/sexuality related aspects?	Yes	No
22.	Do you want your children or self (if learner) to get lessons in how to conduct themselves concerning safe sexual behaviour pertaining to HIV/AIDS/ sexuality related aspects?	Yes	No

23.	Do you want your children or self (if learner) to get lessons on how to conduct themselves concerning coping with peer pressure?	Yes	No
24.	Do you want your children or self (if learner) to get lessons in dealing with HIV/AIDS/STDs?	Yes	No
25.	Do you want your children or self (if learner) to get lessons in dealing with opportunistic illnesses e.g. TB, pneumonia, diarrhoea, rash, swollen glands?	Yes	No

SECTION D: COMMUNITY STRUCTURES YOUR SCHOOL USES TO DEAL WITH THE EPIDEMIC OF HIV/AIDS

26.	Does your school include take home learning activities for learners to use with parents, family or community members as part of HIV/AIDS and sexuality education?	Yes	No
27.	Does the school governing body ever invite health advisors or psychologists to address learners and educators on HIV/AIDS issues?	Yes	No
28.	What in your opinion can help South African schools to work with other organizations and individuals in respective communities to combat HIV/AIDS?		

ADDENDUM C

COORDINATOR OF HIV/AIDS PROGRAMMES QUESTIONNAIRE

DIRECTIONS FOR COMPLETING THE QUESTIONNAIRE

Please answer the questions frankly. There is no right or wrong answer. Only frank responses will be of great value to this research. Do not write your name. Your responses will be treated confidentially. Make a cross (x) in the appropriate box.

The questionnaire consists of section A which requires you to provide demographic information, section B which requires you to tell me about your attitude on the way educators deal with the HIV/AIDS epidemic and sexuality education at your school, section C which requires you to give your thoughts on how co-ordinators of HIV/AIDS programmes at your school coordinate HIV/AIDS programmes and section D which requires you to provide community structures your school uses to deal with the HIV/AIDS epidemic.

SECTION A: DEMOGRAPHIC INFORMATION

Please indicate the following:

1.	Your gender				Female	Male
2.	Your age	Less than 21 years	21 – 30 years	31 – 40 years	41 – 50 years	More than 50 years
3.	Your highest academic qualification	Matric	Bachelors' degree	Honours' degree	Masters' degree	Doctoral degree
4.	Your highest professional qualification	Obtained before matric	Obtained after matric	Obtained after degree(s)		
5.	Your school is		in town	in	a	on a farm

			township	
6.	Indicate the school at which you are teaching		Public	Private
7.	Indicate the pre- and/or in-service training you received			
	Workshop on HIV/AIDS	Workshop on implementation of HIV/AIDS prevention	Informal exchanges	No training

SECTION B: YOUR ATTITUDE TO THE WAY EDUCATORS DEAL WITH THE HIV/AIDS EPIDEMIC AND SEXUALITY EDUCATION AT YOUR SCHOOL

9.	Would you be distressed if you were to teach a child who is HIV positive in your classroom?	Yes	No
10.	Should homosexuals be allowed to teach young people?	Yes	No
11.	For the protection of others, should educators be told which learners at school are HIV positive?	Yes	No

SECTION C: HOW LIFE ORIENTATION AND HIV/AIDS PROGRAMMES ARE COORDINATED AT YOUR SCHOOL

12.	How important is it to you that safe sexual behaviour be part of the HIV/AIDS/sexuality programme?	Very important	Not important
13.	How competent do you feel about teaching safe sexual behaviour?	Very competent	Not competent

14.	How supportive is the school principal of the teaching of safe sexual behaviour?	Very supportive	Not supportive
15.	How important is it to you that coping with peer pressure be part of the HIV/AIDS/sexuality programme?	Very important	Not important
16.	How competent do you feel about teaching learners to cope with peer pressure?	Very competent	Not competent
17.	How supportive is the school principal of the teaching of coping with peer pressure?	Very supportive	Not supportive
18.	How important is it to you that HIV/AIDS/STDs be part of the HIV/AIDS/sexuality programme?	Very important	Not important
19.	How competent do you feel teaching about HIV/AIDS/STDs?	Very competent	Not competent
20.	How important is it to you that coercive sex, harassment and sexual assault be part of the HIV/AIDS/sexuality programme?	Very important	Not important
21.	How competent do you feel about teaching learners how to deal with coercive sex, sexual harassment and sexual assault?	Very competent	Not competent
22.	How supportive is the school principal of teaching how to deal with coercive sex, sexual harassment and sexual assault?	Very supportive	Not supportive
23.	Are there learners at your school who suffer from what you suspect to be HIV-related illnesses such as diarrhoea, pneumonia, tuberculosis, severe weight loss?	Yes	No

SECTION D: HOW COORDINATORS HIV/AIDS PROGRAMMES AT YOUR SCHOOL COORDINATE HIV/AIDS PROGRAMMES

24.	How important is it to you that communication about sex with parents and other adults be part of the HIV/AIDS/sexuality programme?	Very important	Not important
25.	How thoroughly do you cover communication about sex with parents and other adults in class?	Very thoroughly	Not at all
26.	How competent do you feel about teaching communication about sex with parents and other adults?	Very competent	Not competent
27.	How adequate are the resources to teach communication about sex with parents and other adults?	Very adequate	Not adequate
28.	How supportive is the school principal of the teaching of communication with parents and other adults about sex?	Very supportive	Not supportive
29.	Besides the Department of Education, do other government departments communicate with the school to fight the HIV/AIDS epidemic?	Yes	No
30.	Are there non-governmental organizations that communicate with your school to fight the HIV/AIDS epidemic?	Yes	No

31.	Does your school seek ways to present topics on HIV/AIDS education relevant to the needs and interests of the learners by public health nurses or medical doctors, social workers, the police services or legally knowledgeable persons?	Yes	No
32.	Does your school include take-home learning activities for learners to use with parents, families or community members as part of HIV/AIDS and sexuality education?	Yes	No
33.	Has your school reviewed its policies on the role of Life Skills/ Life Orientation/ coordinators of HIV/AIDS programmes with regard to communication with parents and the community on HIV/AIDS and sexuality issues?	Yes	No
34.	Has your school sent information directly to parents on HIV/AIDS and sexuality programmes?	Yes	No
35.	Has your school involved parents in information meetings and workshops on HIV/AIDS and sexuality programmes?	Yes	No
36.	Does your school implement programmes to eliminate sexual harassment at school and within the community?	Yes	No
37.	Does your school implement programmes to prohibit discrimination based on sexual orientation?	Yes	No