PROBLEMS EXPERIENCED BY SCHOOL PRINCIPALS IN IMPLEMENTING THE NATIONAL HIV/AIDS POLICY

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DEDICATION

This dissertation is a dedication to my late parents, Maduna Tsotetsi and Lydia Mamorena Sellwane Tsotetsi, who made it a point that I get my tertiary education. I thank you for the education gift you have given me. You never lived to see your sincerest contribution, love and gratitude towards my success realised on the completion of this dissertation.

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SUMMARY

PROBLEMS EXPERIENCED BY SCHOOL PRINCIPALS IN IMPLEMENTING THE NATIONAL HIV/AIDS POLICY

The overall aim of this research is to assist the principals with the problems they experience in the implementation of the National HIV/AIDS Policy and also with the programme of activities that can be engaged with at secondary schools to overcome these problems.

The overall aim was operationalized as follows:

- by establishing the essence of the National HIV/AIDS Policy;
- by indicating the legal implications of the National HIV/AIDS Policy;
- by determining how the National HIV/AIDS Policy and programmes of activities are implemented by the school principals of secondary schools in the Sedibeng West District (D8) of the Gauteng Department of Education; and
- by identifying the most urgent problems experienced by school principals when implementing the National HIV/AIDS Policy.

The empirical method of research using questionnaires was successful in obtaining information on the problems experienced by school principals in implementing the National HIV/AIDS Policy. It also established how the implementation of the national HIV/AIDS policy can be successful at secondary schools and who is responsible for ensuring that the National HIV/AIDS Policy is implemented, i.e. principals, school management teams, learners, educators, School Governing Bodies (SGB) or the whole school community.

OPSOMMING

PROBLEME WAT SKOOLHOOFDE ERVAAR MET DIE IMPLEMENTERING VAN DIE NASIONALE MIV/VIGS-BELEID

Die oorkoepelende doelwit van hierdie navorsing is om skoolhoofde by te staan in die probleme wat hulle ondervind met die implementering van die Nasionale MIV/VIGS-beleid en ook met die aktiwiteitsprogram waaraan op sekondêre skole meegedoen kan word om hierdie probleme te bowe te kom.

Die oorkoepelende doelwit is in werking gestel deur:

- die wese van die Nasionale MIV/VIGS-beleid te bepaal;
- die wetlike implikasies van die Nasionale MIV/VIGS-beleid aan te dui;
- vas te stel hoe die Nasionale MIV/VIGS-beleid en aktiwiteite geïmplementeer word deur skoolhoofde van Sedibeng-wes Distrik (D8) van die Gautengse Onderwysdepartement; en
- die dringendste probleme wat skoolhoofde by die implementering van Nasionale MIV/VIGS-beleid ervaar, te identifiseer.

Die empiriese navorsingsmetode deur vraelyste was suksesvol om inligting te verkry oor die probleme wat skoolhoofde ervaar by die implementering van Nasionale MIV/VIGS-beleid. Dit het ook bepaal hoe die implementering van hierdie beleid op sekondêre skole suksesvol kan wees en wie daarvoor verantwoordelik is om te verseker dat hierdie beleid geïmplementeer word, d.w.s. skoolhoofde, skoolbestuursliggame, leerders, opvoeders, Skoolbeheerliggame of die hele skoolgemeenskap.

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CHAPTER ONE

ORIENTATION

1.1 INTRODUCTION AND STATEMENT OF THE PROBLEM

Since its identification in 1981, the disease now recognised as Acquired Immune Deficiency Syndrome or AIDS, has grown from an obscure medical anomaly to becoming one of the world's greatest health threats. South Africa cannot be isolated from the rest of Africa and the rest of the world. Efforts to control this biological conundrum have been complicated by the presence of complex legal, scientific and social problems that have thrust the educational community into the centre of a controversy involving public and private rights. Educators quickly found that they had neither the expertise nor the experience to cope effectively with a problem of this magnitude (Walker & Pell, 1992:1).

Prevention of the disease is of vital importance and therefore efforts should be focused on all groups in society. It is quite a delicate balancing act not to bombard learners at too early an age with information that they cannot handle. On the other hand, however, information to learners is essential before they make the decision to become sexually active. Educators need a policy paradigm in benchmarks and guidance that facilitate the establishment of a socially responsible and legally defensible policy response to the dilemma of HIV/AIDS within the public school environment (Walker & Pell, 1992:6-8).

Nevertheless, HIV/AIDS will undoubtedly affect learners in most secondary schools and as a result the National HIV/AIDS Policy has to be implemented at our schools. The question will arise as to which problems are experienced by the school principals in implementing the National HIV/AIDS Policy. In the process, learners may be faced with the illness of their parents. Learners may have to take time off to look after young ones at home, care for the sick parent and carry out the household tasks. The South African Law Commission states that, in the later stages of HIV/AIDS, a sick learner may be absent for almost eighty percent (80%) of the school days (Havenga, 1998:38).

The public has become overtly concerned with the possibility of HIV/AIDS transmission within the school setting, particularly at the elementary and pre-school level where children often exchange bodily fluids by biting one another (Walker & Pell, 1992:10). Because of the rise of infection rates, learners with HIV/AIDS will increasingly form part of the school population.

Many educators may not be prepared to teach about human sexuality since these education courses are not included in the curricula of most teacher-training institutions and that is the cause of one of the serious problems encountered by the school principal when implementing the National HIV/AIDS Policy. Many individuals associate HIV/AIDS with behaviour regarded as immoral or illegal and therefore refuse to support educational programmes (Mitchell & Smith, 2000:31-34).

The South African Law Commission (Cameron, 1997) states that all learners and educators have a legal right to confidentiality and are under no obligation to inform the school or the employer of their condition. The school setting provides the most ideal setting for implementing health education. Although HIV/AIDS is a total disease, educating young people about becoming infected through sexual contact can be controversial, particularly in the school setting. Educators have been found to be a very important link between school and parents in educational issues. However, educating learners about HIV/AIDS infection demands that topics such as delaying sexual intercourse or the use of a condom be discussed openly in classroom settings and this makes HIV/AIDS education a controversial issue. It thus becomes problematic for most of the school principals to implement the National HIV/AIDS Policy (Mukoma, 2001:46).

Generally towards the end of 1991, it was found that individuals involved in different South African HIV/AIDS service organizations became concerned about a range of human rights abuses in the area of HIV/AIDS. These abuses included a breach of confidentiality at schools and also pre-employment testing. It was found that at schools in the United Kingdom, apart from the predictable flurry of anxiety at the start of the epidemic, the education of HIV/AIDS positive learners proceeded without hindrance. The educational

authorities are strongly urged to provide a set of universal guidelines based on scientific information. School principals are also urged to carry out consultations with their communities in an open manner to help allay an epidemic of anxiety and improve parents' understanding. That will make the problems faced by the school principal in implementing the National HIV/AIDS Policy much simpler (Nea, 1993:35).

The principals find it difficult to implement the National HIV/AIDS Policy because one of the problems faced is the mindset of many young people throughout the country, particularly those learners who attend secondary schools. They feel immortal, despite the reality that HIV/AIDS is real, it lives with humankind every day and people are infected daily. Efforts need to be rekindled to educate learners and the whole public. Part of the effort is to expand prevention education at our schools, particularly at public secondary schools (Nea, 2000:36).

This study will therefore attempt to answer the following questions:

- What is the essence of the National HIV/AIDS Policy?
- Which legal implications does the National HIV/AIDS Policy entail?
- How are the National HIV/AIDS Policy and programmes implemented by secondary schools in the Sedibeng West District (D8)?
- What could be identified as the most urgent problems experienced by school principals when implementing the National HIV/AIDS Policy?

1.2 AIMS OF THE STUDY

The overall aim of this study was to assist the principals with the problems they experience in the implementation of the National HIV/AIDS Policy and also the programme of activities that can be engaged within secondary schools to overcome the problems they are experiencing in the implementation of the National HIV/AIDS Policy.

The overall aim was operationalized as follows:

- by establishing the essence of the National HIV/AIDS Policy;
- by indicating the legal implications of the National HIV/AIDS Policy;
- by determining how the National HIV/AIDS Policy and programmes of activities are implemented by the school principals of secondary schools in the Sedibeng West District (D8); and
- by identifying the most urgent problems experienced by school principals when implementing the National HIV/AIDS Policy.

1.3 METHOD OF RESEARCH

1.3.1 Literature study

Primary and secondary sources were studied to gather information on the essence and legal implications of the National HIV/AIDS Policy. At the same time a record was kept of any problems already identified concerning the implementation of this policy.

1.3.2 Empirical research

1.3.2.1 Aim

The empirical investigation was conducted to gather information about the current problems experienced by the school principals in implementing the National HIV/AIDS Policy within the Sedibeng West District (D8).

1.3.2.2 Measuring instrument

The measuring instrument played a vital role in this research as it assisted in determining how the school principals can overcome the problems they experience in implementing the National HIV/AIDS Policy at secondary schools within the Sedibeng West District (D8). A questionnaire was developed in which all respondents were asked to answer the given questions.

1.3.2.3 Population

The target population in this research comprised of the secondary schools in the Sedibeng West District (D8). The number of secondary schools in this district totalled 45 (N=45).

1.3.2.4 Sample

A randomly selected sample (n=45) of educators and principals from secondary schools participated in this investigation.

1.3.2.5 Pilot survey

The questionnaire in this research was pre-tested with a selected number of respondents from the target population regarding its qualities of measurement and its appropriateness, as well as to review it for clarity.

Having completed the pilot study, the Statistical Consultancy Services of the North-West University (Vaal Triangle Campus) analysed the questionnaires and found the Cronbach Alpha reliability score to be 0.887.

According to UCLA Academic Technology Services the Cronbach Alpha measures how well a set of items or variables measures a single construct. A reliability coefficient of 0.80 or higher is considered to be high reliability.

1.3.2.6 Statistical techniques

The Statistical Consultancy Services of the North-West University (Vaal Traingle Campus) were consulted for assistance in the analysis and the interpretation of the data collected. The SAS-programme was employed to process the data by computer.

1.4 FEASIBLITY OF THE STUDY

The study is feasible in that:

- It was conducted in the Gauteng Department of Education Sedibeng West District (D8) which is accessible to the researcher.

- Literature resources used for information in this study were sufficiently available from the library, journals, the Internet, the newspapers and others forms of information.

- The study was relevant to the current situation concerning the status of HIV/AIDS, the debates around HIV/AIDS in Parliament and also concenring how the principals at secondary schools in Sedibeng West District (D8) can overcome the probems they experience in implementing the National HIV/AIDS Policy.

It was hoped that this study would elicit genuine and useful responses.

1.5 CHAPTER DIVISION

Chapter 1	Orientation
Chapter 2	The essential elements of the National HIV/AIDS Policy
Chapter 3	Empirical research design
Chapter 4	Data analysis and interpretation
Chapter 5	Findings, recommendations and conclusion

1.6 SUMMARY

This chapter introduced the reader to the problem of the research. Briefly this dissertation focused on the problems experienced by the secondary school principals in implementing the National HIV/AIDSPolicy.

Specific aims were set and these included the assistance that can be given to principals of secondary schools with the problems they experience in implementing the National HIV/AIDS Policy and also the programme of activities that can be engaged within secondary schools to overcome the problems they are experiencing in the implementiation of the National HIV/AIDS Policy.

The research methodology was addressed in terms of both the literature study and the empirical research of this dissertation. The latter included reference to the questionnaire as research instrument, the study population, statistical techniques, ethical considerations and the demarcation of the research.

Lastly, the focus fell on the division of the five chapters.

In chapter two an overview of the essential elements of the National HIV/AIDS Policy will be given.

CHAPTER TWO

THE ESSENTIAL ELEMENTS OF THE NATIONAL HIV/AIDS POLICY

2.1 INTRODUCTION

The South African Law Commission (Cameron, 1997:20) states that learners with HIV/AIDS are expected to attend classes in accordance with statutory requirements for as long as they are able to function effectively. It goes on to say that academic work should be made available for personal study at home. Parents should also be allowed to educate learners with HIV/AIDS when they become incapacitated through illness or if they pose medical health risks to others. Section 29(1)(a) of the South African Constitution Act No 108 of 1996 (SA, 1996a; hereafter called Constitution) states that everyone has the right to a basic education and should not be discriminated against.

2.2 INTERNATIONAL STANDARDS AND EDUCATION LAW

In keeping with international standards and in accordance with Education Law and constitutional guarantees of the right to a basic education, the right not to be unfairly discriminated against, the right to life and bodily integrity, the right to freedom of access information, the right to freedom of conscience, religion, thought, belief and opinion, the right to freedom of association, the right to a safe environment and the best interests of the child the following elements constitute the National HIV/AIDS Policy (SA, 1997).

2.2.1 Definitions

In the National HIV/AIDS Policy any expression to which a meaning has been assigned in the South African Schools Act No. 84 of 1996 (SA, 1996c; hereafter called Schools Act), Further Education and Training Act No. 98 of 1998 and the Employment of Educators Act No. 76 of 1998, will have that meaning unless the context indicates otherwise.

2.2.1.1 AIDS

AIDS means the Acquired Immune Deficiency Syndrome, which is the final phase of HIV infection. At this stage, a person is very close to dying and his/her health is beginning to deteriorate, although some people live longer depending on how strong the immune system is and also on the treatment and food that person undergoes and eats. If you are in an AIDS stage, you have a shorter period to live (SA, 1996b).

2.2.1.2 HIV

HIV means the Human Immunodeficiency Virus. If you are HIV positive, this does not necessarily mean you have AIDS, but you are on the way to having the disease AIDS. This will take 5-8 years during which the sufferer feels well and remain a productive member of the family and workforce (SA, 1999).

2.2.1.3 SEXUAL ABUSE

SEXUAL ABUSE means abuse by a person targeting another person's sexual organs, e.g. raping, touching a person's private parts or inserting objects into another person's private parts.

2.2.1.4 UNFAIR DISCRIMINATION

UNFAIR DISCRIMINATION means direct or indirect unfair discrimination against anyone, on one or more grounds in terms of the Constitution (SA, 1996a.

2.2.1.5 UNIVERSAL PRECAUTIONS

UNIVERSAL PRECAUTIONS refers to the concept used world-wide concerning HIV/AIDS to indicate standard infection control procedures or precautionary measures aimed at the prevention of HIV transmission from one person to another. It includes procedures concerning basic hygiene and wearing protective clothing such as latex, rubber gloves or plastic bags where there is a risk of exposure to blood, blood borne pathogens or blood-stained body fluids (SA, 1996b).

2.2.1.6 WINDOW PERIOD

WINDOW PERIOD means the period of up to three months before HIV antibodies appear in the blood following HIV infection. During this period tests cannot determine whether a person is infected with HIV or not (SA, 1996b).

2.3 PREMISES

Although there are no known cases of transmission of HIV at schools or tertiary institutions, there are learners with HIV/AIDS at schools. More and more children who acquire HIV prenatally will, with adequate medical care, reach school-going age and attend school. Consequently a large proportion of the learner and student population and educators are at risk of contracting HIV/AIDS. It is vital that educators be informed about HIV/AIDS. Without having up-to-date information they will not be able to deal with the infection at schools and in the community. It is not possible to diagnose someone who is infected just by looking at that person. It is important to remember that the infection cannot be transmitted from person to person through casual contact. Besides sexual intercourse with an infected person, the virus may be transmitted by blood to blood contact and by a mother to a foetus (SA, 1996b).

Although the virus has been identified in other blood fluids such as saliva and urine, no scientific evidence exits to show that these fluids can cause transmission of HIV. Because of the increase of the infection rates, learners and educators with HIV/AIDS will increasingly form part of the population of schools and institutions (SA, 1996b).

2.3.1 Young people sexually active

Since young people are sexually active, increasing numbers of learners attending primary and secondary schools, and students attending institutions might be infected. Moreover, there is a risk of HIV transmission as a result of the sexual abuse of children in our country. Intravenous drug abuse is also a source of HIV transmission among learners and students. Although the

possibility is remote, recipients of infected blood products during blood transfusions may also be present at schools and institutions.

Because of the nature of HIV antibody testing and the "window period" or "apparently well period" between infection and the onset of clearly identifiable symptoms, it is impossible to know with absolute certainty who has HIV/AIDS and who does not. Testing for HIV/AIDS for employment or attendance at schools is prohibited (SA, 1996b).

2.3.2 Sexual transmission

As sex is the main mode of transmission, prevention strategies are most important. One of the first responses to the epidemic was to call for isolation of HIV infected people. This was seen by many as impracticable, oppressive and discriminatory. To prevent sexual transmission there is a limited but potentially effective range of interventions. The first set of interventions is biomedical; these aim to reduce sexual transmission. Good sexual health is paramount. This means that STDs should be treated immediately and the availability of STD treatment in the rich world has probably played a major role in controlling HIV. Sexual practices that increase risk can be discouraged or made safer (Barnett & Whiteside, 2002:41).

Given that it is official state policy that HIV causes AIDS, the question arises as to whether denialism still has any impact on the AIDS policy. The answer must be that it does. Firstly: it must be a contributory factor to the high levels of public scepticism about the sincerity and degree of commitment of the Department of Health to its policies, given the stewardship of the department by the Minister Tshabalala-Msimang. Secondly: it offers an explanation for the snail's pace at which the Department of Health has moved to implement the court-ordered roll of anti-retroviral therapy. Thirdly: given the national shortage of skilled personnel, how else can one explain the many punitive measures directed at doctors and nurses who have pushed beyond the limits of official state policy in regard to HIV/AIDS, and in particular its policy on anti-retroviral provision (Daniel, Habib & Southall, 2003:321-322).

2.3.3 No unfair discrimination and constitutional rights

The basis of any policy should clearly state that there should be no unfair discrimination against a person who is infected with the virus, be it a learner or an educator. This means that a learner is entitled to continue with his/her education at school. The learner should be accommodated as far as possible at the school and at home when and if necessary. An educator who is infected should continue educating and should be considered for promotion in all areas of school activities. Neither learner nor educator is compelled to reveal his/her HIV/AIDS status. A breach of confidentiality is a serious offence and may give rise to legal action (SA, 1996b). As a result, schools must follow the National HIV/AIDS Policy or they can draw up the school policy in line with the National HIV/AIDS Policy to cater for all learners without their being discriminated against. The policy must include issues about HIV/AIDS related to education, the issues of learners and educators' rights, and non-discrimination (SA, 1996b).

Learners and educators should be educated about their rights concerning their own bodies, to protect themselves against rape, violence, inappropriate sexual behaviour and contracting HIV/AIDS. The constitutional rights of all learners and educators must be protected on an equal basis (SA, 1996a). If a suitably qualified person ascertains that a learner or an educator poses a medical recognized significant health risk to others, appropriate measures should be taken. A medically recognized significant health risk in the context of HIV/AIDS could include the presence of untreatable contagious disease, uncontrollable bleeding, unmanageable wounds and sexually or physically aggressive behaviour which may create the risk of HIV/AIDS transmission.

Furthermore, learners and students with contagious illnesses such as measles, German measles, chicken pox, whooping cough and mumps should be kept away from the school or institution to protect all other members of the school or institution, especially those whose immune systems may be impaired by HIV/AIDS. Schools and institutions should inform parents of vaccination/inoculation programmes and of their possible significance for the well-being of learners and students with HIV/AIDS (SA, 1996b).

2.3.4 Education on HIV/AIDS and abstinence

Learners must receive education about HIV/AIDS and abstinence in the context of life-skills education on an ongoing basis. Life-skills and HIV/AIDS education should not be presented as isolated learning content, but should be integrated in the whole curriculum. It should be presented in a scientific, but understandable way. Appropriate course content should be available for the pre-service and in-service training of educators to cope with HIV/AIDS in schools. Enough educators to educate learners about the epidemic should also be provided.

The purpose of education about HIV/AIDS is to (SA, 1996b):

- prevent the spread of HIV/AIDS infection;
- allay excessive fears of the epidemic;
- reduce the stigma attached to it; and
- instil non-discriminatory attitudes towards persons with HIV/AIDS.

Education should ensure that learners and students acquire appropriate knowledge and skills in order that they may adopt and maintain behaviour that will protect them from HIV/AIDS infection (SA, 1996b).

A continuing life-skills and HIV/AIDS education programme must be implemented at all schools and institutions for all learners, students, educators and other staff members. Measures must also be implemented at hostels.

Age-appropriate education on HIV/AIDS must 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.

This should include the following (SA, 1996b):

- providing information on HIV/AIDS and developing the life-skills necessary for the prevention of HIV transmission;

- inculcating basic first-aid principles including how to deal with bleeding with the necessary safety precautions from an early age onwards;

- emphasizing the role of drugs, sexual abuse, violence and sexually transmitted diseases (STDs) in the transmission of HIV, and empowering learners to deal with these situations;

- encouraging learners and students 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 the community service organizations and other disciplines;

- teaching learners and students 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 precaution (SA, 1996b).

Education and information regarding HIV/AIDS must be given in an accurate and scientific manner, and in language and terms that are understandable.

Parents of learners must be informed about all life-skills and HIV/AIDS education offered at the school and institution; the learning content and methodology to be used; and the 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 intercourse with learners. Should this happen, the matter has to be handled in terms of the Employment of Educators Act of Educators No. 76 of 1998 (SA, 1998).

2.3.5 National policy guidelines

However, over and above the draft, national policy guidelines for adolescent and youth health in South Africa have been developed in a process that involved views from the youth. Policy decisions in other sectors also influence the range of options available to adolescents, concerning their health. Protection and promotion of adolescent and youth health should be a high on the agenda in all spheres of policy-making. Developing health-promoting schools in South Africa and the prevention of HIV/AIDS relies a great deal on supporting these policies not only in rhetoric, but also in action. At school level, learners' health should be a priority on the agenda. School policies should be evidence-driven, taking into consideration the experiences and needs articulated by learners (SA, 1996b). Being key institutions in many communities, schools can, through their plans and policies, impact on the health of the community around them. They have the potential to advocate for healthy school and adolescent policies at national level and the development of strategies to ensure sustainability of health-promoting initiatives. Educators are key people at community level. Health-promoting schools also have the potential to develop their role as advocates for HIV/AIDS prevention (Mukoma, 2001:62).

2.3.6 Code of conduct for learners and educators

The codes of conduct adopted for learners, educators and non-teaching staff must include provisions regarding the unacceptability of behaviour that discriminates against people with HIV/AIDS and behaviour that may create the risk of HIV/AIDS transmission. A programme of sexuality education which is aimed at behaviour modification should be implemented across the curriculum (HIV/AIDS, 2001:1). Special consideration must be given to the requirements of a culture of respect for the God-given dignity of the human person and the understanding that sexual union is an expression of a loving human relationship that has reached the stage of mutual commitment to each other's life in marriage. The HIV/AIDS and sexuality programmes should include the promotion of social norms against drug and sexual abuse, as well as against irresponsible sexual behaviour and sexual violence. All educators

responsible for implementing the education programmes should receive appropriate training in HIV/AIDS and sexuality education through a school-based formation programme (HIV/AIDS, 2001:2).

2.3.7 What the national policy is intended for

The national policy is intended as broad principle only. It is envisaged that the School Governing Body should preferably give operational effect to the national policy by developing and adopting an HIV/AIDS policy at school level which would reflect the needs, ethos and values of a specific school and its communities within the framework of the national policy.

The proposed national policy contains the following basic principles:

- Compulsory testing of learners as a prerequisite for admission to any school or any unfair discriminatory treatment (for instance the refusal of continued school attendance on the basis of a learner's HIV/AIDS status as such) is not justified.

- However, it is recognized that special measures in respect of learners with HIV/AIDS may be necessary. These must be fair and justifiable in the light of medical facts, school conditions and the best interests of learners with and without HIV/AIDS (SA, 1996c; sect. 8(5)).

- Learners' rights in respect of privacy are confirmed (SA, 1996a; sect, 14). Where HIV/AIDS-related information is disclosed to a number of staff, the policy provides that, except where statutory or other legal authorization exists, such information may be divulged to third parties only with the consent of the learner above the age of 14 or in other cases with that of his/her parent or guardian.

- The needs of learners with HIV/AIDS should, as far as is reasonably practicable, be accommodated within the school environment (SA, 1996b; sect. 2(2.6)).

- Information on HIV/AIDS should be given in an accurate and scientific manner.

- All learners have the right to be educated in HIV/AIDS, sexuality and healthy lifestyles in order to protect themselves against HIV infections. The policy recognizes the need for involvement – although limited - of parent communities in order to ensure that sexuality education will take into account the community ethos and values. All learners should respect the right of other learners. The code of conduct that has to be drawn up by every public school is considered to be an ideal vehicle for stressing the duties of all learners, including those with HIV transmission. Such a code could anticipate and thus minimize the risk of unacceptable behaviour leading to HIV transmission (Kelly, 2002:4).

2.3.8 Learners who refuse to learn with fellow learners with HIV/AIDS

Learners who refuse to study with fellow learners with or perceived to have HIV should be counselled and the situation resolved by the principal and the educators and, if necessary, with the assistance of the governing body of the school. School Governing Bodies should preferably adopt an HIV/AIDS policy at school level to give operational effect to the national policy. This would, however, have to take place within the framework set by the national policy (SA, 1996b; sect. 11 (11.1)).

Where feasible, each school should establish a Health Advisory Committee as a committee of the School Governing Body. This committee should consist of representatives of educators, parents, learners and the medical or health care professions, and should advise the School Governing Body on all HIV/AIDS-related matters and especially on what is considered to be a medically recognized significant health risk in connection with HIV. A learner with HIV should consult medical opinion to assess whether he or she poses such a risk to others. If such a risk is established, the Health Advisory Committee or governing body should be informed. The principal or head of the hostel, in the case of a boarding school, must be responsible for the practical implementation of the policy at school or residential level (SA, 1996b; sect. 13 (13.2)).

Refusal to study with a learner or student, 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, students and their parents. The situation should be resolved by the principal and the educators in accordance with the principles contained in the school and the national policies, the code of conduct for learners or the code of professional ethics for educators (SA, 1996b; sect. 11 (11.3)).

2.3.9 Lifeskills and HIV/AIDS programme

In 1997, the Government introduced the lifeskills and HIV/AIDS education programme. The Department of Education set up a central group of life skill trainers throughout the country who developed a core curriculum for teacher training and for classroom use. Learning material was widely distributed. A formal committee structure was appointed at provincial level to oversee the training and curriculum development work (Morrel, Unterhalter, Moletsane & Epstein, 2001:51).

However, the impact of this initiative was limited, partly because of insufficient attention to the programme by the majority of the school principals. The lack of teacher commitment to the programme has also been remarked upon. HIV/AIDS is part of the Life Orientation Learning Area and Lifeskills Programme. It is part of the Interim Guidance Syllabus for those grades not yet implementing OBE. The policy emphasizes the need for ongoing lifeskills and HIV/AIDS programmes. Programmes should be implemented in all grades of learners in the foundation, intermediate and senior phases. The programme should include lifeskills for the prevention of health-damaging behaviour. It must be educationally sound and include knowledge, skills and attitudes regarding general lifeskills and specifically also those regarding HIV/AIDS (SA, 1996b).

Lifeskills and HIV/AIDS are sensitive areas of education; so they need one to be sensitive, caring and nurturing when approaching them. An educator needs to make a decision to include issues about HIV/AIDS in his/her lesson

plans. The educator has to make sure that the information he/she shares with the learners is appropriate to their age and needs. A variety of approaches and participatory methodologies must be used to assist learners to practise skills such as problem-solving and decision-making. The sessions and issues that are to be discussed should be relevant to their own lives. All secondary schools were issued with a range of support material during the training on Lifeskills and HIV/AIDS in 1997/1998 (SA, 1996b).

2.3.10 The reasons behind the formation of the National HIV/AIDS Policy

The Schools Act (SA, 1996c) was passed in 1996, giving effect to both the spirit and letter of the Constitution (SA, 1996a) by protecting learners from unfair discrimination and by guaranteeing them the rights to a basic education and to equal access to public schools. In view of the Commission's initial work on the matter (Cameron, 1997), the Commission (through the project committee assisting it with its investigation into aspects of law relating to AIDS) has, since the Nkosi Johnson incident, engaged in extensive discussions and liaison with the Department of Education to ascertain whether the Commission could be of assistance in advancing the resolution of this matter. The present recommendations and policy have been developed in a joint consultative process. They result from input and guidance from the Department of Education (SA, 1996b).

This interim report which contains final recommendations with regard to the promulgation of the National HIV/AIDS Policy at schools was preceded by a discussion document (Cameron, 1997) distributed for comment during the latter half of 1997. The Commission confirms its preliminary conclusion in Working Paper 58 and Discussion Paper 73 that a National HIV/AIDS Policy at schools is urgently required in order to protect learners with HIV/AIDS from unfair discrimination in the school environment. The Commission confirms its preliminary view that the policy should apply nationally; that it should prevail over any other policy instrument on HIV/AIDS in public schools; and have children of school-going age (including children in the pre-primary phase) as its main focus. In view of the fact that compliance with the proposed policy cannot otherwise be ensured in the case of independent schools, the

Commission recommends that members of Executive Councils responsible for education should, in terms of section 46(2) of the Schools Act (SA, 1996c), determine compliance with the policy to be a condition on which registration of independent schools may be granted.

The third interim report on HIV/AIDS and discrimination at schools was accepted by the Law Commission in April 1998, handed to the Minister of Justice and tabled in Parliament in August 1998. The interim report followed on Discussion Paper 73 which contained preliminary recommendations and proposals for a National Policy on HIV/AIDS and discrimination in schools. The discussion paper had been distributed for comment in August 1997 to more than 1 237 identified parties. These include representatives of organized educators' professions, school principals, women's organizations and the medical and health professions (SA, 1966b).

The release of the discussion paper was advertised in the Government Gazette and by way of media statement. Written comments were received from 66 respondents, an overwhelming majority of whom strongly supported the principle of enacting such a national policy. Broad agreement with the contents of the policy was also expressed. However, a number of concerns were raised with regard to the broad principles on which such a policy was made, several of which were consequently incorporated in the revised policy (HIV/AIDS and discrimination in school: proposals for a national policy by The South African Commission, SA, 1996b).

2.3.11 School and institutional implementation plans

Within the terms of its functions under the Schools Act (SA, 1996c), the Further Education and Training Act (SA, 1998) or any applicable provincial law, the School Governing Body or the council of an institution may develop and adopt its own implementation plan on HIV/AIDS to give operational effect to the National HIV/AIDS Policy.

A provincial education policy fir HIV/AIDS based on the National HIV/AIDS Policy can serve as guideline for School Governing Bodies when compiling an implementation plan.

Major role-players in the wider school or institution community (for example religious and traditional leaders, representatives of medical and health care professions or traditional healers) should be involved in developing an implementation plan on HIV/AIDS for the school or institution (SA, 1996b).

Within the basic principles laid down in the National HIV/AIDS Policy, the school or institution's implementation plan should take into account the needs and values of the specific school or institution and the specific communities it serves. Consultation on the school or institution 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 or institution as a preventative measure, and if so, under what circumstances (SA, 1997:12).

2.4 IMPLEMENTATION OF THE NATIONAL HIV/AIDS POLICY

The Director-General of Education and the heads of provincial departments of education are responsible for the implementation of the policy in accordance with their responsibilities in terms of the Constitution (SA, 1996a) and any applicable law. Every education department must designate an HIV/AIDS programme manager and a working group to communicate the policy to all staff; to implement, monitor and evaluate the Department's HIV/AIDS programme; to advise management regarding programme implementation and progress; and to create a supportive and non-discriminatory environment (SA, 1996b).

The principal or the head of the hostels is responsible for the practical implementation of this policy at school, institutional or hostel level, as well as for maintaining an adequate standard of safety according to the policy. It is recommended that the School Governing Body or the Council of an institution should take all reasonable measures within its means to supplement the resources supplied by the state in order to ensure the availability at the school or institution of adequate barriers to prevent contact with blood or body fluids. This policy should apply to all public schools which enrol learners in one or more grades between grade zero and grade twelve; to further education and

training institutions; and to educators. The policy should be interpreted to ensure respect for the rights of learners, students and educators with HIV/AIDS as well as other learners, students, educators and members of the school and institution communities(SA, 1996b).

2.5 AFFORDABILITY AND AVAILABILITY

In the situation where schools require a financial outlay, fewer children and their families will be able to afford education because of (Shaefer, s.a.:2):

- the direct loss of family income from AIDS-related illness and death, and costs of care and funerals;
- the expansion of extended families where more children require money for schooling which cannot be provided by the less productive remaining adults, i.e. grandparents or teenagers; and
- the loss of the traditional economic safety net of the extended family and community.

However it is not just the lack of financial resources that will keep children out of school. Other factors include (Shaefer, s.a.:2):

- the need for children to work or care for ill adults;
- trauma related to family illness and death;
- ostracism, discrimination and stigma suffered by children due to infection or HIV/AIDS in the family; in extended families, lower motivation provided by less educated guardian grandparents and reduced attention given to orphans by heads of households (Shaefer, s.a.:2);
- illness of infected children entering primary school; and
- the perception that investment in education will not give returns due to premature morality.

Even if children enter school, the above factors will reduce the chances of their completing their education.

2.6 QUALITY OF EDUCATION

The consequence of HIV/AIDS infection to both educators and learners negatively affects the quality time spent on teaching, as well as the learning process of learners, as both groups of individuals have to deal with HIV/AIDS-related stress such as caring for the sick, increased time spent going to funerals and absenteeism due to illness. The epidemic also creates a demand for curriculum revision and development, and may increase the teaching load of educators. This means that future efforts directed at educator development have to address technical skills that are required to deal with HIV/AIDS both in the workplace and in the society (SADC HRD, 2000:5-6).

The epidemic presents the education and training sector with a number of challenges and issues to address. These include the following (SADC HRD, 2003:3-21):

- Provision of education and training to HIV positive learners and educators: coming to terms with the reality of HIV/AIDS at schools and training institutions, and the need to find effective approaches to care and support, are important challenges to the sector.

- Information, education and communication: in order to create awareness among the stakeholders, the sector has to devise an appropriate strategy for creating awareness and education relevant to the different kinds of stakeholders, i.e. students, educators, parents, lecturers, etc..

- Research and scientific innovation: the education and training sector has the capacity for research and the intellectual capability for scientific innovation. It therefore has a role in undertaking research on the dimensions of HIV/AIDS and developing its cure (SADC HRD, 2000:3-21).

Many school HIV/AIDS interventions do not extend to the community and are implemented in isolation from all other school programmes. Skills developed within the school should however, be mutually reinforced by a commitment to health in the home and community environment. The school-home link is also important because we can know whether behaviour and skills gained at school are practised in real life (Kuhn, Steinberg & Mathews, 1994).

2.6.1 HIV/AIDS forces education to reconsider

Addressing the role of schools with respect to this disease is simply one component of the difficult question of education in an HIV/AIDS-dominated society. The world has not been the same since HIV/AIDS made its first appearance in the late 1970s and early 1980s. Neither can education be the same. Yet there has been very little recognition of this change. Existing education responds to the way the epidemic interacts with education, especially through the schooling system. Although there has been considerable tinkering around the edges, this has not been accompanied by great efforts to re-examine education in its entirety or to ask whether, as currently conceived and provided, education can meet expectations that it can be a potent force for gaining control over HIV/AIDS. In some settings the education system may have undergone "the equivalent of a somewhat botched varicose veins operation" (Kelly: 2000:10).

Furthermore, school circumstances are being aggravated by HIV/AIDS. The need to pay school fees may lead young girls from poor families into the sale of sexual favours. Intense competition for academic success and progression to the next educational level may lead to sexual relationships (heterosexual or homosexual) with educators or brighter fellow students (Kelly, 2000:9).

2.6.2 Education and the prevention of HIV/AIDS

Why does education matter?

Firstly: there is no cure for HIV/AIDS and many scientists believe that because of the nature of the virus, there will never be a cure. The anti-retroviral drugs suppress HIV activity and influence in the body for as long as they are being

taken, but these drugs raise a host of problems relating to their cost, their continued effectiveness, the demands of administration and patient monitoring, dangers of resistance, and the creation of a false sense of optimism (Berkley, 2002:19).

Secondly: there is no vaccine. Work on vaccine development is proceeding in several locations, all of them with relatively small research facilities and funds with none of the major pharmaceutical companies involved. The latest word from the International AIDS Vaccine Initiative (IAVI) is that we should no longer think of an AIDS vaccine just as possible, but can confidently say that it is probable (Berkley, 2002:20).

2.6.3 Education, HIV/AIDS and the young

Education must play a major and crucial role in preventing HIV/AIDS transmission because its principal beneficiaries are young people, ranging in age from infancy to young adulthood. It is mostly the young who are at schools, colleges and universities, developing the values, attitudes, knowledge and skills that will serve them subsequently in adult life. But if education is largely the sphere of the young, so also is HIV/AIDS. About one third of those currently living with HIV/AIDS are aged between 15 and 24, while more than half of all new infections – about 7 000 a day or five each minute – are occurring among young people (UNAIDS:2001).

2.6.4 Integrating HIV/AIDS into the curriculum

But over and above this, there must be a wholehearted effort to mainstream HIV/AIDS, sexual reproductive health and life-skills education into the curriculum of every learning institution. The objective would be to empower participants to live sexually responsible healthy lives. This has major implications.

According to Kelly (2000:7) the subject area must firstly properly professionalize the development of a corps of educators who are specialised professionals in this field. We invest heavily in the multilevel preparation of educators for mathematics, science, initial literacy, languages, the arts and

other areas – subject areas that prepare children and young people for life. We must also invest heavily in the multilevel preparation of educators for HIV/AIDS, sexual and reproductive health and lifeskills – subject areas that enhance the likelihood that children and young people will live. For too long, we have toyed with discipline and in doing so, not only have we marginalized it, but we have failed to equip children and the young people who are at grave risk, with knowledge, skills, attitudes and values that could mean the difference between life and death for large numbers of them. Finally, because HIV/AIDS, sexuality and reproduction and lifeskills education transcend (more freely than any other discipline) the boundary between what goes on inside and outside an educational institution, these subject areas call more strongly than any other for the involvement of communities and parents on the one hand and social and health services on the other (Kelly, 2000:7).

2.6.5 Confronting HIV/AIDS in education

HIV/AIDS work in education must be assessed in terms of both health and operational concerns. Health concerns are those which focus on learning about the pathology of the disease and sensitization. This has been the conventional bureaucratic approach to HIV/AIDS. There are, however, other equally significant operational concerns which focus on understanding the nature of the pandemic and its infancy in the education community, as HIV/AIDS continues its inexorable spread, and responding creatively to a much more complex teaching and learning environment in order to maintain education quality (Coombe, 2000:6).

Understanding means accepting that the pandemic has not been halted or even slowed; that it is not business as usual in education; and that as HIV/AIDS affects the supply, demand and quality of education, it must be factored into planning for the future.

Responding means seeking ways to protect the education system before it is further compromised by the pandemic, so as to sustain an adequate and acceptable quality level of education provision (Coombe, 2000:6).

2.6.6 Implementation of lifeskills curricula

Implementation of lifeskills curricula varies from province to province, but has generally been inefficient. There are about 21 300 primary schools (4,4 million learners) and 5 000 secondary schools and another 2 500 combined schools (over 4 million learners). Introducing lifeskills curricula at primary level alone, means re-training 64 000 school educators and 21 000 lay counsellors. Apart from huge numbers to be reached, teaching materials require adjustment, additional educators/counsellors need regular upgrading training and replacement, and models of peer-group support must be elaborated (Coombe, 2000:3).

Lifeskills content is also suspect. More robust evidence about sexual behaviour, including violence against women and children, and male bisexuality, is needed to improve HIV/AIDS teaching, learning and counselling. Not enough is understood yet about how custom and tradition, poverty, family disorientation during the apartheid years, persistent gender inequality and HIV/AIDS-related myths are linked to one another and the spread of the disease (Coombe, 2000:7).

2.6.7 Reducing supply and quality of education

The education sector, the largest occupational group in the country, includes 37 500 educators, 5 000 inspectors and advisors, and 68 000 managers and support personnel. At least 12 percent of all educators are reported to be HIV positive. In Southern Africa, an HIV/AIDS positive person with access to drugs dies within seven years of infection. That means that over 53 000 educators will die by 2010 or between 88 000 and 133 000, if prevalence reaches 20 or 30%. Many others will be ill, absent and dying or pre-occupied with family crises, so school effectiveness is bound to decline (Coombe, 2000:3).

2.6.8 Trauma in classrooms

The HIV/AIDS pandemic will have a traumatic impact in all educators and learners. The work of educators, both those who are HIV positive and those

who have developed full-blown AIDS, will be compromised by periods of illness. 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. Most educators will 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. HIV/AIDS will have a traumatic impact on learners. They are losing parents, siblings, friends and educators to the disease (Coombe, 2000:4).

2.6.9 Embattled leadership

Educational management capacity is fragile at national, provincial, district and school level. The system is finding it difficult to attract skilled managers. Many principals have not yet received sufficient support or training to enable them to be creative about the local management of education. The situation will become worse as the pandemic takes hold. The education system will lose experienced senior teacher-mentors and educators at universities and colleges, whose career experience cannot be replaced (SA, 1996b).

Institutions will depend on younger, less experienced educators and the quality of teaching will decline. Until 1999, the Department of Education had no policy on HIV/AIDS. In August 1999, the Department's corporate plan, 2000-2004, identified action on HIV/AIDS as one of its five priorities. The Department of Education has highlighted three objectives related to HIV/AIDS (Coombe, 2000:4):

- raising awareness about HIV/AIDS among educators and learners;
- integrating HIV/AIDS into the curriculum; and
- developing models for analysing the impact of HIV/AIDS on the system.

2.7 PROVIDING SUPPORT FOR EDUCATORS

In addition to counselling, the education sector must consider what other forms of support it can provide to educators who are affected by HIV/AIDS. The sector is the largest employer in the country. There is no reason to think that its employees are less infected with and affected by HIV/AIDS than those in other areas of formal employment. In fact, there is some ground for thinking that they may be more so. What support can the sector offer in a situation of personal HIV/AIDS infection, or where this is occurring in educators' families, or where they encounter it in the classroom? (Kelly, 2002:13).

According to the same author (Kelly, 2002) the following broad issues deserve consideration:

- The desirability of wide consultation and the involvement of educators and support staff in AIDS-occasioned reviews of regulations, procedures and systems. Of particular value here would be inputs from educators who are themselves living with HIV/AIDS.

- Measures to protect educators against burnout due to HIV/AIDS-related work overload or stressful working conditions.

- Making provision for the speedy appointment of replacements and substitutes when the staff is ill or die, so that among other things an undue burden will not be placed on institutional managers and other surviving staff.

- Express recognition of and allowance for the way woman employees remain responsible for providing much of the health and child care in the home and for holding a family together in time of crisis, death or financial difficulty.

- The provision of credible HIV/AIDS education in workplace programmes in all institutions and education offices.

A number of principles and activities emerge that can constitute a powerful and dynamic response from the education and training sector to HIV/AIDS. Doing something about all of these would see an education system really doing something about HIV/AIDS.

According to the same author (Kelly, 2002) the following are the principles and activities that can constitute a powerful and dynamic response from the education and training sector to HIV/AIDS:

- Get every child, especially girls, into a school or appropriate educational programme and keep them there for as long as possible.

- Expose learners to a curriculum that takes full account of HIV/AIDS realities. Be there in the sphere of lifeskills, sexual and reproductive health, cultural, traditional and moral imperatives, changing economies, the lack of skills in society, the need for school leavers to engage in economic activity at a very young age, or wherever.

- Take steps to ensure that each class has a teacher, that arrangements and resources are in place to cover replacements and substitutes, and that all serving and new educators come to be comfortable with curriculum modifications which must be made in a total response to HIV/AIDS.

- At school or institutional level, work very closely with the communities and parents, arranging for the school community to serve the HIV/AIDS needs of the local community and for the local community to participate with the school in the delivery of its HIV/AIDS response curriculum.

- At district, provincial and national level, form broad-based partnerships that will bridge the gap with NGOs, the private sector, faith communities and relevant government departments, and that will ensure the participation of every part of society in supporting the efforts of schools and communities.

- Within the education department at central, provincial and lower levels, establish HIV/AIDS management units that will have the authority, resources and time to get things done.

- Get good information on what is happening in the system, through impact and response assessment studies, and through the regular collection of HIV/AIDS-related data.

- Develop planning, management and financial systems that will incorporate HIV/AIDS-related projects and data from the sector.

- Review and update all legislation, policies, regulations and procedures to ensure that they are relevant to the HIV/AIDS situation and that they are friendly to people and learners living with HIV/AIDS (Kelly: 2002:17).

2.7.1 HIV/AIDS education and the cultural context

Programmes that include HIV/AIDS in the curriculum face the problem that their listeners hear messages at different levels. First they hear the educational programme itself with its scientific messages about the cause of HIV/AIDS and how it is transmitted. This tends to be at academic, national level where messages are received and stored within the context of the scientific, academic, modern, western world (Kelly, 2000:17).

Much deeper and more influential is the traditional view that interprets the disease and its causes in terms of the cultural world of taboos, obligations and sorcery. Sickness and disease are almost invariably considered to have external causes other than the viruses, germs and microbes identified by medical science. In the case of HIV/AIDS, this traditional interpretation of a sickness and its causes draws strength from the inability of western science to produce a complete cure. None of the educational programmes take this cultural prospective into account (Magesa, 2000:82).

2.7.2 What HIV/AIDS can do to education

According to Kelly (2000:5) this is what HIV/AIDS can do to education:

When considering the impact of HIV/AIDS on education, we can think of it as affecting the system in a number of ways. The disease:

- reduces the demand for education;

- affects the pool of those who should be attending school;
- reduces the ability to provide or supply educational services;
- reduces the availability of resources for education;
- affects the way schools can go about business;
- affects the content of what is taught at all educational levels;
- affects the way schools and much of the educational system are organized; and
- affects the planning and the management of the education system.

2.7.2.1 HIV/AIDS reduces the demand for education

One reason for this is that the epidemic results in the population of school-going age being smaller than it would otherwise have been. This is because HIV/AIDS brings an increase in child mortality, a reduction in births due to the premature death of women in their child-bearing years and a lower fertility rate. Hence, there will be fewer children seeking admission to schools (Kelly, 2002:5).

2.7.2.2 HIV/AIDS affects the pool of those who should be attending school

This is because, with the peak age-range for AIDS deaths being 20 to 35 years for women, and 30 to 45 years for men, parents are dying before they have had time to finish their work of rearing their children. The result is a very rapid growth in the number of orphans and consequent massive strain. A particularly tragic result of the way HIV/AIDS is decimating families is the phenomenon of the child-headed household (Kelly, 2002:6).

2.7.2.3 HIV/AIDS reduces the ability to provide or supply educational services

The supply of teaching and other educational services is reduced because of the impact on human resource. Trained teachers and lecturers are either dying in large numbers or leaving the teaching profession to take up more lucrative positions that have become available because of HIV/AIDS deaths in other professions (Kelly, 2002:5).

2.7.2.4 HIV/AIDS reduces the availability of resources for education

The reason is that there are fewer resources, owing to the numerous negative effects HIV/AIDS has on household economies. Moreover, family resources that might have been used for educational purposes must now be diverted to the care and medical treatment of infected household members (Kelly, 2002:6).

2.7.2.5 HIV/AIDS affects the way schools can go about their business

This is largely because of the presence in the school community of HIV/AIDS-infected individuals or of individuals with infection in their immediate families. Since it takes 5 or more years for HIV to develop into fully blown AIDS, it seems clear that these young people must have become infected when they were still attending primary school or junior secondary school (Kelly, 2002:7).

2.7.2.6 HIV/AIDS affects the content of what is taught at all educational levels

Curriculum content needs to be targeted specifically at HIV/AIDS prevention in order to help equip learners and educators with the attitudes, knowledge and skills to avoid infection. HIV/AIDS needs to be mainstreamed within the professional dimensions of college and university programmes with a view to producing HIV/AIDS-competent graduates (Kelly, 2002:7).

2.7.2.7 HIV/AIDS affects the way schools and much of the educational system are organized

This is because the disease is creating the need for a flexible timetable or calendar that will be more responsive to the income-generating activities that many students must undertake. The role of children in attending to sick members in their families, and the hazards that young girls may experience if they have to walk long distances to school, also point to the need to provide for schools that are closer to children's homes (Kelly, 2002:7).

2.7.2.8 HIV/AIDS affects the planning and the management of the education system

Negatively, the disease affects the ability of systems to plan because of the loss through the mortality and sickness of various education officials charged with the responsibility of planning, implementing and managing policies, programmes and projects (Kelly, 2002:9).

2.7.3 Overview on HIV/AIDS

This epidemic has swept across the world in an alarming way. Educators die in great numbers and as a result, education suffers and learners are without a helper. Parents also die, leaving children poor and distributed, with no-one to take care of them. The Department of Social Welfare is addressing this problem. There is evidence of this in countries like Zimbabwe and Swaziland (UNAIDS, 2000).

Unfortunately, at the same time, HIV/AIDS is also threatening the extent and quality of education systems. HIV/AIDS is reducing the numbers of children at school. HIV/AIDS-positive women have fewer babies who may not survive for long, while simultaneously, up to a third of their babies are themselves infected with the virus and may not survive till school age. An example is the case of Nkosi Johnson who was adopted by the Johnson family, but who died after addressing the world's first HIV/AIDS conference in South Africa (Manye, 2004:58).

2.8 SUMMARY

In this chapter, the literature review focused on the problems experienced by the school principal in implementing the National HIV/AIDS Policy. It also focused on the activities that can be used or even applied to engage learners and educators who may be found to be HIV/AIDS positive. All the rights of the infected learners and educators were outlined and the ways in which HIV/AIDS can be integrated into the school curriculum. The literature study also focused on the HIV/AIDS programme and school and institutional implementation plans.

The next chapter will focus on the empirical research.

CHAPTER THREE

EMPIRICAL RESEARCH DESIGN

3.1 INTRODUCTION

The purpose of this chapter is to outline the design of the empirical research regarding problems around the implementation of the National HIV/AIDS Policy in Sedibeng West District Eight (D8) secondary schools.

3.2 THE AIM OF THIS EMPIRICAL RESEARCH

The aim of this study is to assist the principals with the problems they experience in the implementation of the National HIV/AIDS Policy and also to highlight the programme of activities that can be engaged with in secondary schools to overcome the problems they are experiencing in the implementation of the National HIV/AIDS Policy.

The above aim can be operationalized in the following objectives:

- Establish the essence of the National HIV/AIDS Policy.
- Determine how the National HIV/AIDS Policy and programmes are implemented by the school principals of secondary schools in the Sedibeng West District Eight (D8).
- Identify the most urgent problems experienced by school principals when implementing the National HIV/AIDS Policy.

3.3 RESEARCH DESIGN

The researcher must establish the kind of data to be gathered. This classification is simple. Data can be either quantitative in the form of numbers or qualitative or a combination of both. Deciding which research path to follow is not as easy as it first appears and requires a careful analysis of the problem.

According to Punch (1998:8), how one undertakes research depends on what one is trying to find out.

3.3.1 The quantitative survey

Hitchcock and Hughes (1989:420) believe that the quantitative research design is based on preconceived ideas, rather than on formulated ones. The social world is investigated as meanings and action, rather than as cause and effect. They argue that the hard mechanistic view of reality cannot be squared with the fact that individuals express themselves in unique ways.

Quantitative research is based on statements such as "anything that exists, exists in a certain quantity and can be measured". Thorndike's statement from 1904 appears to be fairly innocent and direct. It stated an important philosophical position that has persisted in social science research throughout most of this century (Custer; 1996:3). In 1927, William F. Ogburn successfully lobbied to have Lord Kelvin's motto "When you cannot measure, your knowledge is meagre and unsatisfactory" prominently and permanently carved onto the face of the University of Chicago's social science research building. The competing paradigms of quantitative and qualitative research have become almost working partners in educational research (Patton, 1990:30).

The ideals of quantitative research call for procedures that are public; that use precise definitions; that use objectivity-seeking methods for data collection and analysis; that are replicable so that findings can be confirmed or disconfirmed; and that are systematic and cumulative – all resulting in knowledge useful for explaining, predicting and controlling the effects of teaching on student outcomes (Gage, 1994:372).

A quantitative research methodology is appropriate where quantifiable measures of variables of interest are possible; where hypotheses can be formulated and tested and interferences drawn from samples to populations (Liebscher, 1998:669).

3.4 THE RESEARCH INSTRUMENT

For the purpose of this research, a structured questionnaire was selected as research tool. The rationale for the use of the structured questionnaire will be presented. According to Gall, Walter and Joyce (1996:246), the choice of the research instrument for quantitative research depends on the purpose of the study. The next section will indicate why a questionnaire was chosen for this purpose.

3.4.1 The questionnaire as research tool

A survey questionnaire is one of the tools used in the collection of research data and is ultimately dependent on the purpose of the study (Tuckman, 1994:216; Gall *et al.*, 1996:289). According to Best and Kahn (1993:230) the questionnaire is a self-report instrument used for gathering data about variables of interest to the researcher and consists of a number of questions or items that a respondent reads and answers.

Tuckman (1994:230) espouses the fact that questionnaires are used by researchers to convert the information given directly by people into data. In this sense, the questionnaire becomes appropriate to gather data about the implementation of the National HIV/AIDS Policy in the Sedibeng West District Eight (D8) of the Gauteng Provincial Education Department.

The questionnaire was seen as being cost-effective in this research (Fraenkel & Wallen, 1998:336). This was easy to administer since the researcher used contact persons and also personally distributed and collected the questionnaires according to the purpose of the research.

The use of questionnaires in this research is based on the following assumptions (Wolf, 1992:422):

- That the respondent can read and understand the questions.
- That the respondents are possibly willing to answer the questions.

- That the respondents are in the position to supply the information to answer the questions, and especially in view of the willingness to find a suitable education policy on HIV/AIDS implementation.

The suitability of the questionnaire is basically premised on the fact that respondents are educators at public schools in the Sedibeng West District Eight (D8) of the Gauteng Provincial Education Department, i.e. principals, heads of departments and post level one educators. As a result it is assumed that educators will be profoundly interested in participating in the research so that they can contribute towards the final outcome of the research and its findings.

Since the questionnaire is on paper and the interaction impersonal, the questionnaire has, according to Fraenkel and Wallen (1990:336), both advantages and disadvantages.

3.4.1.1 The advantages of questionnaires

The following are some of the advantages of the questionnaire as used in this research (Fraenkel & Wallen, 1990:421; Best & Kahn, 1993:230; Tuckman, 1994:216):

- The questionnaire can be distributed to respondents with financial and time cost-effectiveness and cover a wide spectrum.
- People who would be difficult to reach otherwise, can also be researched and thus a broader coverage of views can be obtained.
- Since the questions are phrased identically, the questionnaire allows for uniformity and elicits more comparable data. Therefore the stimuli for responses are the same.
- Anonymity is guaranteed, as respondents are not required to divulge their identities, addresses or names of institutions.
- A questionnaire is relatively easy to plan, construct and administer.

- It can be administered by anybody on behalf of the researcher.
- Respondents can fill in the questionnaire without pressure for immediate response.
- Processing is made easy by a well constructed questionnaire.
- Due to its impersonal nature, the questionnaire may elicit more candid and objective, thus more valid responses.
- The questionnaire enhances progress in many areas of educational research and brings to light more information which would otherwise be lost.

3.4.1.2 The disadvantages of questionnaires

In spite of its advantages, the questionnaire has the following limitations (Fraenkel & Wallen, 1990:336; Ary *et al.*, 1990:421; Best & Kahn, 1993:230; Tuckman, 1994:216):

- A low response rate is the highest common limitation of the questionnaire. This will affect the validity of the results.
- A questionnaire might be interpreted and understood differently by respondents.
- The motivation of respondents may be difficult to check and this may lead to misleading responses.
- A questionnaire can frustrate respondents who may feel that their personal options are left out.
- Respondents may be unwilling to respond to questions on private or controversial issues and may consequently provide what they regard as desirable responses.
- The length of the questionnaire may lead to careless or inaccurate responses and may result in low return rates.

- Questionnaires may not probe deep enough to reveal a true picture of opinions and feelings.

- The respondents may have little interest in a particular problem and may therefore answer the questionnaire indiscriminantly.

Despite these limitations, a questionnaire is still a valid instrument for data collection and is commonly and widely used. Wolf (1997:4) argues that careful and sensitive developmental work will help to identify and make full provision for these limitations.

In using the questionnaire, the researcher must be satisfied that the questions are stated with sufficient clarity to function effectively in an impersonal interaction (Smit, 1998:62). This implies that the researcher must try to maximize the likelihood that a respondent will answer the questions and return the questionnaire (Ary *et al.*, 1990:422-423).

3.4.2 Questionnaire design

The design of a questionnaire must be well organized by a thorough process, which has to meet high standardization measures (Cohen & Manion, 1989:308). A well designed and administered questionnaire can serve as an appropriate and useful data-gathering device and can increase the reliability and validity of the data. Consequently, the objectivity of the questionnaire will be increased tremendously (Macmillan & Schumacher, 1993:238).

3.4.2.1 Factors to be considered

According to Ary and Razavich (1990:422-424), Macmillan and Schumacher (1993:238-249) and Gall *et al.* (1996:294), the following factors need to be considered in preparing a questionnaire:

- The questionnaire should reflect scholarship so as to illicit high returns.

- The questionnaire should be as brief as possible so that answering it requires the minimum of the respondent's time.

- The questionnaire should not include unnecessary items.

- Questionnaire items should be phrased in a manner that is understandable by all respondents.

- Items in the questionnaire should be phrased in a way that will elicit unambiguous responses. Words such as "often" and "sometimes" should be avoided.

- Items in the questionnaire should be phrased in such a manner that they avoid bias or prejudice that might predetermine the respondent's answers.

- Alternatives to questions should be exhaustive.

- Questions that might elicit embarrassment, suspicion or hostility in the respondents, should be avoided.

- Questions should be arranged in the correct psychological order. If both general and specific questions are included, the general should precede the specific.

- The questionnaire should be attractive, neatly arranged and clearly printed or duplicated.

- Questions should allow for respondents to review their own relevant experiences in order to arrive at accurate and complete responses.

- The questionnaire should communicate necessary rules about the process of answering so as to reduce complexities (Macmillan & Schumacher, 1993:238-249; Best & Kahn, 1993:230; Ary *et al.*, 1990:426-427).

3.4.2.2 Construction of the questionnaire items

Questionnaires can use statements or questions, but in all cases the subject is responding to something written (Macmillan & Schumacher, 1993:238). According to Tuckman (1994:225), questionnaire items must be developed carefully so that they measure a specific aspect of the study's objectives or hypotheses.

The questionnaire items in this study were carefully constructed. The aim of the study was taken into consideration. The literature study was the basis from which questionnaire items were designed. The study purports to investigate the problems that are encountered by the secondary school principals in the Sedibeng West District Eight (D8) of the Gauteng Provincial Education Department concerning the implementation of the National HIV/AIDS Policy.

3.5 PILOT STUDY

Ary *et al.* (1990:428) and Tuckman (1994:235) assess that, in addition to the preliminary check on the questions in order to locate ambiguities, it is desirable to carry out a thorough pre-test of the questionnaire before using it in research. For this pre-test, a sample of individuals from a population similar to that of the research population should be selected. According to Cresswell (1994:17), a pilot study assists the researcher to detect the validity of the instrument. Babbie (1998:159) says no matter how carefully the questionnaire is designed, there is always the possibility of mistakes. Therefore the surest measure against such mistakes is to pre-test the questionnaire in full or in part.

According to Grove and Burns (1997:52), a pilot study is frequently defined as a smaller version of a proposed study conducted to refine the methodology. It is developed similarly to the purpose study, using similar objects, the same setting, the same treatment and the same data collection and analysis techniques.

In this investigation, the pilot study found the questionnaire to be appropriate to the study, clear and with a high quality of measurement.

3.5.1 Selection of study population

The target population in this research comprised of the secondary schools in the Sedibeng West District Eight (D8) in Gauteng Province. The total number of secondary schools in the Sedibeng West District Eight (D8) is 45 (N=45).

However, a satisfactory number of schools was used to conduct this research, 45 (n=45).

The questionnaire used in this research is aimed at gathering information from educators, principals and the School Governing Body (SGB) members.

The study population for this survey comprises of principals, educators and SGB members from 45 secondary schools within the Sedibeng West District Eight (D8) in Gauteng Province. In each of these schools, the principal was approached and requested to assist the researcher in distributing the questionnaires to educators and SGB members.

3.6 PERMISSION FOR RESEARCH

Permission to conduct the study was obtained from Gauteng Department of Education.

3.7 ETHICAL CONSIDERATION

The questionnaires were completed anonymously and the respondents were assured of the confidentiality of their individual responses.

3.8 SUMMARY

This chapter briefly outlined the aims of the empirical research, the research design, the selection of the target population, the principles of questionnaire construction, the advantages and disadvantages of questionnaires and the factors which were considered in preparing a questionnaire.

The next chapter will present the data analysis and the interpretation thereof.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

The purpose of this empirical survey was to determine the following aspects by means of a questionnaire:

- The essence of the National HIV/AIDS Policy
- The legal implications that the National HIV/AIDS Policy entail
- How the National HIV/AIDS Policy and programmes of activities are implemented by the school principals of secondary schools in the Sedibeng West District (D8)
- Identification of the most urgent problems experienced by school principals when implementing the National HIV/AIDS Policy.

This chapter presents and interprets the research data. Perceptions of respondents (educators and principals) concerning the problems around the implementation of the National HIV/AIDS Policy are presented and analysed. As a background to aid the interpretation of these responses, the details with regard to respondents are given. This involves, in the final analysis, a comparison of the respondents' perceptions on problems around National HIV/AIDS Policy implementation.

A total number of 500 questionnaires were distributed of which 431 (86,2%) were returned.

4.2 THE QUESTIONNAIRE

The questionnaire was divided into two sections:

- Section A contained questions aimed at determining the respondents' background:

- Biographical information (question 1 - 7)

- Section B contained questions aimed at determining the respondents' perspectives (i.e. educators, principals, SMTs and the SGBs) on problems experienced around implementing the National HIV/AIDS Policy.

  - Problems experienced by the school principals in implementing the National HIV/AIDS Policy (question 1 – 26).

The responses to the various questions will be analysed below.

4.3 DEMOGRAPHICAL INFORMATION

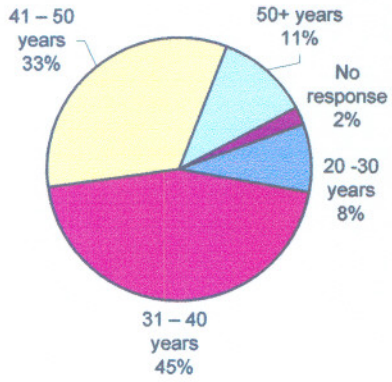
4.3.1 Age groups

4.3.1.1 Educators

Table 4.1: Educators per age group

	Frequency	Percentage
20 -30 years	36	8,35
31 – 40 years	194	45,01
41 – 50 years	142	32,95
50+ years	49	11,37
No response	10	2,38
Total	431	100

Graph 4.1: Educators per age group



The table above indicates that most educators fall within the ages 31 – 40 years (45,01%). They are followed by those in category 41 – 50 years (32,95%) while fewer are older than 50 years.

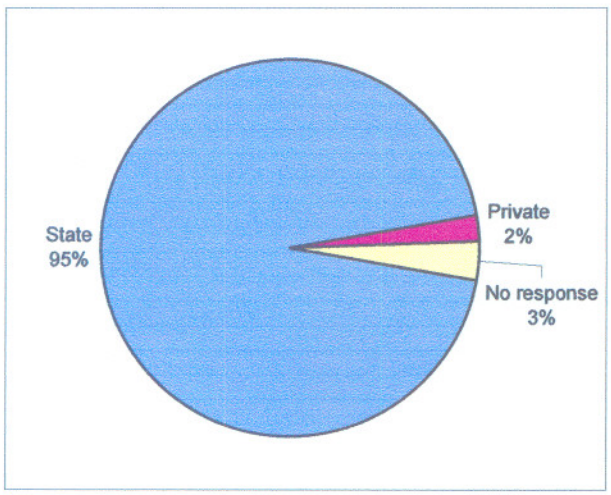
4.3.2 School type

Table 4.2: School type

	Frequency	Percentage
State school	407	95,0
Private school	10	2,0
No response	14	3,0
Total	431	100

Fourteen respondents failed to indicate their school type.

Graph 4.2: School type



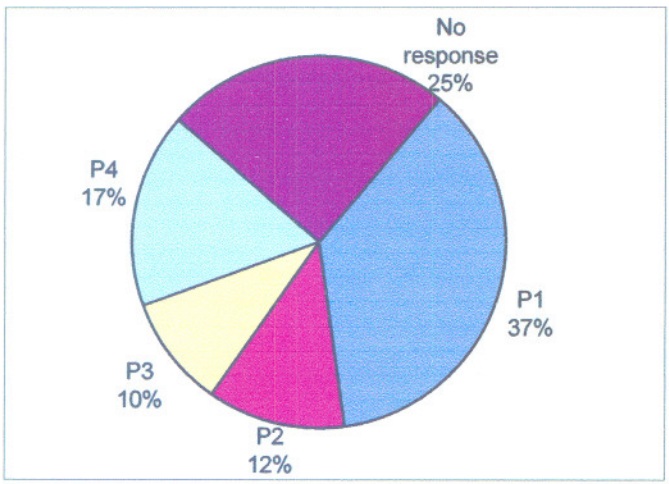
4.3.3 School grading

Table 4.3: School grading

	Frequency	Percentage
P1	158	36,66
P2	53	12,30
P3	41	9,51
P4	72	16,77
No response	107	24,83
Total	431	100

One hundred and seven respondents failed to indicate their school grading.

Graph 4.3: School grading



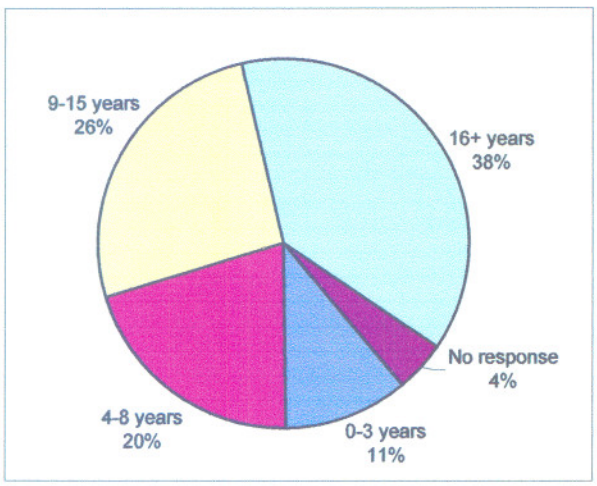
4.3.4 Experience of educators

Table 4.4: Experience of educators

	Frequency	Percentage
0 – 3 years	47	10,90
4 – 8 years	88	20,42
9 – 15 years	113	26,22
16+ years	164	38,05
No response	19	4,41
Total	431	100

Nineteen respondents did not indicate years of experience.

Graph 4.4: Experience of educators



According to the data, most of the respondents (educators) have more than 16 years teaching experience (38,05%).

This could mean that 38,05% of the respondents are more aware than other educators with fewer years' experience of the problems encountered by the school principals in implementing the National HIV/AIDS Policy at their schools.

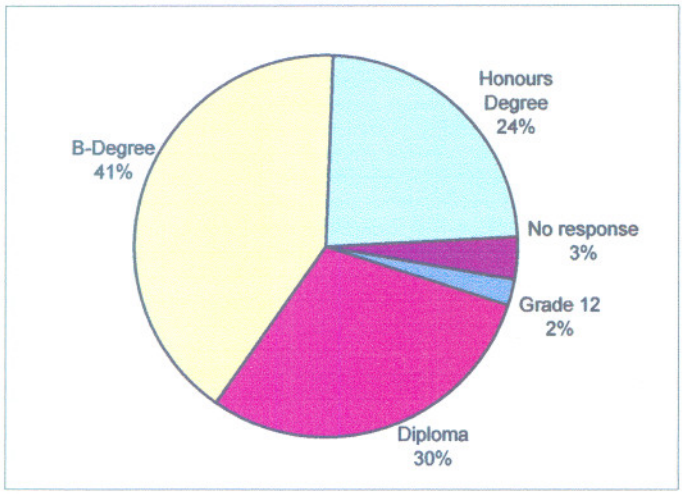
4.3.5 Academic qualification of educators

Table 4.5: Academic qualification of educators

	Frequency	Percentage
Grade 12 or less	10	2,32
Diploma	128	29,70
B-Degree	176	40,84
Honours degree	102	23,67
No response	15	3,48
Total	431	100

Fifteen respondents failed to indicate their academic qualifications.

Graph 4.5: Academic qualification of educators



Most respondents (40,84%) hold a B-degree, followed by those who hold a diploma (29,70%) and the smaller percentage (2,32%) hold Grade 12 or less.

This is viewed as a positive indicator that eductors in the Sedibeng West District Eight (D8) are, on the whole, well trained (65% hold a B-degree or an Honours degree).

Those educators who have Grade 12 or less should sound a warning to the Department of Education for having appointed them.

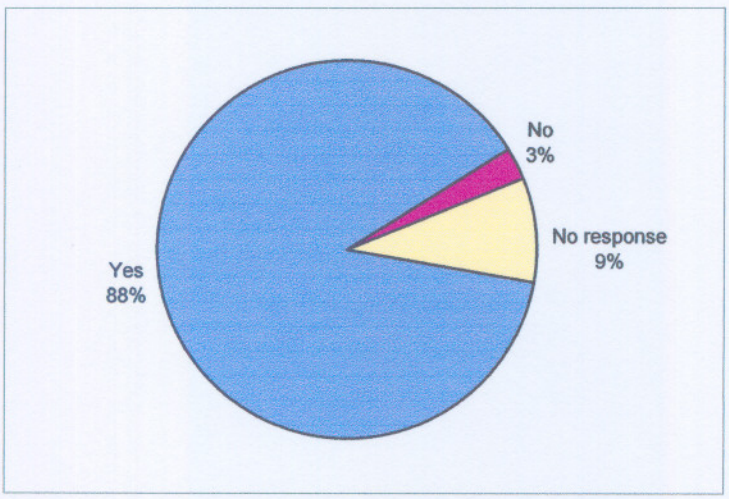
4.3.6 Professional qualification of educators

Table 4.6: Professional qualification of educators

	Frequency	Percentage
Yes	381	88,40
No	12	2,78
No response	38	8,82
Total	431	100

Thirty eight respondents did not indicate their professional qualifications.

Graph 4.6: Professional qualification of educators



The 88% is a positive indicator regarding the dedication of the majority of educators in the Sedibeng West District Eight (D8) area.

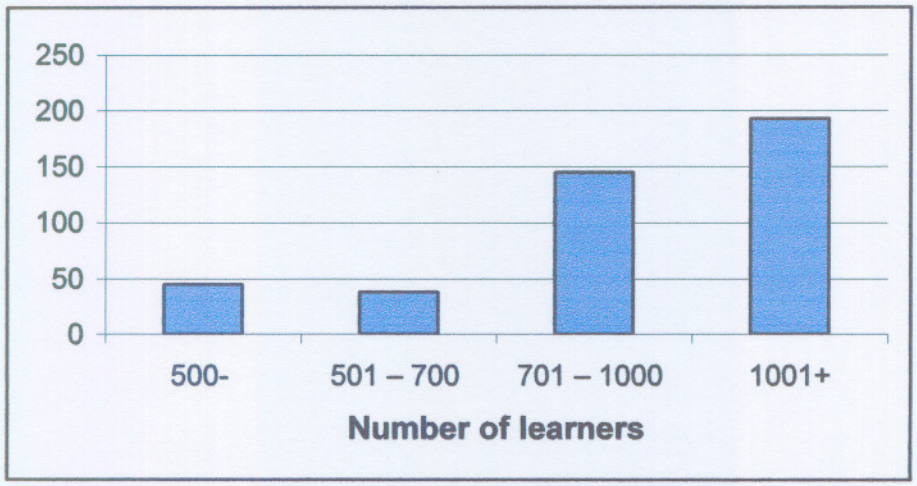
4.3.7 School size

Table 4.7: School size

	Frequency	Percentage
Fewer than 500 learners	45	10,44
501 – 700 learners	38	8,82
701 – 1000 learners	145	33,64
1001 learners and more	193	44,78
No response	10	2,32
Sample size	431	100

Ten respondents did not indicate the population of their school.

Graph 4.7: School size



The data indicates that the largest number of respondents (44,78%) came from schools with a population of more than 1000 learners followed by respondents from schools with 701 to 1000 learners.

These figures imply that the majority of educators and their principals would possibly be faced with more problems regarding the implementing of the National HIV/AIDS Policy than principals at smaller schools.

4.4 PROBLEMS EXPERIENCED BY THE SCHOOL PRINCIPALS IN IMPLEMENTING THE NATIONAL HIV/AIDS POLICY

Section B contains the questions aimed at determining the respondents' perspectives concerning the problems experienced by school principals in implementing the National HIV/AIDS Policy.

Questions addressing the same aspects have been grouped together to give an analysis and interpretation

4.4.1 Culture (question 5)

The question of culture plays a major role in the implementation of the National HIV/AIDS Policy since learners come from different cultural backgrounds.

4.4.2 Activities (question 9)

Learners who are HIV/AIDS positive have the right to take part in any activity of their own choice at school. Activities are important as they keep learners busy and also unearth their talent.

4.4.3 Resources (question 4)

For the implementation of the National HIV/AIDS Policy to take place at schools, sources have to be made available such as curricula materials, first aid kits, utensils, etc. Without the necessary resources, implementation of the National HIV/AIDS Policy will not be easy.

4.4.4 Rights (questions 7, 12, 13 and 14)

The 1996 Constitution provides for various rights which may compete in determining policy on HIV/AIDS in schools. These are the right to equality, the right to education, the right to privacy, the right of access to information, the right to procreative health care and the right to freedom of conscience and religion. Learners have the right not to disclose their HIV/AIDS status.

4.4.5 Educational programmes (question 15)

Schools have to come up with the educational programmes. A continuing HIV/AIDS education programme should be implemented at schools for all learners, educators and other members of the staff. Parents and guardians should be informed about all HIV/AIDS education, the learning content and methodology to be used.

4.4.6 Lifeskills (question 16)

The Government introduced the lifeskills and HIV/AIDS education programme. The Department of Education set up a central group of lifeskills and HIV/AIDS programmes. Lifeskills and HIV/AIDS are sensitive areas of education; so they need one to be sensitive, caring and nurturing when approaching them (see Chapter 2, 2.3.9).

4.4.7 Policy (questions 1, 2 17, 20, 21, 23 and 25)

A clear national policy on a core curriculum on HIV/AIDS education and on universal precautions to prevent infection with HIV/AIDS in the context of contact sport, will bring about much needed guidance on the implementation of HIV/AIDS policy. Schools should draw up their own policy concerning the implementation of HIV/AIDS policy and the governing body of the school should adopt an HIV/AIDS policy to give operational effect to the national policy.

4.4.8 Curriculum (questions 6, 18, 19 and 26)

The school curriculum must include the educational programmes on HIV/AIDS. Curriculum includes lifeskills and educational programmes.

4.4.9 Code of conduct (question 24)

The school must draw up the code of conduct which is inclusive of HIV/AIDS policy implementation.

4.4.10 Equipment

All classrooms should be equipped to deal with blood or vomit so as not to interfere and disturb the process of learning and eaching.

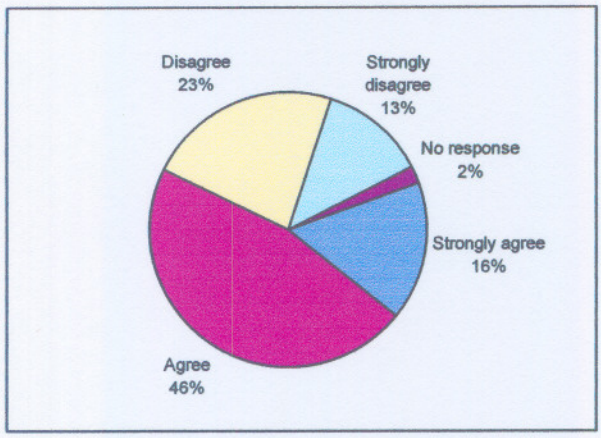
The following table gives a summary of the responses concerning the questions from the questionnaire analysis:

4.4.11 Analysis

Table 4.8: Problems experienced by school principals in implementing the National HIV/AIDS Policy

Statement	Strongly agree	Agree	Disagree	Strongly disagree	No response
B1	71 16,47%	200 46,40%	98 22,74%	54 12,53%	8 1,68%
B4	119 27,61%	144 33,41%	104 24,13%	57 13,23%	7 1,62%
B5	95 22,04%	152 35,27%	123 28,54%	56 12,99%	5 1,16%
B7	203 47,10%	169 39,21%	33 7,66%	22 5,10%	4 0,93%
B9	151 35,03%	184 42,69%	54 12,53%	24 5,57%	18 4,18%
B10	60 13,92%	93 21,58%	153 35,50%	117 27,15%	8 1,86%
B11	31 7,19%	45 10,44%	151 35,03%	198 45,94%	6 1,39%
B12	41 9,51%	116 26,91%	156 36,19%	115 26,68%	3 0,70%
B13	68 15,78%	184 42,69%	108 25,06%	68 15,78%	3 0,70%
B14	155 35,96%	199 46,17%	53 12,30%	19 4,41%	5 1,16%
B15	58 13,46%	155 35,96%	138 32,02%	75 17,40%	5 1,16%
B16	29 6,73%	123 28,54%	183 42,46%	90 20,88%	6 1,39%

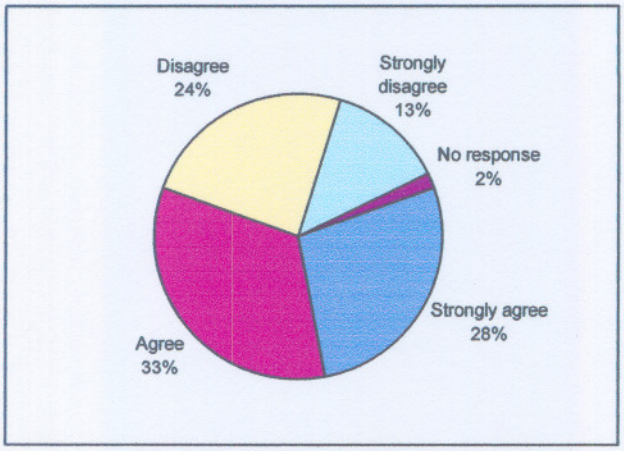
Figure 4.8.1: The National HIV/AIDS Policy is implemented



Statement 1:

Most respondents agree (46,40%). An additional 16,47% strongly agree with this statement. This implies that most schools do implement the National HIV/AIDS Policy.

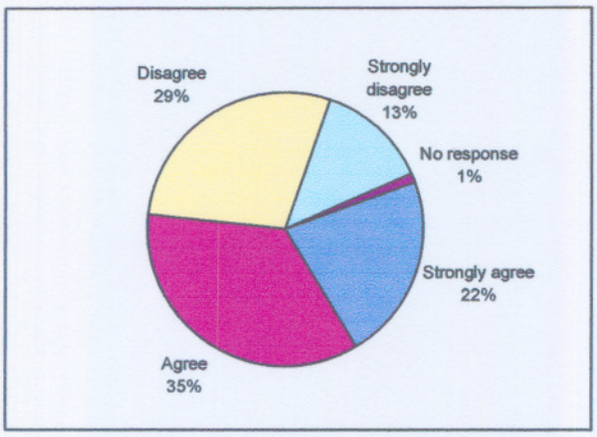
Figure 4.8.2: The school resources are a serious problem to the successful implementation the National HIV/AIDS Policy



Statement 4

Most respondents agree (33,41%). An additional 27,61% strongly agree with this statement. The majority of the respondents (61,02%) are therefore concerned that resources at school are hampering the successful implementation of the National HIV/AIDS Policy (see 2.7.2.4).

Figure 4.8.3: The learners and educators' culture is a serious problem to the implementation of the National HIV/AIDS Policy



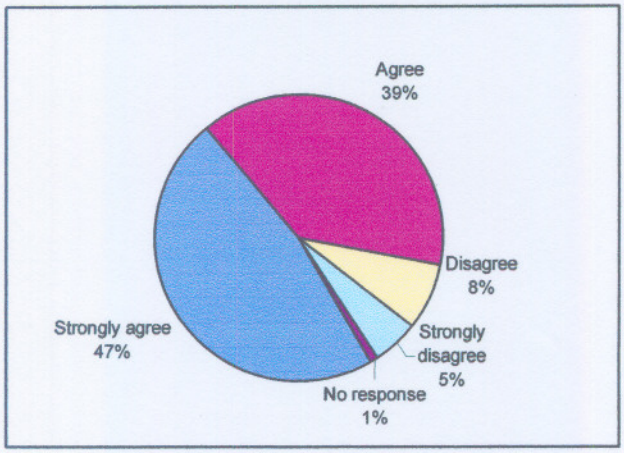
Statement 5

It is clear from the highest response (35,27% and the 22,04% of those who strongly agree) that the learners and educators' culture is a serious problem to the successful implementation of the National HIV/AIDS Policy. A total of 57,31% of the respondents support this statement.

However, 41,53% of the respondents either disagree or strongly disagree with the statement.

These results, 57% who support and 42% who reject the statement, could imply that some schools experience a strong cultural influence in this regard and others do not.

Figure 4.8.4: Learners are aware that everyone has the right to a basic education

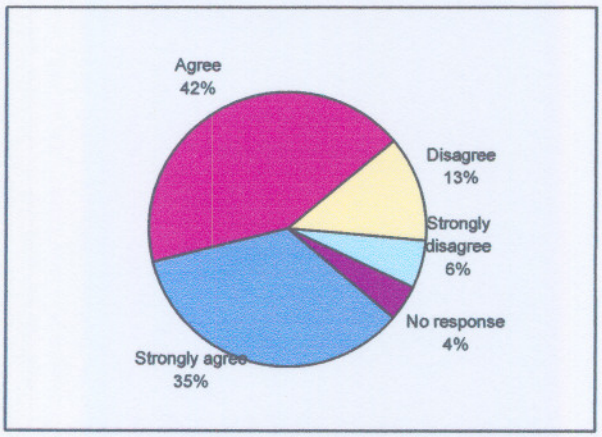


Statement 7

Most respondents (47,10%) strongly agree and 29,21% agree that learners are aware that everyone has the right to a basic education. This could imply that learners know their rights in education (see 2.2).

The results imply that only 12.76% of the respondents reject this statement.

Figure 4.8.5: A learner who may be found to be HIV/AIDS positive is allowed to participate fully in all the school activities



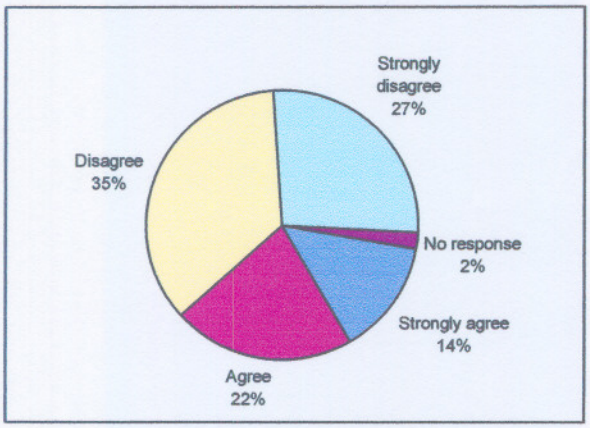
Statement 9

According to the highest response (42,69%), most respondents agree that a

learner who may be found to be HIV/AIDS positive is allowed to participate fully in all school activities. The 35% who strongly agree add up to 77,6% of the respondents who comply with legal stipulations (see 2.3.3).

This implies that a learner is entitled to continue with his/her education at the school and also to be involved in any school activity that he/she wishes to take part in.

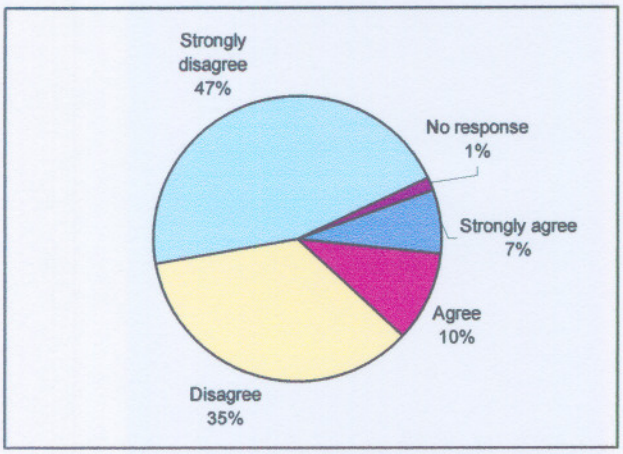
Figure 4.8.6: Our staff are fully trained in basic infection control procedures



Statement 10

While most respondents (35,50%) disagree with the statement that their staff members have been trained in basic infection control procedures, another 27,15% strongly disagree with the same statement. This implies that 62,65% of the respondents feel the need for educators to be fully trained in basic infection control procedures so that they would be able to deal with the situation should they come across it (see 2.2.1.5).

Figure 4.8.7: All classrooms are equipped to deal with any blood or vomit

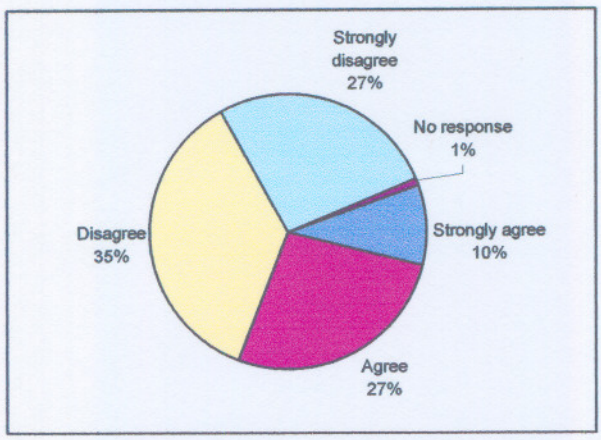


Statement 11

While the highest response (45,94%) strongly disagree that all classrooms are equipped to deal with any blood or vomit, another 35,03% disagree with the samesame statement. These figures add up to 80,97% of the respondents who feel negative regarding this statement.

The implication is that most schools in Sedibeng West District Eight (D8) are not equipped to deal with any blood or vomit. That could imply that there is a high risk of contracting HIV/AIDS should there be any blood or even vomit. This could also imply that precautionary measures are not in place (see 2.4).

Figure 4.8.8: Learners are aware of the existence of the South African Schools Act and the clause on HIV/AIDS

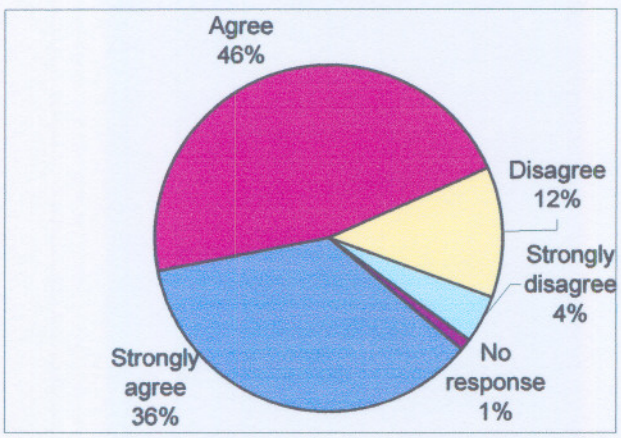


Statement 12

The response shows that 36,19% of the respondents disagree and 26,68% strongly disagree with this statement. This implies that most of the learners in Sedibeng West District Eight (D8) secondary schools are not aware of the South African Schools Act and what it entails.

At the same it could imply that the parents of the learners are also uninformed regarding the South African Schools Act and its HIV/AIDS clause in particular.

Figure 4.8.9: All the educators know the legal stance on HIV/AIDS

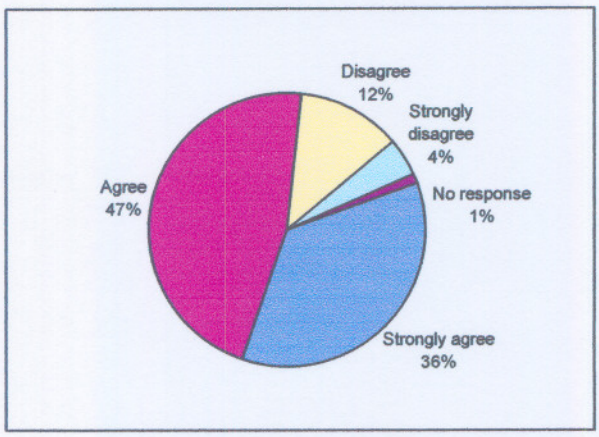


Statement 13

Most respondents agree (42,69%) or strongly agree (15,78%) with the statement. The implication is that a greater number of educators know the legal stance on HIV/AIDS.

Although 58,47% feel positive regarding their legal knowledge, 40,84% indicate their ignorance in this regard. This could imply that the training of educators concerning the legal regulations and guidelines needs urgent attention.

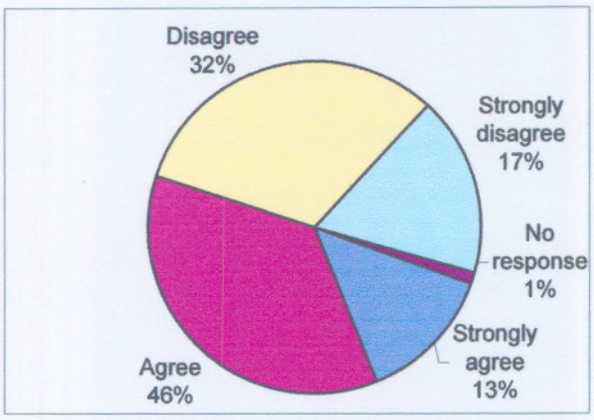
Figure 4.8.10: Educators and learners know that they are not compelled to reveal their HIV/AIDS status



Statement 14

The highest response (46,17%) agree and 35,96% of the respondents strongly agree that educators and learners know that they are not compelled to reveal their HIV/AIDS status. This could imply that this legal stipulation is communicated nationally to all educators and learners (see 2.3.7).

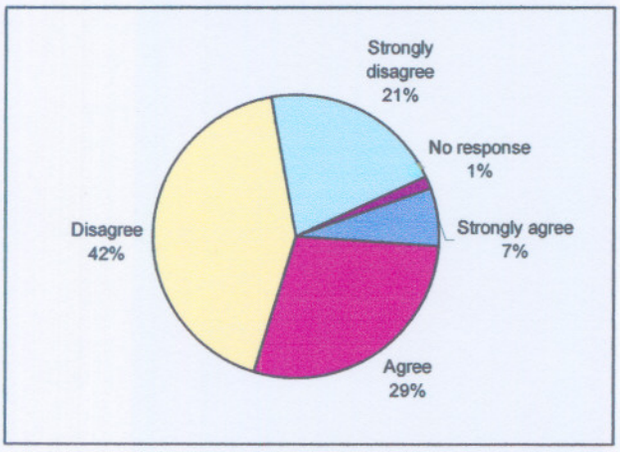
Figure 4.8.11: Our school has educational programmes on implementing the National HIV/AIDS Policy



Statement 15

The highest response, 35,96%, agrees while 13,46% strongly agree with the statement. This implies that 49% of the respondents experience a need for schools in Sedibeng West District Eight (D8) to introduce more educational programmes on the implementation of the National HIV/AIDS Policy.

Figure 4.8.12: The parents have been informed about all lifeskills and HIV/AIDS education



Statement 16

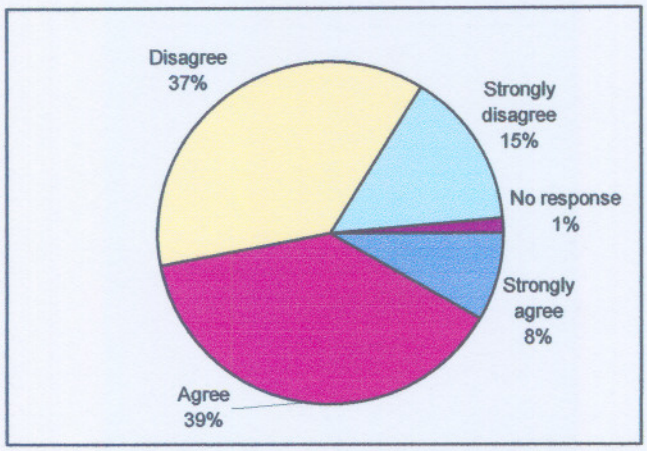
A total of 42,46% and 20,88% (63,34%) of the respondents either disagree or strongly disagree with the statement. This implies that most parents in the secondary schools of the Sedibeng West District Eight (D8) are not informed about all the lifeskills and HIV/AIDS education. This could imply that the schools ignore parental involvement in the education of their children or the parents are less interested in the education of their children (see 2.3.9).

4.4.12 National HIV/AIDS policy implementation

Table 4.9: National HIV/AIDS Policy implementation

Statement	Strongly agree	Agree	Disagree	Strongly disagree	No response
B2	36 8,35%	166 38,52%	159 36,89%	64 14,85%	6 1,39%
B17	44 10,23%	192 44,65%	124 28,84%	62 14,42%	8 1,86%
B20	73 16,94%	224 51,97%	87 20,19%	40 9,28%	7 1,62%
B21	42 9,74%	156 36,19%	139 32,25%	84 14,49%	10 2,32%
B23	195 45,24%	194 45,01%	18 4,18%	17 3,94%	7 1,62%
B25	157 36,43%	235 54,52%	19 4,41%	13 3,02%	7 1,62%
B26	135 31,32%	182 42,23%	80 18,56%	28 6,50%	6 1,39%

Figure 4.9.1: The implementation of the National HIV/AIDS Policy is successful at our school

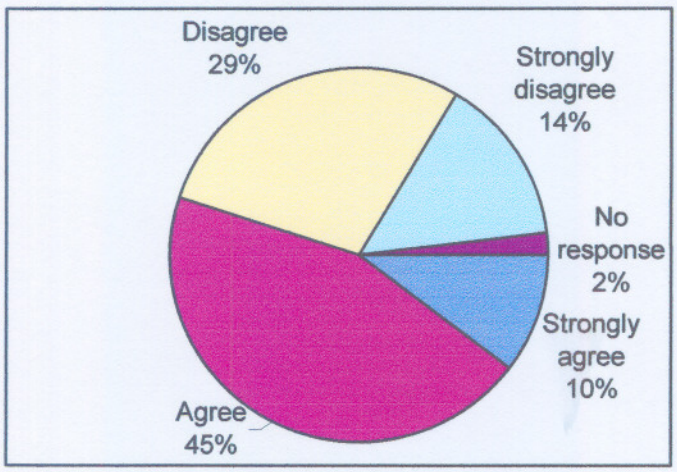


Statement 2

According to the results, 51,74% of the respondents either disagree or strongly disagree with this statement. Yet 46,87% of the respondents either agree or strongly agree with the statement.

This could imply that 47% of the schools in Sedibeng West District Eight are implementing the National HIV/AIDS Policy successfully. It could also imply that these schools are in need of guidance and support in this regrd.

Figure 4.9.2: Our school has its own HIV/AIDS Policy which includes awareness of HIV/AIDS

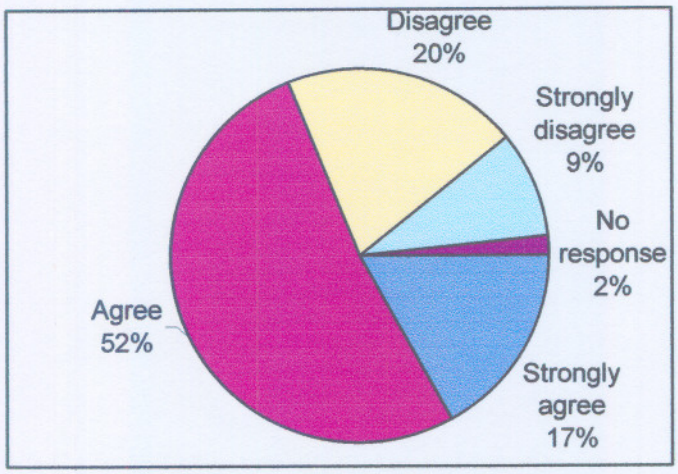


Statement 17

The highest response (44,65%) agree and 10,23% strongly agree with the statement. However, 43,26% of the respondents imply that there are secondary schools in Sedibeng West District Eight (D8) that do not have an HIV/AIDS policy that includes awareness of the disease.

These results could imply that 43% of the schools in this area need support in developing an HIV/AIDS school policy (see 2.3.6 and 2.3.11).

Figure 4.9.3: Educators are aware of the National HIV/AIDS Policy at school level



Statement 20

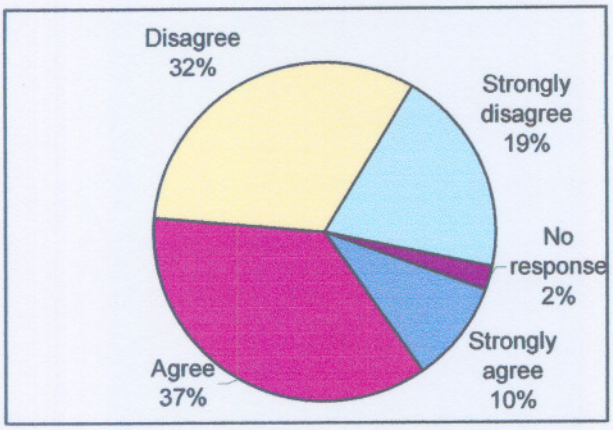
Most respondents (51,97%) agree, while 16,94% strongly agree with the statement. This is an indication that 68,91% of the respondents are aware of the National HIV/AIDS Policy at school level.

However, 29,47% of the respondents indicate that they are not aware of such a policy. This could imply that the Department of Education is not reaching all the schools and its educators in this regard (see 2.3.5 and 2.3.7).

It could also imply that educators cannot make parents aware of the legal guidelines on HIV/AIDS, if they themselves are not even aware of the national

policiy at school level.

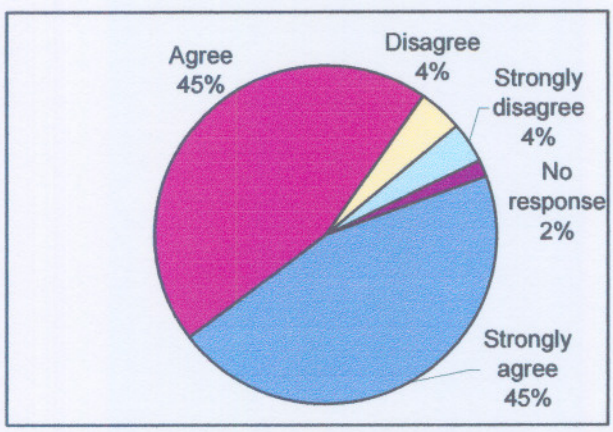
Figure 4.9.4: The District Office is working with the school to make sure that the National HIV/AIDS Policy is implemented



Statement 21

According to the results, 45,93% of the respondents either agree or strongly agree, while 46,74% of them either disagree or strongly disagree with this statement (see figures 4.9.1 and 4.9.2). This is an implication that although the District Office is working with the schools to make sure that the National HIV/AIDS Policy is implemented, there are some schools where the District Office is not working with them on the implementation of the National HIV/AIDS Policy.

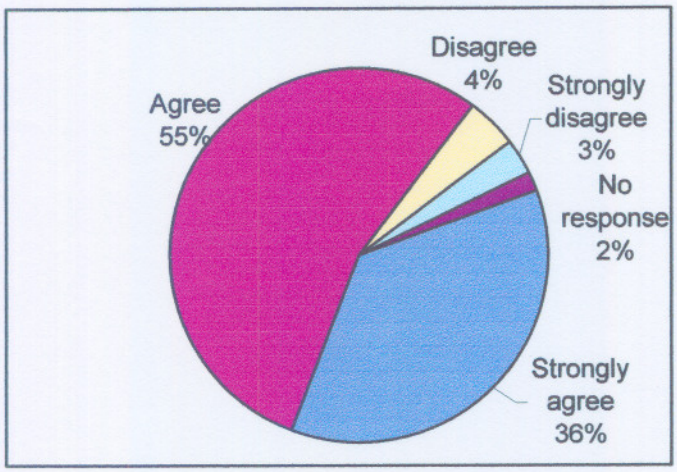
Figure 4.9.5: School Governing Bodies must adopt an HIV/AIDS policy at their schools



Statement 23

The response shows that 90,25% of the respondents either strongly agree or agree with the statement. From the analysis it is evident that most respondents agree that the School Governing Bodies must adopt an HIV/AIDS policy at their schools (see 2.3.6 and 2.3.11).

Figure 4.9.6: A provincial education policy on HIV/AIDS can serve as a guideline when compiling an implementation plan

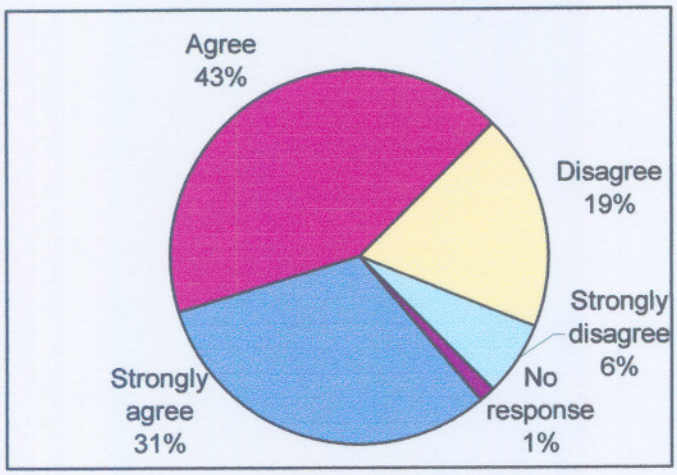


Statement 25

According to the results, 90,95% of the respondents agree or strongly agree with the statement.

This implies that most educators recognise the role of such a provincial education policy on HIV/AIDS.

Figure 4.9.7: The consequences of HIV/AIDS infection affect the time spent on teaching and learning negatively



Statement 26

It is clear from the highest response (42,23%) of the respondents who agree, and the second highest (31,32%) who strongly agree, that educators feel that the consequences of HIV/AIDS infection affect the time spent on teaching and learning negatively.

This could imply that both educators and learners must deal with HIV/AIDS-related stress such as caring for the sick, increased time spent going to funerals and absenteeism due to illness (see 2.7.2 and 2.73).

4.5 SUMMARY

This chapter presented the analysis and interpretation of the research results. Most respondents offered a well-balanced response concerning the problems experienced by school principals in implementing the National HIV/AIDS Policy within the secondary schools in Sedibeng West District Eight (D8).

Having discussed the analysis and the interpretation of the research, the next chapter will present the findings, recommendations and conclusion.

CHAPTER FIVE

FINDINGS, RECOMMENDATIONS AND CONCLUSION

5.1 INTRODUCTION

In this chapter, a brief summary of the study is presented. As it is important, a reflection on the major findings of the study is provided, as well as the recommendations, in order to address the problems encountered by the school principals in implementing the National HIV/AIDS Policy.

5.2 SUMMARY

Chapter one served as a blueprint of the research project. It set out an introductory motivation of why the research was carried out; defined the aims of the research; explained how the data was collected; which population was involved and stipulated the headings of the chapters. In this way, the chapter guided the reader concerning what is contained in the research report.

In chapter two a theoretical basis of the field of investigation was presented. A theoretical background was given on the problems experienced by the school principals in implementing the National HIV/AIDS policy.

Chapter three presented an orientation to the empirical research. This covered the aspects of instrumentS which included the search for appropriate measuring instrument. The relevant measuring instrument for the research project was shown to be the construction of a questionnaire; the pros and cons of the questionnaire as a research instrument were also indicated.

The population involved in the investigation was furthermore described in this chapter. Educators, including the school principals in the Sedibeng West District Eight (D8) of Gauteng Department of Education, formed the population from which the sample was selected. Descriptive statistics were used to describe the responses. Frequency analysis and graphs were used to make comparisons. Lastly, the method of presenting and analysing was explained.

Chapter four presented the results of the empirical investigation. The first to be indicated were responses pertaining to personal and school details of the respondents. This formed a well of information from which findings could be made. Frequency analysis was used to interpret the data collected from the respondents concerning the probems encountered by school principals in implementing the National HIV/AIDS Policy.

5.3 FINDINGS

This section deals with the findings of the research in order to indicate how the aims were achieved. With regard to the literature study and the empirical survey on the problems experienced by the principals in implementing the National HIV/AIDS Policy, the following findings were made:

5.3.1 Finding 1

Most secondary schools within Sedibeng West District Eight (D8) are found to have a serious problem of resources for the successful implementation of the National HIV/AIDS Policy (see statement 4 and 2.6.7).

5.3.2 Finding 2

The learners and educators' culture is a serious problem when dealing with the National HIV/AIDS Policy in education. This will make the situation very hard for the principal to implement the National HIV/AIDS education Policy (see statement 5 and 2.7.1).

5.3.3 Finding 3

According to the analysis, the responses show that most of the educators are not trained as far as basic infection control is concerned. This will make the principals' job very difficult when implementing the National HIV/AIDS policy (see statement 10 and 2.2.1.5).

5.3.4 Finding 4

The empirical research shows that most of the classrooms at secondary schools in the Sedibeng West District Eight (D8) in Gauteng Province are not

equipped to deal with any blood or vomit. This means that there is a high risk of contracting HIV/AIDS. Educators will find it difficult to control the situation in the classroom should there be any blood or vomit (see statement 11).

5.3.5 Finding 5

Learners are not aware of the existence of the South African Schools Act document (SASA) and the clause on HIV/AIDS. This implies that there is a problem at schools in making the learners aware of their rights in education and of the clause that specifically refers to those learners who are HIV/AIDS positive (see statement 12 and 2.3.10).

5.3.6 Finding 6

According to the empirical research, it has been established that most schools in Sedibeng West District Eight (D8) do not have educational programmes on HIV/AIDS. As a result, implementation of the National HIV/AIDS Policy is a problem. That also means that the curriculum does not cover the aspects on HIV/AIDS (see statement 15 and 2.3.4).

5.3.7 Finding 7

A greater number of respondents show that parents have not been informed about the life-skills and HIV/AIDS education. The finding shows that parents are ignored in most cases. They are not being informed about issues such as HIV/AIDS. The empirical survey reveals a true perception in this regard (see statement 16, 2.3.4 and 2.3.9).

5.3.8 Finding 8

The empirical survey shows that some schools do not have a policy of their own that includes awareness of HIV/AIDS. The schools must have their own policies which include HIV/AIDS awareness. In that way, policy implementation will not be a problem at schools (see statement 17 and 2.3.8).

5.3.9 Finding 9

Principals and educators are expected to be the first persons at school to know about all the policies on HIV/AIDS, as most teenagers are found at school. It will be very difficult for the principal to implement what the educators are not aware of, as he will need their help to implement the National HIV/AIDS Policy (see statement 20 and 2.4).

5.3.10 Finding 10

Principals need the intervention of the District Office to help them in policy implementation. According to the empirical survey, it shows that 32% of the secondary schools in the Sedibeng West District eight (D8) do not have HIV/AIDS intervention programmes (see statement 21 and 2.4).

5.3.11 Finding 11

According to the literature study, it is clear that the consequences of HIV/AIDS affect the time spent on teaching and learning negatively. This implies that both educators and learners have to deal with HIV/AIDS-related stress such as caring for the sick, time to go to funerals and being absent from school due to illness (see statement 26 and 2.6).

5.4 RECOMMENDATIONS

The recommendations constitute a vital aspect of this research. It is hoped that the recommendations in this research will endeavour to address the problems experienced by the secondary school principals in implementing the National HIV/AIDS Policy. The research was based in Sedibeng West District Eight (D8).

5.4.1 Recommendation 1

Resources should be made available at schools so that implementation of the National HIV/AIDS Policy will take place at speed.

5.4.2 Recommendation 2

Learners and educators' cultures should be taken into consideration, as they come from different cultural backgrounds.

5.4.3 Recommendation 3

Educators should receive basic infection control training so that they will be able to handle situations in the classroom.

5.4.4 Recommendation 4

The classrooms should be equipped with the necessary equipment so as to deal with any blood or vomit, thus making the policy implementation on HIV/AIDS uncomplicated.

5.4.5 Recommendation 5

The South African Schools Act should be made available to all the learners at school and they should be made aware of the clause on HIV/AIDS.

5.4.6 Recommendation 6

Schools should have educational programmes on HIV/AIDS. This implies that HIV/AIDS should be part of the curriculum at schools.

5.4.7 Recommendation 7

Parents should be informed about the lifeskills and HIV/AIDS education.

5.4.8 Recommendation 8

Schools must have their own policies that include HIV/AIDS awareness.

5.4.9 Recommendation 9

It is the core responsibility of the principal to ascertain that educators are aware of the national policies on HIV/AIDS.

5.4.10 Recommendation 10

The District Office should have intervention programmes to help the principals in implementing the National HIV/AIDS Policy.

5.4.11 Recommendation 11

Time should be utilized judiciously in teaching learners, as much time is taken up by HIV/AIDS-related stress. Educators should use any time at their disposal for teaching.

5.5 POSSIBLE FURTHER RESEARCH

A possible field for further research could be the management of HIV/AIDS at secondary schools in the Gauteng Province.

5.6 FINAL REMARKS

The research was conducted to determine the problems experienced by secondary school principals in implementing the National HIV/AIDS Policy in Sedibeng West District Eight (D8).

An attempt has been made in this chapter to summarize all the relevant issues that have been discussed in the previous chapters. Specific recommendations flowing from the findings of the investigation have been made.

It is hoped that the recommendations made in this research will assist the principals, especially those of secondary schools, to deal with the problems they experience in implementing the national policies, particularly those on HIV/AIDS, at their schools.

Finally, a field for further research has been recommended.

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ANNEXURE A

PERMISSION TO CONDUCT RESEARCH

Permission to conduct this study was granted by the Gauteng Department of Education.

Date:	30 August 2005
Name of Researcher:	Tsotetsi Terence
Address of Researcher:	339 Zone 10
	Extension 2
	Sebokeng, 1982
Telephone Number:	(016) 5944873
Fax Number:	(016) 5940919
Research Topic:	Problems experienced by school principals in implementing the national HIV/AIDS policy
Number and type of schools:	45 Secondary Schools
District/s/HO	Sedibeng West

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

Permission has been granted to proceed with the above study subject to the conditions listed below being met, and may be withdrawn should any of these conditions be flouted:

1. *The District/Head Office Senior Manager/s concerned must be presented with a copy of this letter that would indicate that the said researcher/s has/have been granted permission from the Gauteng Department of Education to conduct the research study.*
2. *The District/Head Office Senior Manager/s must be approached separately, and in writing, for permission to involve District/Head Office Officials in the project.*
3. *A copy of this letter must be forwarded to the school principal and the chairperson of the School Governing Body (SGB) that would indicate that the researcher/s have been granted permission from the Gauteng Department of Education to conduct the research study.*

4. *A letter / document that outlines the purpose of the research and the anticipated outcomes of such research must be made available to the principals, SGBs and District/Head Office Senior Managers of the schools and districts/offices concerned, respectively.*
5. *The Researcher will make every effort obtain the goodwill and co-operation of all the GDE officials, principals, chairpersons of the SGBs, teachers and learners involved. Persons who offer their co-operation will not receive additional remuneration from the Department while those that opt not to participate will not be penalised in any way.*
6. *Research may only be conducted after school hours so that the normal school programme is not interrupted. The Principal (if at a school) and/or Senior Manager (if at a district/head office) must be consulted about an appropriate time when the researcher/s may carry out their research at the sites that they manage.*
7. *Research may only commence from the second week of February and must be concluded before the beginning of the last quarter of the academic year.*
8. *Items 6 and 7 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and be paid for by the Gauteng Department of Education.*
9. *It is the researcher's responsibility to obtain written parental consent of all learners that are expected to participate in the study.*
10. *The researcher is responsible for supplying and utilising his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.*
11. *The names of the GDE officials, schools, principals, parents, teachers and learners that participate in the study may not appear in the research report without the written consent of each of these individuals and/or organisations.*
12. *On completion of the study the researcher must supply the Senior Manager: Strategic Policy Development, Management & Research Coordination with one Hard Cover bound and one Ring bound copy of the final, approved research report. The researcher would also provide the said manager with an electronic copy of the research abstract/summary and/or annotation.*
13. *The researcher may be expected to provide short presentations on the purpose, findings and recommendations of his/her research to both GDE officials and the schools concerned.*
14. *Should the researcher have been involved with research at a school and/or a district/head office level, the Senior Manager concerned must also be supplied with a brief summary of the purpose, findings and recommendations of the research study.*

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards

ALFRED DUNJWA

ANNEXURE B

LETTER TO PRINCIPALS

YUNIBESITI YA BOKONE-BOPHIRIMA
NORTH-WEST UNIVERSITY
NOORDWES-UNIVERSITEIT

PO Box 3304
Vereeniging
1930

30 August 2005

Dear Colleague

Re: A letter to principals of secondary schools that fall under the sedibeng West district eight (D8) for the purpose of administrating an educational research questionnaire

1. The above matter bears reference.
2. It is my humble plea to request your permission and co-operation on conducting a research on investigating PROBLEMS EXPERIENCED BY PRINCIPALS IN IMPLEMENTING THE NATIONAL HIV/AIDS POLICY.
3. Anticipating that you might have a busy schedule, you are humbly requested to complete the questionnaire and give the same to all your sub-ordinates whoever possible as soon as you can. I believe that it will not take much of your time. I am also addressed for time and I apologise in advance to mention this.
4. I am sure you will agree with me that, presently HIV/AIDS is sweeping the country with such great strength and especially our youth which is mostly at secondary schools.
5. Please be assured of the confidentiality of all participants in this study. Therefore do not fill your name or the name of your school and do not put a school stamp nor a signature anywhere on the questionnaire.

6. Permission to this study in secondary schools falling under the Sedibeng West District eight (D8) has been granted by the Gauteng Department of Education.

Allow me to thank you in advance for taking your valuable time and co-operation in the helping to achieve my goal.

Yours sincerely

T P Tsotsetsi
Tel: (016) 594-0919
Fax No: (016) 594-0919
Cell no: 083-992-7442

ANNEXURE C
COVER LETTER

10 August 2005

Dear Respondent

I am currently conducting research on the problems experienced by the principals in implementing the National HIV/AIDS Policy within the secondary schools in Sedibeng West District Eight (D8). This questionnaire invites you to be part of the research. I need perspectives on relevant statements from principals, school management teams, school governing bodies and educators.

It is important that I obtain your valued opinion in this regard. I would be very grateful if you could help me by completing this questionnaire.

This questionnaire survey is conducted as part of my M. Ed-studies at the North-West University (Vaal Triangle Campus). A questionnaire is one of the most effective ways of eliciting opinions and I am bound to say that without your responses the study will not be credible.

The following should be taken into consideration when completing this questionnaire:

- There are no right or wrong answers with respect to opinion-related questions. Only your honest opinion is needed.
- Do not write your name or surname on the questionnaire so that it remains anonymous.
- Please return the questionnaire to the person you received it from before 22nd September, 2005 or mail it to PO Box 3304, Vereeninging, 1930.

Thank you for your co-operation in this regard.

Yours faithfully

TP Tsotsetsi (Student)

Dr Elda de Waal (Supervisor)

ANNEXURE D

QUESTIONNAIRE

The purpose of this questionnaire is to determine which problems are encountered by school principals in implementing the national HIV/AIDS policy. With this information, attempts will be made to address problems around national policy implementation at secondary schools in Sedibeng West (D8) within the Gauteng Department of Education.

Instructions for completing the questionnaire:

1. The questionnaire is strictly for research purposes only.

2. Please do not enter your name or the name of your school on this questionnaire.

3. Your honest response will be of great value to the research.

4. Your responses will be dealt with in a confidential manner.

5. The questionnaire consists of two sections:

Section A: **Biographical information**

Section B: **Implementation of the national policy on HIV/AIDS**

SECTION A: BIOGRAPHICAL INFORMATION

Please answer the following questions by drawing an **X** in the appropriate box.

1.	School type		State	Private
2.	Experience as an educator			
	0 - 3 years	4 - 8 years	9 - 15 years	16 years and more
3.	Age			
	20 – 30 years	31 – 40 years	41 - 50 years	50 years and older
4.	Demographical information (School population)			
	Fewer than 500 learners	501 – 700 learners	701 – 1000 learners	1001 learners and more
5.	Highest academic qualification			
	Grade 12 or less	Diploma	B-degree	Honours degree

6.	Professional qualification (Education diploma)	Yes	No

7.	Grading of school	P1	P2	P3	P4

Please indicate the extent to which you agree/disagree with each of the following statements by encircling the corresponding number:

		Strongly agree	Agree	Disagree	Strongly disagree
1.	The national policy on HIV/AIDS is implemented at our school.	1	2	3	4
2.	The implementation of the national policy on HIV/AIDS is successful at our school.	1	2	3	4
3.	The following categories are responsible for the implementation at our school:				
3.1	Principal	1	2	3	4
3.2	SMT	1	2	3	4
3.3	Learners and educators	1	2	3	4
3.4	SGB (Parents)	1	2	3	4
3.5	Community	1	2	3	4
4.	The school resources are a serious problem to the successful implementation of the national policy on HIV/AIDS.	1	2	3	4
5.	The learners and educators' culture is a serious problem to the successful implementation of the national policy on HIV/AIDS.	1	2	3	4
6.	Learners with HIV/AIDS are educated when they become incapacitated through illness.	1	2	3	4
7.	Our learners are aware that everyone has the right to a basic education.	1	2	3	4
8.	Our learners are being issued with condoms.	1	2	3	4
9.	A learner who may be found to be HIV/AIDS positive is allowed to participate fully in all school activities.	1	2	3	4
10.	Our staff is fully trained in basic infection control procedures.	1	2	3	4
11.	All classrooms are equipped to deal with any blood or vomit.	1	2	3	4
12.	Learners are aware of the existence of the South African Schools Act (SASA) document and the clause on HIV/AIDS.	1	2	3	4
13.	All the educators know the legal stance on HIV/AIDS.	1	2	3	4
14.	Educators and learners know that they are not compelled to reveal their HIV/AIDS status.	1	2	3	4
15.	Our school has educational programmes on the implementation of the national policy on HIV/AIDS.	1	2	3	4

		Strongly agree	Agree	Disagree	Strongly disagree
16.	The parents have been informed about all life-skills and HIV/AIDS education.	1	2	3	4
17.	Our school has its own HIV/AIDS policy which includes awareness of HIV/AIDS.	1	2	3	4
18.	Parents are made aware of the dangers of HIV/AIDS.	1	2	3	4
19.	Our school curriculum includes HIV/AIDS programmes.	1	2	3	4
20.	Educators are aware of the national policies on HIV/AIDS at school level.	1	2	3	4
21.	The district office is working with the school to make sure that the national policy on HIV/AIDS is implemented.	1	2	3	4
22.	The purpose of education concerning HIV/AIDS is to...				
22.1	prevent the spread of HIV/AIDS infection;	1	2	3	4
22.2	allay excessive fears surrounding the epidemic;	1	2	3	4
22.3	reduce the stigma attached to it; and	1	2	3	4
22.4	instil non-discriminatory attitudes towards people with HIV/AIDS.	1	2	3	4
23.	School Governing Bodies must adopt an HIV/AIDS policy at their schools.	1	2	3	4
24.	The Code of Conduct is the ideal vehicle for stressing the duties of all learners including those with HIV.	1	2	3	4
25.	A provincial education policy on HIV/AIDS can serve as a guideline when compiling an implementation plan.	1	2	3	4
26.	The consequences of HIV/AIDS infection affect the time spent on teaching and learning negatively.	1	2	3	4

Thank you for your co-operation.