THE EFFECTIVENESS OF SCHOOL GOVERNING BODIES IN DEALING STRATEGICALLY WITH HIV AND AIDS IN SCHOOLS IN THE VAAL TRIANGLE

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This dissertation is
dedicated in appreciation
of the best sisters and brothers
one could have asked for: Mohale, Sizwe,
Nontsasa Qina and Fezeka Prudence Mkhutshulwa.

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ABSTRACT

THE EFFECTIVENESS, OF SCHOOL GOVERNING BODIES, IN DEALING STRATEGICALLY WITH HIV AND AIDS IN SCHOOLS IN THE VAAL TRIANGLE.

The aims of this research were to:

- determine the strategic role of school governing bodies in dealing with HIV and AIDS pandemic in schools;
- investigate the current effectiveness of school governing bodies dealing strategically with the HIV and AIDS pandemic; and
- determine if Gauteng schools have the National policy on HIV and AIDS and school based policies and how these policies are harnessed to help in effectiveness in dealing with the AIDS pandemic.

In the empirical investigation, a survey was conducted on the effectiveness of school governing bodies in dealing with HIV and AIDS in schools, the availability of school policies and the implementation of the National policy on HIV and AIDS, in a self-developed questionnaire, in a group of 600 participants all members of school governing bodies, in 60 schools in the Vaal Triangle.

Findings indicated that the respondents realize the importance of school governing bodies to lead the fight against HIV and AIDS. The results revealed the absence of health advisory committees in most schools, which are to deal with HIV and AIDS issues. Meetings are hardly convened by school governing bodies with health advisory committees where the latter are available and in cases where these meetings are called the impact of HIV and AIDS on educators, learners and school system is hardly discussed. Health advisory committee members in the Vaal Triangle are not trained to advise and offer counseling services to learners and educators infected and affected, and there are no counseling services offered in schools for affected and infected learners and educators. There are no HIV and AIDS school plans for the day-to-day management of HIV and

AIDS in schools. Most schools do have first aid kits, which are not fully equipped, persons responsible for first aid are always available in the majority of schools, but these people were not given any form of training. Schools do not keep records of orphans, these learners do not get any form of support from the school and in most schools those who are unable to pay school fees because of their HIV and AIDS caused plight are not exempted from paying. School governing bodies do not have programmes in schools concerning extra classes for HIV and AIDS affected and infected learners who repeatedly absent themselves from school because of sickness and care-giving. There is no money set aside by the school governing bodies, from the school fund to employ temporary substitute educators for those who are on sick leave because of HIV and AIDS (SGB posts). Learners and educators of most schools in the Vaal Triangle are not informed about their fundamental human rights especially those of non-discrimination and equality, there are also no measures in place to ensure that HIV and AIDS affected and infected educators and learners are not discriminated against and in some schools admission policies allow for learners living with HIV and AIDS to attend school for as long as they are able to function effectively. Health advisors visit schools on matters pertaining to HIV and AIDS but school governing bodies hardly invite psychologists to come and address learners and educators on HIV and AIDS matters. School governing bodies hardly attend workshops and seminars not organised by their districts and district officials hardly organise workshops for members of the school governing bodies.

Recommendations for further research, and the implementation of findings were made, *inter alia*, the development of an HIV and AIDS governance programme for schools, particularly schools in historically disadvantaged areas such as townships and farms where because of illiteracy the parent members of school governing bodies do not understand the National Policy on HIV and AIDS.

ABSTRAK

DIE DOELTREFFENDHEID VAN SKOOLBEHEERLIGGAME IN DIE STRATEGIESE HANTERING VAN MIV EN VIGS IN SKOLE IN DIE VAALDRIEHOEK

Die doelwitte van hierdie navorsing was om, deur middel van 'n literatuur- en empiriese ondersoek, die strategiese rol van skoolbeheerliggame in die hantering van MIV en VIGS in skole te bepaal; om vas te stel of skole 'n skoolbeleid oor MIV en VIGS het, en of hulle die Nasionale Onderwysbeleid oor MIV en VIGS (Wet Nr. 27 van 1996) in skole implementeer; asook om aanbevelings te maak oor hoe skoolbeheerliggame die pandemie strategies kan hanteer. 'n Self-ontwikkelde vraelys is vir die empiriese ondersoek aangewend in 'n ewekansige steekproef.

Die bevindinge van die empiriese navorsing dui aan dat die respondente die belangrikheid van die leiding van skoolbeheerliggame in die stryd teen MIV en VIGS besef. Die resultate het ook in die meeste skole, die afwesigheid van gesondheids-advieskomitees, wat veronderstel is om MIV en VIGS-sake te hanteer, aan die lig gebring. Vergaderings met gesondheidsadvieskomitees word selde deur die skoolbeheerliggame bymekaargeroep, waar eersgenoemde wél beskikbaar is, en in gevalle waar hierdie vergaderings plaasvind, word die uitwerking van MIV en VIGS op opvoeders, leerders en die skoolstelsel skaars bespreek. Gesondheidsadvieskomitee-lede in die Vaaldriehoek is nie opgelei om advies en beradingsdienste aan besmette en geaffekteerde opvoeders en leerders aan te bied nie, en verder word daar ook geen beradingsdienste in skole aangebied vir besmette en geaffekteerde leerders en opvoeders nie.

Daar is geen MIV- en VIGS-skoolplanne vir die dag-tot-dag bestuur van MIV en VIGS in skole nie. Die meeste skole beskik oor eerstehulpkissies, wat nie ten

volle toegerus is nie, asook verantwoordelikes wat ten alle tye beskikbaar is, maar wat nooit opgelei is nie.

Skole hou nie rekord van wesies nie, en hierdie leerders kry geen ondersteuning van die skool nie. In die meeste van die skole word diegene, wat as gevolg van omstandighede veroorsaak deur MIV en VIGS, en nie in staat is om skoolfondse te betaal nie, ook nie daarvan vrygestel nie.

Skoolbeheerliggame het nie programme in skole vir ekstra klasse vir besmette en geaffekteerde leerders wat herhaaldelik afwesig van skool is as gevolg van siekte of hulle versorging van ander lyers nie. Daar is nie geld bestem deur die skoolbeheerliggame uit skoolfondse om tydlelike opvoeders in diens te neem in die plek van diegene wat met siekverlof is weens MIV en VIGS nie. (SGB poste)

Leerders en opvoeders in die meeste skole in die Vaaldriehoek is nie ingelig oor hulle fundamentele menseregte nie, veral nie oor die reg teen diskriminasie, asook gelyke regte nie. Daar is ook geen maatstawwe in plek om te verseker dat daar nie teen persone wat besmet of geraak is deur MIV en VIGS, gediskrimineer word nie. In sommige skole laat die toelatingsbeleid dit toe dat leerders skool kan bywoon solank hulle funksioneel daartoe in staat is.

Gesondheidsadviseurs besoek skole in verband met MIV- en VIGS-sake, maar skoolbeheerliggame nooi baie selde enige sielkundiges om leerders en opvoeders oor MIV en VIGS toe te spreek. Skoolbeheerliggame woon selde werkswinkels of seminare by wat nie deur hulle distrik gereël is nie, en distriksowerhede reël baie selde werkswinkels vir lede van skoolbeheerliggame.

Aanbevelings vir verdere navorsing, asook die implementering van bevindinge word gemaak, inter alia, oor die ontwikkeling van 'n MIV- en VIGS-beheerprogram vir skole, veral in die histories-benadeelde gebiede soos die townships en plase, waar lede van die skoolbeheerliggame nie die Nasionale

Onderwysbeleid oor MIV en VIGS kan verstaan nie, as gevolg van die hoë persentasie van ongeletterheid onder ouers.

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CHAPTER 1

ORIENTATION

1.1 INTRODUCTION AND STATEMENT OF THE PROBLEM

It is generally accepted that the HIV and AIDS pandemic will seriously affect the school system. This will be due to the effects of the pandemic's associated opportunistic diseases. Among others, weight loss, dry cough, recurring fever or profuse night sweats, profound and unexplained fatigue, swollen lymph glands in the armpits, groin, or neck; diarrhoea that lasts for more than a week; white spots or unusual blemishes on the tongue, in the mouth, or in the throat; red, brown, pink, or purplish blotches on or under the skin or inside the mouth, nose, or eyelids; memory loss, depression, and other neurological disorders; tuberculosis, pneumonia, gastro-enteritis, meningitis and cancer affect both the physical and psychological wellness of learners and educators infected with HIV and AIDS (O'Connor, 2001:19).

However, even at this relatively late stage of the pandemic and the havoc that the pandemic causes on the physical and psychological health of learners and educators, the school governing bodies' understanding of how HIV and AIDS is affecting efficient and effective provision of teaching and learning by schools is generally poor. This can be attributed to, amongst other factors, the four allies that make this virus so prevalent in schools - silence, superstition, shame and stigma (Cohen, 2002:10). These four allies thrive on the ignorance and illiteracy of most school governing body members. Without an adequate knowledge base, school governing bodies cannot develop well-conceived and effective strategic responses to help prevent HIV infection as well as support learners, educators and non-teaching staff who are directly infected and affected by HIV and AIDS.

This research contends that a school with a highly infected and affected number of learners and educators cannot function efficiently and effectively because physically and psychologically ill learners and educators are often absent from schools or remain in schools unproductively. Consequently, this affects the effective governance of schools.

Very little empirical research has been undertaken to specifically investigate the effectiveness of school governing bodies in dealing strategically with the HIV and AIDS pandemic in South African schools. It is, therefore, necessary to conduct such research in South Africa because of the rapid pace in it becoming the major site of HIV and AIDS in the world. For instance, research estimates that there are 1 700 new infections everyday in South Africa (Govender, 2001:1; Kelly, 2002:3) and about 4,2 million South Africans were living with HIV and AIDS at the end 2001 (AIDS Analysis Africa, 2001:8). Learners and educators are included in these statistics. This has had a negative impact on the teaching and learning situation. It is projected that the HIV infection rate among educators is higher than 10% for the general population in South Africa (Blignaut & Chene, 2001:45). Hooper-Box (2002:1) estimates that one in five children of school-going age in South Africa will be orphaned by 2010 and school learner dropout rates can be expected to increase.

The Department of Health (1999:13) report states that HIV and AIDS attacks and slowly destroys the immune system by entering and destroying important cells that control and support the immune response and system. These important cells are called CD4 or T4 cells. These cells,

- directly or indirectly protect the body from invasion by certain bacteria, viruses, fungi and parasites;
- clear away a number of cancer cells;
- are involved in the production of substances involved in the body's defence; and

- influence the development and function of scavenger cells in the immune system.

This means that some T-cells of the body's immune system or defence system are destroyed by HIV and AIDS. After a long period of infection, usually three to seven years, enough of the immune cells have been destroyed to lead to immune deficiency. The immune deficiency in a learner and educator will lead to a situation in which he or she is:

- unable to execute tasks in the form of homework, assignments, projects and so forth, given to him/her at school;
- incapable of being involved in extra-curricular activities such as sporting activities, cultural activities, debates, etc.; and
- falling behind with school work (Piot, Coll & Seck, 2001:75; Hepburn, 2002:135; Brown, 2002:20).

A situation like this will be accompanied by long periods of absence from school due to sickness and ill-health as well as traumatising learners who would lose those who should be nurturing them first to illness then to death (Hilton-Baber, 2000:9). This impact on both the physical and psychological wellness and well-being of learners and educators can affect the governance and management of schools by way of:

- a marked decline in school attendance;
- late-coming due to pressures of care-giving and caretaking at home;
- inability to pay school fees, to buy school uniforms and other school requirements;
- incomplete work or work that has not been done due to lack of supervision or lack of support at home; and
- work that is not up to standard because of de-motivation and demoralization (Human Rights Watch, 2001:77; Lawrence, 2002:66).

HIV and AIDS also wreak havoc on the psychological health and mental functions of people such as memory, concentration, and creativity (Djoerban & Samsuridjal, 1998:88; Beckman & Visser, 1999:150; Leclerc-Madlala, 2002:19). Behavioural efficiency, interpersonal relationships and personal productivity are also limited (Cohen, 2002:46). Because of the physical and psychological demands involved in coping with this dreadful disease, it is not surprising that physicians and psychologists have suggested that the experiencing of HIV and AIDS, whether by an infected or affected learner or educator, will have a negative effect on his or her general functioning in schools (Keeton, 2002:36).

A school system in a community that is seriously HIV-infected is in danger of being weakened and disrupted. A school in an area where there is high prevalence of this pandemic will be hard hit (Galloway & Stein, 1998:10). Schools in these areas become prey to a myriad of problems caused by prevalence of HIV and AIDS in the area in which they are situated. These problems include:

- diminishing number of educators and learners due to high mortality rate (Mann, 2000:6);
- continuously falling enrolments (Meeson, 1998:8);
- low level of quality of education (Scheinder, 2000:55); and
- the changing school population from those of learners with healthy parents to those of orphans living with relatives, foster parents and guardians and accommodated in shelters and homes (Jennings, 2000:276; Myer, Mathews, Little & Abdool, 2001:15).

The realization of a culture of learning and teaching will be adversely affected by the above factors.

Although most deaths are recorded as "natural" because doctors are legally prevented from listing AIDS as a cause of death, most educators die of opportunistic infections, which could be AIDS-related (Buys, 2002:40). The high mortality rate of educators raises a concern in the education sector. In South

Africa, about 44 000 educators are infected (Dorkenoo, 2001:5). There is a great demand for educators as Pretorius (2002:6) states that 30 000 educators will have to be trained in the next eight years to meet the demand and the current output is only 20 000. The high mortality rate of educators due to HIV and AIDS, the fact that they are infected and affected has a detrimental effect on education in general and on a school system in particular in the following ways:

- When educators are ill, their teaching capacity decreases, further limiting the quality of instruction.
- As HIV progresses into full-blown AIDS, educators are often forced to take sick leave to recuperate from illnesses.
- Since substitute educators are expensive to manage, classes are often suspended or left under the supervision of other educators who also have their own classes to take care of.
- If infected and affected educators are able to attend classes, the emotional stress is traumatic and lesson preparation, homework correction and classroom interaction are often a last priority (Aids Strategy, 1998:99; Squelch, 2000:13; Lawrence, 2002:65).

Various researchers ascribe the transmission of HIV and AIDS from one learner to the other or from one person to a learner (in the case of rape and sexual abuse) to the following (Ebersohn & Ellof, 2002:76; Mohlala, 2002:29; Munusamy, 2002:5; Health Department, 2001b:5):

- Sexual contact. There is a risk for a learner or educator contracting HIV through sexual contact. The presence of sexually transmitted diseases (STDs) increases the chances of transmission or being infected with the virus. This is because open sores and the presence of inflammatory cells (which fight infection) increase the possibility that the virus will be transmitted.

- When infected blood is passed directly into the body. This can occur when a learner or educator has an open wound and comes into contact with infected blood. In a school situation this can happen during play, contact sport and fights.
- From an infected mother to her child during pregnancy. This implies that some of the children who are admitted in schools are already HIV positive.

The two former ways of transmission need to be intensively dealt with in schools to avoid new infections and to curb the possibility of transmission in a school situation. Research evidence indicates that learners become sexually active at a very early age (Van Aard, 2002: 65; Mohlala, 2002:11). Cross (2001:35) postulates that boys start sexual intercourse at 12 years whilst girls start at 13 years of age. Cross (2001:36) further asserts that boys have more sexual partners and nearly twice as often have an STD history. In other areas learners are reported to have been sexually active at the age of 12 due to peer-pressure or experimentation, and only a few of these learners reported having practised safe sex (Beresford, 2002:6).

This calls for school governing bodies to start social programmes for orphans like providing them with food parcels; exempting such children from paying school fees; organizing foster parents for those in need of parental care; organizing school uniforms and making provision for extra classes and remedial classes for those in need of extra tuition.

In spite of section 20 of the South African Schools Act, Act No. 84 of 1996, which makes provision for a school governing body to promote the best interests of the school and the National Policy on HIV and AIDS, Act No.27 of 1996, which compels school governing bodies to adopt the National policy for HIV and AIDS and develop school-based plans to combat the disease, many schools still fail to engage in the fight against this pandemic.

Various reasons have been advanced to explain this. Among others, these reasons include lack of financial resources for fully equipped first-aid kits, lack of human resources, including people with expertise who can assist in the implementation of school-based HIV and AIDS plans, lack of educator and school governing body members' training and workshops on HIV and AIDS issues and trauma management, reluctance and embarrassment of educators and members of the school governing bodies to address the issue of HIV and AIDS explicitly, and the adverse effect of the school and parental objections to their children being taught sex-education (Watts & Kurumanayake, 1999:3; Mendel, 2002:91).

The strategic role of the school governing bodies to deal with HIV and AIDS in schools effectively and successfully depends on whether the school governing bodies have adopted a strategic approach to curb new infections, to educate learners about HIV and AIDS, to plan for and organize training and workshops for learners and educators on issues of human rights and to mobilize parents, learners and communities at large around the common aim of controlling the epidemic (Ramjee, 2000:22; Williams, 2000:13; Desmond, Michael & Gow, 2000:5).

The strategic governance role provides the best framework for a school governing body to:

- meet its responsibilities by developing and implementing school-level HIV and AIDS plans which should involve all stake holders and every member of the community. These HIV and AIDS plans must be designed to: achieve clear targets when dealing with issues like rape and violence in schools and other awareness campaigns; be marked with firm lines of accountability to parents, government and society; and include the introduction of AIDS education for school learners and educators; integrate HIV and AIDS issues into the curriculum of the school; and provide information on prevention and care for learners and educators

who are already infected and provide them with counselling and support (Act No.27 of 1996);

- provide overall guidance on the direction and health promotion in schools by setting up a Health Advisory Committee (HAC) which should including members of the staff, learners and health professionals. The duties of this committee as stated in the National Policy, Act No. 27 of 1996 are to advise the governing body on the implementation of the National Policy on HIV and AIDS for learners and educators in public schools, help develop the school's policy and to monitor its implementation, especially on HIV and AIDS prevention, Act No .27 of 1996 ; and

- ensure that the school fulfils its legal obligations on HIV and AIDS prevention and hold the school accountable for the effectiveness and efficiency of its strategy in dealing with HIV and AIDS (Ramjee, Weber and Morar,1999:524) by developing school-based policies that will contain a non-discrimination statement, admission and testing policy, disclosure of HIV and AIDS-related information and confidentiality regulations, prevention of HIV and AIDS transmission measures including precautionary measures, management programmes for HIV and AIDS and possible mechanisms for the enforcement of policies on HIV and AIDS in schools including the development and adoption of a code of conduct. It is further envisioned that these school-based policies will reflect the needs, ethos and values of the school and the community. The school policies should be continuously reviewed as new scientific information becomes available (Act No. 27 of 1996; Cullinan, 2002:35; Jewkens, Levin, Mbananga & Swinson, 2002:45).

The above-mentioned research findings raise the following research questions:

- Which strategic roles should school governing bodies play in dealing with HIV and AIDS in their schools?

- What is the current effectiveness of school governing bodies in dealing strategically with the HIV and AIDS pandemic?
- How can school-based policies on HIV and AIDS and the National Policy for HIV and AIDS be harnessed to help school governing bodies effectively deal with HIV and AIDS in schools?

1.2 AIMS OF THE STUDY

The aims of this research were to:

- determine the strategic role of School Governing Bodies in dealing with the HIV and AIDS pandemic in schools;
- investigate the current effectiveness of school governing bodies in dealing strategically with the HIV and AIDS pandemic; and
- if Gauteng schools have the National policy on HIV and AIDS and school-based policies and how these policies are harnessed to help in effectiveness in dealing with the AIDS pandemic.

Based on both the literature and empirical research findings, the researcher will make recommendations to help the school governing bodies develop the necessary governance capacity to deal strategically with HIV and AIDS in their schools.

1.3 METHODS OF RESEARCH

Literature and empirical research methods were used in this investigation.

1.3.1 Literature Research

Current international and national journals, papers presented at professional meetings, dissertations by graduate students, and reports written by school researchers, university researchers and both Acts 27 and 84 of 1996 which

provide information on how far research on HIV and AIDS in schools, its effects on teaching and learning and governance of schools has progressed, were consulted and serve as primary sources. Books on HIV and AIDS serve as secondary sources.

1.3.2 **Empirical Research**

In addition to the literature study, data were collected by means of questionnaires. This data were analysed and interpreted.

This research was conducted as follows:

The authorities of D_7 and D_8 in Vereeniging and Vanderbijlpark were requested for permission to conduct this research in a sample of both primary and secondary schools under their jurisdiction. The researcher personally visited these schools to deliver and collect the questionnaires.

1.4 **MEASURING INSTRUMENT**

A self-developed questionnaire was designed by the researcher to measure the effectiveness of school governing bodies in dealing with HIV and AIDS in schools. A self-developed questionnaire was used because a standardized questionnaire relevant to the study in question could not be found. Only internationally developed questionnaires were available and were not appropriate for the problem statement of this research.

1.5 **TARGET POPULATION**

All members of school governing bodies of public schools in the townships, towns and in farms in Gauteng province were initially considered the target population.

1.6 ACCESSIBLE POPULATION

Since there is a large number of public schools in the Gauteng province, which would take a long period to cover and would have had unaffordable financial implications, it was decided to limit the target population to the public school governing bodies in the Vaal Triangle area of the Gauteng Province.

1.7 SAMPLE

A randomly selected sample (n= 600) of parents, educators and learners of the school governing bodies in 60 schools in the Vaal Triangle was drawn. These members of school governing bodies were supplied with the questionnaires on the effectiveness of school governing bodies in dealing strategically with HIV and AIDS in schools.

1.8 STATISTICAL TECHNIQUES

To determine the effectiveness of school governing bodies in dealing strategically with HIV and AIDS in schools in the Vaal Triangle, the data obtained from the target population were analysed using the SAS programme in consultation with the Statistical Consultation Services of PU for CHE.

1.9 PROGRAMME OF STUDY

Chapter 1 is primarily an orientation chapter preparing the reader for the subsequent chapters.

In Chapter 2 the strategic role of the school governing bodies in dealing strategically with HIV and AIDS in schools is discussed. Reasons for the necessity of dealing strategically with HIV and AIDS in schools are identified. The strategic role of school governing bodies, including strategic planning, equipping learners and educators with communication skills, promoting safe school,

designing educational programmes and developing school-based policies are discussed. Those factors that retard the process of implementation of HIV and AIDS plans in schools are also identified and discussed.

In Chapter 3 the empirical research is motivated. The purpose of the research, method of research, the choice of the target group, and the development of the questionnaire are discussed.

In Chapter 4 the research results are statistically analysed and interpreted.

The concluding Chapter 5 provides a summary of findings from the literature study as well as the empirical design. Recommendations for further research and for practical implementation are also presented.

1.10 **CONCLUSION**

In Chapter 1 the orientation of the research, in the form of the statement of the problem, the aims of research, the methods of research and the programme of research were discussed.

In Chapter 2 the strategic role of the school governing bodies in dealing with HIV and AIDS in schools will be investigated by means of a literature survey.

CHAPTER 2

THE STRATEGIC ROLE OF SCHOOL GOVERNING BODIES IN DEALING WITH HIV AND AIDS IN SCHOOLS

2.1 INTRODUCTION

Schools have a special place in every community and it is through their governing bodies that they establish links with their community and reflect the community's interest in education. The governing body acts as the local agent of accountability for the quality and standards of teaching and learning in the school. Through the governing body, the school is accountable to those who establish and fund it, namely the parents, the community and the government it serves (Badcock-Walters, 2001; Charlesworth, 2001; Beckmann & Visser, 1999).

The duties and responsibilities of governing bodies, are laid down by law in the South African Schools Act, Act No 84 of 1996. Their main responsibility is to determine the aims and overall conduct of the school with a view to promoting high standards of educational achievement. In practice, this means working with the principal to determine how the school should develop in order to improve its standards and then agreeing on policies, plans, targets and procedures, including those for dealing with HIV and AIDS (Cluster, 2001:78; Cohen, 2002:22; Ebersohn, & Eloff, 2002:46). However, these high standards of educational achievement cannot be realized in a school where HIV and AIDS are prevalent. School governing bodies, therefore, need to be effective in dealing strategically with HIV and AIDS pandemic in their schools, by:

- assuming their role of enhancing the quality of education in schools within the parameters of both Acts, Act No. 84 and Act No. 27 of 1996;
- developing strategic approaches that are broad based (Flisher, 2000a:96); and

- developing school level HIV and AIDS policies and plans that are underpinned by values, ethos and needs of the communities they serve (Epston, 1998:38).

Regarding HIV and AIDS plans and policies, the principal is responsible for the implementation and monitoring of what has been agreed by the governing body. This distinction between the strategic role of the governing body in dealing with HIV and AIDS and the role of the principal applies equally to all the particular legal responsibilities of governing bodies (Flisher, Cloete, Johnson, Wigton, Adams & Joshua, 2000:50; Colvin, 1999:25; AIDS Strategy, 1998:5).

This chapter analyses the strategic role of school governing bodies in dealing with the HIV and AIDS pandemic in their schools. A conceptual framework within which HIV and AIDS are assessed is given. Factors like the high risk of new infections, the impact of HIV and AIDS pandemic on schools, the extent of HIV and AIDS, and escalating number of learner orphans, necessitates that school governing bodies adopt a strategic role. The analysis of the strategic role of school governing bodies, which includes strategies like planning, communication, promoting safe schools, designing educational programmes and developing school-based policies come to the fore. Structures to facilitate strategies, effectiveness in the role and approach, factors leading to the retardation of progress and emerging challenges to the implementation of strategies are also discussed.

2.2 Theoretical and conceptual framework of the HIV and AIDS pandemic

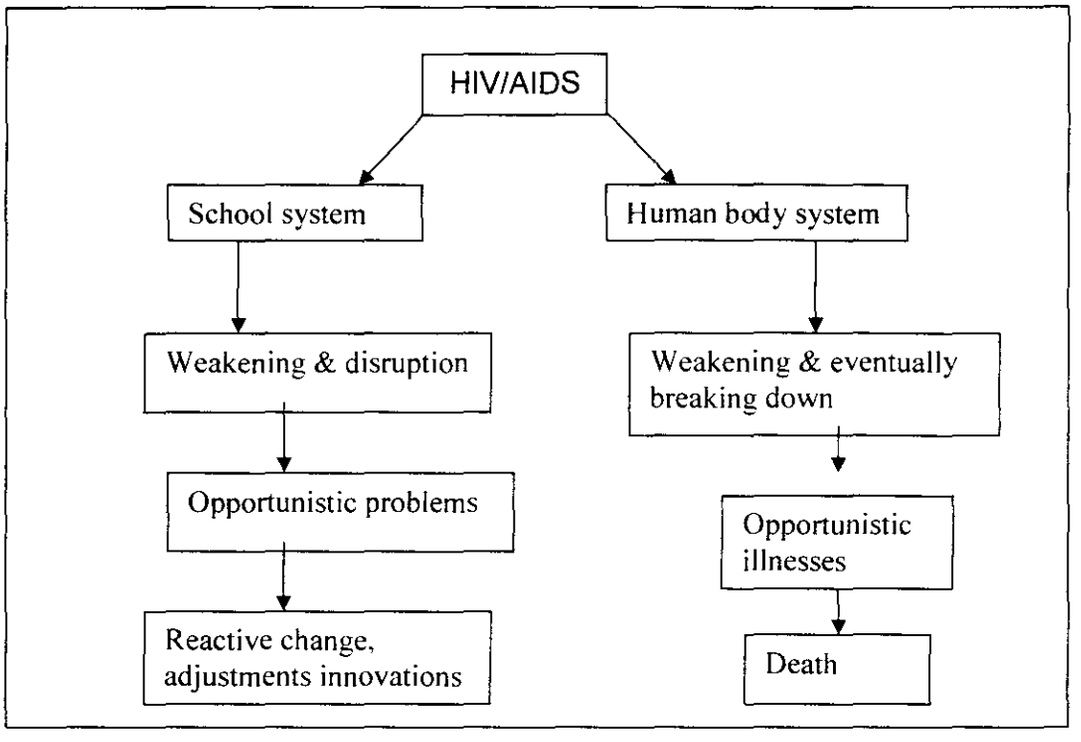
Eaton and Flisher (2000:1) posit that when a person is infected with the human immuno-deficiency virus, the body's immune system weakens and eventually breaks down (cf. figure 2.1 below). This leaves the individual a prey to the hazards of a multitude of opportunistic infections. In the absence of the costly

anti-retroviral therapy that can slow the progression of HIV infection, the infected individual will eventually succumb to the serious cluster of opportunistic illnesses that define AIDS like tuberculosis, cancer, measles, poliomyelitis and pneumonia (Lovelife, 2000:3; Jewkes *et al.*, 2002:20). This means that the course of HIV and AIDS in a human body system starts when HIV enters the system through unprotected sex or contact with infected blood, followed by weakening of the body as the virus multiplies, the breaking down of the immune system and finally followed by opportunistic illnesses which make the immune system less able to fight off infections and illnesses with the person eventually dying (Aids Analysis Africa, 2001:43).

In a similar way, in the absence of appropriate measures, the school system in a community that is seriously HIV-infected is also in danger of being weakened and disrupted (Flisher, 2000b:1). It becomes a prey to myriad opportunistic problems like a high rate of absenteeism, deaths of educators and learners, demotivation and low morale, which in turn leads to a number of reactive changes and adaptations (Strachan, 2000a:40; Hilton-Barber 2001:97; Bollinger & Stover, 1999:12).

Therefore, the course of HIV and AIDS on the school system starts when learners and educators become infected with HIV and AIDS, followed by the weakening and disruption of the system, opportunistic problems for the system, reactive changes, adjustments and innovations if not dysfunctionality of the school system.

Figure 2.1: Course of HIV and AIDS in both the body and school system



In such a scenario, school governing bodies are obliged to deal with the potential areas of impact on learners, educators and the school systems and to design appropriate and effective strategies (Pretorius & Ockert, 2001:669). Some interventions may be designed in reaction to circumstances that have actually been experienced (Le Roux, 2001:16). However, dealing with the HIV and AIDS situation in schools requires being proactive, anticipating what might possibly happen, forestalling undesirable situations and managing the impact with the following two strategic objectives in mind (Karstaedt, 2001: 45):

- enabling the school system to pursue and attain its essential objectives; and
- using the school's potential to slow down the rate of new infections, help infected learners and educators to cope, and support those among them who have been bereaved by HIV and AIDS.

In the light of the above, it is necessary that school governing bodies be effective in dealing strategically with this pandemic. They can achieve this through adopting balanced strategies.

2.3 REASONS WHY SCHOOL GOVERNING BODIES SHOULD ADOPT A STRATEGIC ROLE IN DEALING WITH HIV AND AIDS

The impact of the HIV and AIDS pandemic is a propelling reason for school governing bodies to adopt a strategic role in dealing with the HIV and AIDS pandemic. This is even more so in the light of the pandemic's prevalence in schools.

2.3.1 Risk of new infections

Learners are at risk of contracting HIV and developing AIDS because of their ages, which tempt them to explore their sexual identities, and often they experiment not only with sex, but with drugs as well (Kaseke & Gumbo, 2001: 330). Their sexual behaviour tends to be impulsive and greatly influenced by peer pressure; and they often feel invulnerable and have trouble seeing long-term consequences (Fourie & Schonteich, 2001:25).

A national survey of South African learners, published in 2001, suggests that about one third of boys and girls, aged 12 and 17, have had sexual intercourse and that one in five of this group reported having their first sexual experience at the age of 12 or younger. According to this survey more than one third of births in South Africa are to girls under 18.

While the most effective means of preventing infection is indeed abstaining from sexual intercourse, a large number of learners have not, do not, and probably will not. Reductions in the rate of HIV infection among learners would lead to a substantial slowing of the epidemic over the next 5 to 10 years. Conversely,

failure to affect the rate of infection among learners would sustain an epidemic of catastrophic proportions for decades. Changing the sexual behaviour of learners and educators will not only curb new infections but also help those who are already infected in prolonging their lives (Macneil, Joan & Anderson, 1998:46).

The exposition above attests to the critical role school governing bodies should play in minimising the spread of the HIV and AIDS pandemic. It is thus crucial for school governing bodies to devise strategies to arrest the rate of new infections among learners and educators in schools. This is made even more critical in the light of the extent and impact of the pandemic in South Africa.

2.3.2 **The extent of the HIV and AIDS epidemic in South Africa**

Lovelife (2001:8) estimates that in 2001 2,65 million South African women and 2,09 million men between the ages of 15 and 49 were HIV positive. These figures include educators, and learners. According to the 12th Antenatal Survey conducted by the Department of Health (2001a) between the 1st and the 31st October 2001, South Africa had the fastest growing epidemic in the world. Lovelife (2001) estimates that 4,2 million individuals are infected with HIV in South Africa and it is expected that this figure will rise to well in excess of 6 million by the year 2010. It is estimated that between 1500 and 1700 new infections take place each day. Blignaut and Chene (2001:45) claim that there are more people living with HIV and AIDS in South Africa than in any other country.

There are a number of predisposing factors that have made and continue to make learners and educators susceptible to this particularly severe pandemic and these, according to the Love life (2001: 5) include established pandemics of other sexually transmitted diseases (STDs) like syphilis, gonorrhea, chancroid, lymphogranuloma venerum, chlomydia and granuloma inguinal. The STDs, good transport infrastructure and high mobility, allowing for rapid movement of the

virus into new communities as infected people from other areas can spread the disease in the new areas that they live in (Anderson & Goolishian, 1996: 39); resistance to the use of condoms, based on cultural and social norms; the low status of women and girls in society because of cultural beliefs (Mbuya, 2000: 8); high levels of child rape; and poverty seem to aggravate the situation even further. Economic dependency and the threat of physical force, in particular, make it difficult for female educators and girls to protect themselves from infection (Fourie & Schonteich, 2001:29; Beyer,1998:84; Andersen, 1995:143).

The scale of the pandemic, means that the life of every person in the country, will probably be affected in some way. For a social service institution like a school, this apocalyptic scenario has massive consequences. Just what these consequences are can be gleaned from an examination of the potential impact of HIV and AIDS on the formal school system and the escalating number of orphans (Anderson & Goolishian, 1996:64). Clearly, the school with AIDS is not the same as the school without AIDS. Likewise, school in an AIDS-infected community cannot be the same as school in an AIDS-free community, but equally, effective education has the potential to stem the apparently inexorable advance of the epidemic and assist in coping with its casualties (Cohen, 2000:7; Bollinger & Stover, 1999: 93).

The extent of the pandemic necessitates urgent strategies to deal with it. The escalating number of HIV and AIDS orphans further highlights the extent of this pandemic.

2.3.3 **The escalating number of orphans**

Taylor (1998:2) contends that the problem of orphans is not static in schools. It grows every day and the school's population is gradually changing – from being that of learners living with biological parents to that of learners living with extended families and foster parents and accommodated in shelters and homes.

Taylor further asserts that by 2005 there are expected to be around 800 000 orphans (under age 15) and this figure will rise to more than 1,95 million in 2010.

Crepaz and Marks (2002:3) perceive the HIV and AIDS pandemic as transforming orphaning into a long-term chronic problem that will extend at least through the first third of the twenty-first century. This is because the increase in orphan rates lags behind HIV-infection levels by about ten years (the time it takes the average person who contracts the virus to die from full-blown AIDS). Over 100 000 children became orphans in South Africa in 1998 alone (Assavanonda, Anjira & Hutasingh, 1999:14). These orphans are said to be a "lost, orphaned generation" with little hope of educational opportunities (Bateman, 2002a:92). Therefore, orphans are perhaps the most tragic and enduring legacy of the HIV and AIDS pandemic.

There is a belief that AIDS orphans are often rejected by the school because they can't pay school fees and don't have money for uniforms. These learners will need a strong support system at school to help them cope and a committee that has to be responsible for these learners is needed (Fuphe, 2002:23; Galloway & Stein, 1998:9). This committee will be responsible for the welfare and well-being of these orphans. There is also a need for schools to keep a record of its orphans, which will help to check the increase or decrease in numbers, for statistical reasons, and for the purpose of sponsorship and adoption.

Other than food, education is the most important thing to these orphans – it's their only hope. Thus the impact of the epidemic on education and in particular schools, calls for scrutiny.

2.3.4 **The impact of HIV and AIDS on schools**

The impact of HIV and AIDS in schools is articulated as having a direct bearing on, *inter alia*, attendance and enrolment of learners and educators, teaching and learning due to a high mortality rate of educators, and the poor performance of increasing number of orphans.

2.3.4.1 ***Impact on attendance and enrolment of learners and educators affected by HIV and AIDS***

Badcock-Walters (2001a:44) postulates that HIV and AIDS have a significant impact on attendance of both learners and educators via its effects on school enrolment. Research reports indicate that HIV and AIDS will slow school growth rates and alter the structure of the school population (Hoffman, 1996:7). Fewer children are born in a society in which HIV and AIDS is present, and most children infected pre-natally die before reaching school age, which will have negative effects on the school enrolments. Families also may be increasingly reluctant to invest in education; its returns may not match their investment if the educated learner dies prematurely. There may also be a greater demand for more flexible learning opportunities for those who are ill (Badcock-Walters, 2001b:24).

However the demand for primary and secondary schooling is likely to decrease and a worst-case scenario for this country is a prediction that in 2020, there will be 22% fewer learners at the primary level because of AIDS. The actual percentage could be considerably higher because of learners not enrolling in schools or dropping out for health and economic reasons. (Hyde, 2000:11).

2.3.4.2 *Mortality rates of educators and effects on teaching*

The AIDS pandemic affects not only educators but it also attacks school systems. Most researchers report that HIV and AIDS kills educators faster than they can be trained (Kinghorn & Steinberg, 1999:36; Schuler, 2000:1; De Coito, 2001: 67). These researchers contend that 30 000 new educators would be needed each year to compensate for the decline in educator numbers because of HIV and AIDS in South Africa. There is therefore a need for the 2- 3% of matriculants who choose teaching as a profession to increase to 15% in order to meet the demands of the future (Gottlieb & Gottlieb, 1996: 47; Colvin, 2000:1; Dean & Moalusi, 2002:1).

A worst-case scenario in Africa predicts the death of 27 000 primary school educators from AIDS by the year 2020 (UNAIDS, 2001a:5). Coupled with fewer learners and a smaller base of local financial support from financially weaker families and communities, this problem may eventually lead to ever smaller and finally unviable and abandoned schools.

The work of educators who are HIV positive is disrupted by periods of illness and as a result, healthy educators have to take on additional teaching loads and other work-related duties in order to cover for sick colleagues. Thus quality and effectiveness of teaching are compromised because of the negative impact on motivation and the capacity of educators and learners alike (Taylor, 1998: 46).

The loss of large numbers of educators in a poor nation is a serious blow to the nation's future development of schools (Knight, 1997:2). Unless the trend is reversed, future learner generations face the prospect of a poorer quality education and reduced job prospects. It is for this ostensible reason that school governing bodies adopt a strategic role in dealing with the HIV and AIDS pandemic.

2.4 AN ANALYISIS OF THE STRATEGIC ROLE OF THE SCHOOL GOVERNING BODIES

2.4.1 Orientation

School governing bodies need to play a strategic role in dealing with HIV and AIDS in schools. This role may be more effective if school governing bodies reflect on the way they provide overall guidance on the direction and character of the school, ensure that the school fulfils its legal obligations including those of creating safe and healthy school environments, hold the school to account for the quality, standard and effectiveness of the teaching and learning it provides and for the implementation of strategies for HIV and AIDS and ensure that adequate HIV and AIDS plans are laid and that targets and objectives have been achieved (Assavanonda, Anjira, 1999:76; Borkow & Bentwich, 2000:44; Department of Health, 2000c; Kelly, 2002:55).

These are broad tasks and in dealing with HIV and AIDS, governing bodies need to distinguish between the strategic decisions which are properly theirs, and the day-to-day management decisions which belong to the work of the teaching and management staff (Act No 84 of 1996).

Illustration of school governing body's tasks and their application is best afforded by focusing on the following aspects of their role in strategically dealing with HIV and AIDS in schools:

- *What sort of school do we want* ? (the aims statement)

All of the school's activities including those for dealing with HIV and AIDS should stem from its aims statement. Governing bodies should therefore spend some time considering and identifying these aims and objectives and should revisit them from time to time. It is not an easy task and will involve consultation with parents, staff, pupils and the wider community. The result should be a powerful

statement, which succinctly sums up what the school is about regarding HIV and AIDS (Dorkenoo, 2001:32; Du Plessis, 2000:88; Hanson, Hong, Hopwood, 1999:56).

- *How do we achieve it*? (HIV and AIDS plan)

The HIV and AIDS school-level plan or any other school plan is formulated from the aims statement. The HIV and AIDS school-level plan must include certain legal duties and show how the objectives are to be achieved, and the timescale involved (Gwatkin, 2001:23). The governing body does not have to write the HIV and AIDS school-level plan, but it will be closely involved in its creation (Heard, 2001:7). The preparation of the initial HIV and AIDS school-level plan must be delegated to the professional staff and the Health Advisory Committee (HAC) and must reflects the aims and priorities agreed upon and be within the parameters of the National Education Policy for HIV and AIDS (Act No 27 of 1996) and the constraints of the school budget. The HIV and AIDS school-level plan will also include monitoring procedures, a timescale for reporting to the governing body and provision for an evaluation cycle to establish the effectiveness of the HIV and AIDS school-level plan (Wild, 2001:44; Mendel, 2002:98).

- *How do we support the HIV and AIDS school-level plan*? (HIV and AIDS policy generation)

The governing body must legally have HIV and AIDS policies as mandated by both Acts, the South African Schools Act, Act No 84 of 1996 and the National Education Act, Act No 27 of 1996. These HIV and AIDS policies will need to be created, arising from the HIV and AIDS school-level plan and should carefully distinguish between those policies that are strategic in nature, i.e. those that have a direct bearing on the character and direction of the school, and those required for the day-to-day HIV and AIDS management (Hancock, 2001:28; Gerkin, 1996:66). Governing bodies will find the advice of the Health Advisory

Committee and that of the school principal essential in such areas and are not required to write such policies themselves (Imanovitz, 1998:104; Department of Education, 1999).

By ensuring that the policies on HIV and AIDS are documented, the school governing bodies shall have carried out their legal obligations. In the absence of HIV and AIDS school policies the National Education Policy, Act No 27 of 1996 as a model policy may be adopted after due consideration and modification if required by the school governing body, Health Advisory Committee and staff members.

- *How do we monitor the implementation and progress of HIV and AIDS plans?*

The progress of the HIV and AIDS school-level plan will have to be reported. What will be used as evidence thereof, what the criteria of implementing HIV and AIDS school-level plan successfully will be and what the timescale laid against each intention, should be considered (Flisher, Parry & Stein, 2000:32; Gouws & Williams, 2000:65).

- *Evaluation*

The school governing body must consider how the success of the HIV and AIDS school plan will be judged, what the mechanism for updating the next HIV and AIDS school plan in the light of experience gained will be (Henscher, 2000:123; Otaala, 2000:12).

- *Accountability*

James (2001:39) posits that such a questioning role will lead schools to become more conscious of the accountability to which they should be held. In turn, the governing body will be able to deal effectively with its role without overload. However, governing bodies should subject their own performance in dealing with

HIV and AIDS to similar scrutiny as part of the review cycle and ask rigorous questions of themselves. The questions should reflect the ability of the governing body to deal strategically with HIV and AIDS in schools, as an effective decision-making organisation, should challenge its success and effectiveness at reaching decisions and should tease out its weaknesses (Connolly, Wilkinson, Harrison, Lure & Karim, 1999:90; Kilmarx, 1998:78). This will identify the needs that the governing body itself has for further development and improvement, including training.

The strategic roles of the school governing bodies are grounded in principles that seek to address the success of this role.

2.4.2 **Principles for the strategic roles of the school governing body**

The following principles, amongst others, should guide the strategic approach of the school governing bodies in dealing with HIV and AIDS:

- Learners and educators with HIV and AIDS should be involved in all prevention, intervention and care strategies in school (Chimere & Mnguni, 1998:30);
- Learners and educators with HIV and AIDS, their partners in the case of educators, families and friends should not suffer any form of discrimination (Gwatkin & Deveshwar-Bahl, 2002:28);
- The vulnerable position of girl learners and female educators in the school community should be addressed to ensure that they do not suffer discrimination, nor remain unable to take effective measures to prevent HIV and AIDS infection (Wells & Henrietta, 1999:29);
- Confidentiality and informed consent with regard to HIV testing and test results should always be protected (Landman, Molteno, Cooper, Tomlinson, Swartz & Murray, 2000:88);

- HIV and AIDS education, counselling and health care should be sensitive to the culture, language and social circumstances of all learners and educators at all times (Pfeiffer, 2002:15);
- The school governing bodies should form partnerships with all sectors of government and other stakeholders in civil society in their fight against HIV and AIDS (Davies, Connolly, Sturm, MacAdam & Wilkinson, 1999:13);
- Capacity building should be emphasised to accelerate HIV and AIDS prevention and control measures (Bateman, 2002b:33); and
- Sexually Transmitted Diseases' prevention and control should be central elements in their strategic response to HIV and AIDS pandemic (Assavanonda & Anjira, 1999:71).

The primary goals of the school governing body's strategic role should be the reduction of the number of new HIV infections among learners and educators Act, Act No 27 of 1996 and the reduction of the impact of HIV and AIDS on learners, educators and the schooling system (Department of Health, 2000b).

In addition, the school governing bodies, in addressing general strategies, should stress an effective and culturally appropriate information, education and communications (IEC) strategy, an increase in access and acceptability to voluntary HIV Counselling and Testing, an improvement of sexually transmitted diseases management of opportunistic infections, and an improvement of the care of HIV positive learners and educators living with AIDS to promote a better quality of life and limit the need for hospital care (Collins, 2000:39; Department of Health and Department of Social Development, 2000).

Guided by the above principles and goals, the school governing bodies should first and foremost embark on strategic planning, equip learners and educators and parents with communication skills, create safe and healthy school environments and integrate AIDS education into the curriculum.

2.4.3 **Strategic planning**

Strategic planning by school governing bodies involves investigations to obtain current information on HIV and AIDS. It also includes setting out this information in an orderly fashion and the decision-making process of selecting the best methods to achieve the main objective, that of combating HIV and AIDS in schools (Fuphe, 2002:5; Lorgen, 1998: 151).

The first step in the planning for HIV and AIDS entails setting the objectives and goals that address a possible scenario. This could be set in such performance areas as a project to be completed by a given date, a campaign or an HIV plan to be implemented (Booysen, 2000:49). Various researchers agree that school HIV and AIDS plan's objectives should include the following:

- providing knowledge that will instil self-protection among learners, educators and parents (Joseph, 2002:15);
- fostering the development of a personally held, constructive value system; inculcating skills that will facilitate self-protection (Fourie & Schonteich, 2001:42);
- promoting behaviour that will lower the HIV and AIDS infection risks (Wild, 2001:22); and
- enhancing capacity to help learners, educators and parents to protect themselves against the HIV and AIDS risk (Hilton-Barber, 2000:159; Crowe, 1997:147).

The second step in planning involves identifying and assessing present and future conditions affecting the plan's objectives like ignorance and prejudice, fear of victimization, absence of resources, absence of workshops and training for members of the Health Advisory Committee and the school governing bodies, and in other cases, absence of people with expertise such as doctors and nurses, recognizing the important variables that influence objectives, such as the

importance of sexual behaviour change and how it affects the school system (Webb, 1996:10; Whiteside & Michael, 1998:61; Strachan, 2000b:6; Van Heerden-Harrison, 2001: 44).

The final aspect would be for school governing bodies to develop a systematic approach to achieve the school HIV and AIDS plan's objectives, which is the step that addresses such issues as responsibilities for achievement and includes answers to such questions as, who will do what, how, on what schedule and with what results (Burgess, 2000:65). Du Plessis (2000:19) postulates that in order for the HIV and AIDS school plans to be good it should attempt to consider the nature of the present and the future school environments in which planning decisions and actions are intended to operate. To be most useful to the school governing body in performing its other functions, a school HIV and AIDS plan should be flexible, stable and simple (Denis, 2000:36).

Strategic planning to combat HIV and AIDS should always consider changes in the environment and institutional needs within the context of the plan while making the initial run (Shutte 2000:33; Bateman, 2001:8) and the school governing bodies must be essentially prepared for wholesome revision of the HIV and AIDS plan, continual updating, massive changes in environmental conditions, changes in the educator and learner's needs and changes in the governing body's needs and objectives. However, the original HIV and AIDS plan still constitutes a very adequate base to start a new effort at re-planning (Bradshaw, Johnson, Scheinder, Bourne & Dorrington, 2002:17).

To enable the school governing body to achieve a flow of governance of the HIV and AIDS plans and programmes, it should cause minimum delay through its controlling action and should make necessary adjustments only where the most urgent need exists (Kaseke & Gumbo, 2001: 58; Leach, 2001:114). From this viewpoint it may be said that exercising control of the HIV and AIDS plans and programmes will be an ongoing activity. The governing body has a continuous

role to play in assessing the quality and standard of what has been achieved. The governing body will receive reports on the results of HIV and AIDS implementation plans and policies, both from the principal and the HAC. The governing body will then review the HIV and AIDS policies, plans, targets and procedures and agree on the changes needed to secure further improvement (Kironde, 2000:67; Abdullah, Young, Bitalo, Cotzee & Meyers, 2001:14).

The strategic control process of the school HIV and AIDS plan and programmes should involve the following three steps, namely, establishing standards for the HAC (Berkman, 2002:14); measuring performance in the implementation of the school HIV and AIDS plan against these standards and correcting deviations from standards and plan (Colvin, 1999: 83).

2.4.4 **Equipping learners, educators and parents with communication skills**

Communication is seen as the most important part of governance in the school system, and is linked closely to the strategic governance functions of planning, organizing, leading and evaluating (Nell, 2000:19). In order for the school governing bodies to improve the effectiveness of all participants' communication, they can first develop and maintain awareness of the need for effective communication (Coulehan, Friedlander & Heatherington, 1998 23; Pawinski & Laloo, 2001:34). The use of feedback and proper listening techniques by the HAC, school governing body members, educators, learners and parents in parents meetings and workshops are among the most effective communication tools at the school governing bodies' disposal (Boyer, Shafer & Tschann, 1997:391; Roos, 2001:141).

Sunter (1996: 39) asserts that concepts of communication include the following:

- Education communication, which energizes training for the HAC members and school governing body members and which improves the effectiveness of planned strategies for dealing with HIV and AIDS (Harpham, Burton & Blue, 2001:1), promoting reflection on activities and awareness programmes already done and action plans at school level (Bunting, 1996: 24), increasing coping skills for those that are affected and infected.
- Social communication, which allows for learners, educators and parents' participation and community mobilization (Kelly, 2002:3), breaks the barriers of ignorance in learners and educators (Department of Health, 1999a:140), creates a social dialogue on even the most sensitive issues such as the use of condoms, HIV and AIDS testing and sex education etc. and ultimately brings about processes of informed decision-making like abstaining, being faithful to one partner and postponing sex until marriage and eventually sexual behaviour change (Mitchell & Linsk, 2001:399). According to Kenyon (2001:123) governing bodies are intended to govern, democratise and enhance the involvement of parents and wider community.

All lines of communication should be kept open in order for HIV and AIDS strategies programmes and plans to be effective (Leclerc-Madlala, 2002:19; Naidoo, 2001:228). Communication can also play an essential role in all activities proposed since it can be used for fostering learners, educators and parents' participation in the HIV and AIDS plans and programmes and community mobilization; sharing knowledge and changing negative attitudes, changing sexual behaviours and lifestyles; improving learning and teaching in class and facilitating workshops and trainings and rapidly spreading new information on HIV and AIDS and better planning for and programme formulation (Harpham, Burton & Blue, 2001:36; Synder & Kaiser, 2001:2; Samayende, 2000:524).

The purpose of effective communication, is aptly posited by Scheinder and Stein (2002:34). They posit that effective communication:

- ensures flow of information by conveying messages;
- publicises the HIV and AIDS school plan and its objectives;
- ensures effective functioning of the HAC;
- informs all participants in the implementation of the HIV and AIDS plan about what should be done and when it should be done, thus to ensure effective delegation;
- ensures the effective co-ordination of various tasks and to bring about mutual contact between HAC members and tasks;
- facilitates guiding; and
- ensures an effective control of the HAC's activities by the school governing body.

This strategic planning framework will help school governing bodies to be alert to the ways in which HIV and AIDS can impact on teaching and learning, to conceive potential solutions, and to design strategic interventions that can either off-set or fore-stall the negative impacts of the disease (McMichael & Rowland-Jones, 2001:10; Leclerc-Madlala, 1997:227). This should culminate into the creation of safe and healthy school environments.

2.4.5 **Creating safe and healthy school environments**

To create safer environment for learners and educators the school governing body should set up a HAC, design programmes to combat the disease, develop HIV and AIDS policies (Act No.27 of 1996), draft and adopt a code of conduct for the learners (Section 8, Act No 84 of 1996), and embark on a fundraising campaign to supplement the resources supplied by the state (Act No. 84 of 1996).

A healthy school is one in which all pupils can develop and grow, safely with confidence (Karim, 2000a: 80). Learners can only learn and develop when they feel safe and are actually safe (Henscher, 2000:33). Safe and healthy school environments would be the ones that are drug-free, rape-free, free of bullies where learners and educators learn and teach without risk of being infected or affected.

It is therefore imperative that school governing bodies work in partnership with the whole school community including educators, learners, parents and care-givers, to ensure a safe environment, a positive ethos, a stimulating curriculum, pastoral support and effective links to community health and support services (Otaala, 2000:12; Bradshaw et al., 2002).

The school governance strategies of safeguarding schools should also be underpinned by cultural values and principles of the communities they serve and which are in line with the constitution of South Africa (Loewenson, 2000:24). The role of the HAC becomes thus crucial.

The Health Advisory Committee

There is a need to establish a committee that is to deal with HIV and AIDS in schools, in depth. Section 13.1, Act No. 27of 1996 states that this committee will be a committee of the school governing body to be called a Health Advisory Committee. The structure and approach of the committee can be a major asset in mitigating the impact of HIV and AIDS on educators, learners and on teaching and learning. This body should consist of health workers or a doctor, business people, a religious leader, a traditional healer (where necessary) and a prominent member of the society (an organizational leader or a councillor). According to the National Policy Act, 27 of 1996 a chairperson who is to liaise directly with the school governing body, preferably a person who is knowledgeable about health care, should be elected.

The objectives of HAC should be to raise awareness of the impact of HIV and AIDS on education, educators, learners and parents, promote health and safety at work and help reduce the spread and transmission of HIV (Berkman, 2001:5).

The duties of the HAC as spelt out in the National Policy for HIV and AIDS (Act 27 of 1996) are developing and promoting an institutional plan of implementation on HIV and AIDS and reviewing of the plan from time to time, advising the school governing body on all health matters including HIV and AIDS and reporting back to the school governing body on the information given to learners and members of the community.

The school governing body does not necessarily have to deal with the fight against HIV and AIDS alone as it may delegate some of the tasks with its attendant responsibilities to HAC (Parker & Mundawarara, 2000:55). However, in the final instance it is its responsibility to create an enabling environment for both the learners and educators to perform well in schools as stated in section 20, Act 27 of 1996. This means that if the HAC has responsibility and authority, it is responsible to the school governing body to complete the task satisfactorily (Lewis, Eskeland & Traa-Valerezo 1999:23). In spite of the fact that delegation means that responsibility and authority are entrusted, the school governing body (which is the delegator) remains primarily responsible and accountable for all activities as well as their execution (Bentwich, Kalinkovich, Weisman, Borkow, Beyers & Beyers, 2002:10; Boyer, Barrett, Peterman & Bolan, 1997:123).

2.4.6 **Integrating aids education into the curriculum**

2.4.6.1 ***Rationale***

The South African School's Act, Act 84 of 1996, sections 20 and 21 provides that school governing bodies of public schools must, among other functions; promote

the best interest of the school and strive to ensure its development through the provision of quality education to all learners at the school; adopt a constitution on how the governing body is to function; develop the mission statement of the school (as the main guiding principle of the school); adopt a code of conduct for learners at the school; support the principal and other staff in the performance of their professional functions.

While HIV and AIDS appear to threaten the very fabric of education, schools are on the other hand a prime site for containment of the disaster (Flisher, 2000c:1). Education is undoubtedly a unique tool for increasing HIV and AIDS awareness, and the most logical ground on which to counter the spread of the disease. school governing bodies have a role to play in making sure those strategies that are devised to combat HIV and AIDS are effective (Bhatiasevi & Alphaluck, 1999:9; Whisson, 2002:6).

According to the Constitution of South Africa (1996) learners have a right to be educated on AIDS, sexuality and healthy lifestyles, in order to protect themselves against HIV infection. However educating young people about becoming infected through sexual contact can be controversial and may infringe on parents freedom of conscience and opinion in relation to their children's best interests (Pfeiffer, 2000:35). This is more so when issues such as safer sex practices, the use of condoms and mechanisms to make condoms available to learners in schools, are considered. Parents fear that sexuality education only increases and encourages sexual activity, undermines the morality of young adults and sends the message that sexual activity is permissible as long as it is safe (Moys, 2001:233; Djoerban & Zubairi, 1998:25).

Prevention of HIV and AIDS is fundamentally dependent upon changing both the sexual behaviour of both learners and educators. International experience has proved that the best opportunity to positively influence adolescent sexual behaviour is prior to the onset of sexual activity. The key to success is open

communication about sex and early sexuality education (Department of Health, 1999b:83). The school governing bodies should concertedly strive to help learners from the younger age.

Although few studies have measured the actual impact on individual behaviour of particular school–wide programmes, Simms, Rowson & Peattie (2001:55) found the following activities to be effective:

- the use of peer counsellors who discuss HIV and AIDS issues both in classrooms and individually with students;
- dramatic theatrical presentations that portray the risks of HIV, especially for adolescents;
- school health fairs with presentations about HIV and AIDS or presentations by young people who are HIV positive;
- weekly discussion sessions on teenage sexual / social issues; and
- health columns on HIV and AIDS in the school newsletter (Swanepoel, 2002:12)

2.4.6.2 ***Importance of HIV and AIDS education in the curriculum***

The Department of Health (DOH) and the Department of Education (DOE) collaborated to implement a Life Skills and HIV and AIDS Education Programme in schools (Misra & Sujaya, 1999:35). The school governing bodies can play a vital role in making sure that health promotion of both Life Skills and Life Orientation programmes address the HIV and AIDS problem.

Moore(1999: 235) states that both formal and non–formal education, are important settings in which to educate young people about sexual relationships and responsibilities and providing a range of decision making skills that will enhance young people's ability to prevent HIV and AIDS, and also help to lead a healthier and productive life. Information about HIV and AIDS, how it is transmitted and how it is prevented, needs to be integrated into education and

training curricula at all levels, including primary and secondary education, universities and colleges (Gruskin, Sofia, Hendricks & Tomasevski, 1996:4).

Most critics of HIV education support teaching this subject at the elementary level. However, a plethora of researchers stress the need to educate children at an early age (Margolis, 2001: 95; Van Aswegen, 2000:78; Visser, 1997: 8). They highlight the need to reassure these learners that even though AIDS is a serious disease, it is hard to get. Most researchers believe that specific instruction should begin no later than grade 7 (the age at which many kids are either starting to experiment with sex and drugs or thinking about them (Velas, 2001:42; Whiteside, 1998a: 55). However, unless a state has a mandated curriculum, the age at which children should learn explicit facts about HIV infection may vary depending on the beliefs of a community.

2.4.6.3 ***Possible content of the HIV and AIDS education in the curriculum***

The curriculum should provide information on HIV and AIDS and developing the life–skills necessary for the prevention of HIV transmission (Hyde, 1999:94); inculcate from an early age onwards basic first aid principles, including how to deal with bleeding with the necessary safety precautions; emphasize the role of drugs, sexual abuse and violence, and sexually transmitted diseases (STD's) in the transmission of HIV, and empowering learners to deal with these situations (Whelan & Mhomans, 1999:166); encourage 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 community service organizations and other disciplines (Lurie, 2000); teach learners and students how to behave towards persons with HIV and AIDS, raising awareness on prejudice and stereotypes around HIV and AIDS; cultivate an enabling environment and a culture of non–discrimination towards persons with HIV and AIDS; and provide information on appropriate prevention and avoidance measures, including abstinence from sexual

intercourse and immorality, the use of condoms, faithfulness to one's partner, obtaining prompt medical treatment for sexually transmitted diseases and tuberculosis, avoiding traumatic contact with blood, and the application of universal precautions (Monyooe,1999:58; Department of Health, 1999c:324).

What schools teach and how they teach it also must change. Assuming that many learners will become caregivers, they will need to learn skills on primary health care and treatment (Department of Health, 2000a). Assuming that many children will leave school and enter the job market sooner, they will need to learn practical vocational skills like carpentry, hand work, home economics, agriculture, and handicrafts more quickly. Girls, in particular, will need new skills to make them more financially independent, especially in regard to potentially risky sexual relationships (Gauteng Department of Health, 1999:75).

HIV education should be introduced to prevent new infection through sexual behaviour changes. This shows that education is the only vaccine school managers and school governing bodies presently have against HIV (Karim, 2000b: 44). School governing bodies and school managers, therefore, have the responsibility to implement HIV and AIDS education programmes in their schools.

Msomi (2000:238) states that education and information regarding HIV and AIDS must be given in an accurate and scientific language and terms that are understandable. Parents of learners and students must be informed about all Life-Skills and HIV and AIDS education offered at the school and institution, the learning content and methodology to be used; as well as values that will be imparted (Act No. 27 of 1996) clause 6. 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. Heystek and Louw (1999:86) stresses that educators, learners and students that are infected with HIV should

be assured that they can still lead normal and healthy lives for many years by taking care of their health, including taking chronic retroviral medicine.

2.4.6.4 *Controversies regarding HIV and AIDS education in schools*

Kalipeni and Oppong (1998:38) are of the opinion that when school governing bodies begin to approach the issue of HIV and AIDS, however, they often find themselves swirled in controversy about the fact that HIV education has to do with community values; religious beliefs; and customs because of the complex and sensitive nature of the HIV and AIDS subject. It involves talking about sex and also about death and dying, topics that make many people feel uncomfortable (Ernst & Young--, 2001:123). In addition, although a growing body of research confirms how HIV is and is not transmitted, there's still a great deal of fear based in misinformation and mistrust. The who, what, when, and how of HIV education are all issues that need to be thoroughly explored and discussed by the School Governing bodies before implementing an HIV and AIDS programme (King Akerele, 1997:1).

Controversy also centres on the issue of stressing abstinence only or the "Just Say No" approach. Most researchers think that the "Just Say No" approach isn't enough, especially for those teenagers who, no matter what one says, won't abstain from drugs or sex (Van Heerden, 2000: 2). Researchers contend that AIDS education should be taught in all public schools.

These demands on the school governing bodies according to Swarns (2000:28) will come when teaching cadre is younger, less experienced, and less well trained. The development of better educator guides and manuals by the department of education (Mkandawire, 2001:1), more in-service training and professional support, and the assistance of para-professionals, including perhaps, a wide range of educated people in the community will be required of the school governing bodies. School governing bodies also need this training as

frequently as it is practically possible to enable them to keep up with the demands of dealing with ignorance as far as the HIV and AIDS pandemic is concerned (Wenger, 2001: 86). This training should be compulsory and not voluntary because of the responsibilities involved in implementing the school's policy on HIV and AIDS.

In order to realize its potential in these areas, school governing bodies must do better what it is supposed to do in terms of access and real learning achievement by:

- integrating sexual health and HIV and AIDS education into the curriculum for all educational levels (Karim & Karim, 1999);
- ensuring that every school member is adequately equipped with the relevant life skills, that is, relationships with oneself and with others (Vardas, 2000:138);
- manifesting an improved human rights profile, in terms of its own procedures and actions and in terms of the curriculum (Kleinschmidt, 1999:4); and
- extending its mission beyond the strictly academic one to include more attention to counselling and care for learners, educators and parents, and to promoting care and compassion for people with HIV and AIDS (Markus & Finchman, 2000a:107).

Over the longer term, the school governing body needs to broaden its educational and social objectives and functions and develop considerably more flexible mechanisms for planning, managing and financing its programmes (Whiteside, 1998b:44).

Performing the above duties effectively will not only lead to a situation where a culture of learning and teaching in schools is truly realized, but will also play an important role in creating a pleasant working and learning environment where the well being and wellness of the human capital in an institution is number one

priority. A culture of learning and teaching cannot be realized in an unhealthy environment (Van Wyk, 2001:3).

The school governing bodies will have to see HIV and AIDS not only as a problem of the Ministry of Health but also as their own problem, particularly when it comes to strategic planning, assisting the educators in performing their duties, governance and school fund raising (Mona, 1996: 41; Dorrington, Bourne, Bradshaw, Laubscher & Timaeus, 2001: 42). School governing bodies have to learn to take full responsibility for education both by seeking more financial resources for their impoverished schools and to encourage a closer linkage between communities and schools. They need to promote greater participation of both affected and unaffected learners and educators in the development, implementation, and evaluation of AIDS related educational policies and activities (Nsutebu, Walley, Mataka & Simon, 2001:15).

To succeed in this venture, the school governing bodies need to deal with the following issues:

Deciding who should teach it and in what department

No matter who is trained to teach HIV education, both National and International guidelines emphasize that schools have a responsibility to reach all school-age youth (McIntyre, 1996:7). Finally, schools also need to educate parents and the whole community so that they reinforce what schools are teaching.

National and International guidelines recommend using regular classroom educators at the elementary level. But with secondary school programmes most researchers advocate integrating HIV education into Life skills and Life Orientation education (Sukrung & Karnjariya,1999:19). Lyttleton & Chris (1996:12) state that HIV infection is fundamentally a public health problem, so the most logical place for it is in the communicable disease unit of a health course. Such placement makes sense educationally because health educators

are prepared in methods to help learners make wise preventive health decisions, which is the essence of AIDS education (Markus & Fincham, 2000a: 86). If the programme is placed in biology, they fear too much emphasis will be placed on bio-medical aspects, and in social studies, the emphasis will be on the on the social / ethical elements (McIntyre, 1996:21). Also, health education educators are generally more comfortable dealing with the issues of sexuality and death.

School governing bodies can also use family life specialists, science teachers, or home economics departments (Sarjana, Wiyadnyana & Kauci, 1999: 73). Health professionals, such as nurses, physicians, or the Red Cross, can also teach health classes. Several states have linked HIV education with teen pregnancy prevention programmes (UNAIDS, 2001b: 49). The use of peers has been a significant part of HIV programmes in some areas. Peers are much more effective at altering each other's behaviour than educators or other adults (Whiteside, 1998c: 70).

Educator training

Educating all staff-with emphasis on in-service for educators-before learners receive classroom instruction can help school governing bodies. Staff training might be accomplished through local or state health departments, local hospitals, or a health education specialist (Wilkinson & Davies, 1997: 91; Ernst & Young, 2000).

The role of educators in the classroom

The HAC should ensure that the educator's knowledge about HIV and AIDS is comprehensive and up to date. One of the most controversial areas is that of myths about the transmission of the HIV and AIDS infection (Wilkinson & Symon, 1999). This is one area where learners will need their educator's wide knowledge to dispel incorrect information and his/her assistance in understanding the infection (Gwatkin, 2001:29). With the information from workshops and trainings

the educator needs to be sensitive in implementing the programme and also in the needs of the learners. Margolis (2001:4) highlights the importance of educators being role models especially with regard to issues of discrimination and fear of the learner or educator with HIV and AIDS. The educator must be non-judgmental and show an attitude of non–discrimination (Wenger, 2001:256). Educators can help to prevent further spread of HIV as well as mitigate the impact of AIDS at three different stages of the epidemic that is: while the individual is still HIV free; when the individual has become HIV infected and eventually suffers from AIDS–related illness and; when AIDS has resulted in death (Mann, 2000:45).

This they can do by introducing education programmes or activities which intend to educate learners about HIV and AIDS and bring about changes in their risk sexual behaviour (Kleinschmidt, 1999: 4;Cluster, 2001:38) This can be in the form of distribution of literature, posters and other materials, short presentations of factual information about HIV and AIDS (Crowe, 1997:39), formal in–depth discussions/ presentations about HIV and AIDS, attitudes towards it, fears and experiences and peer education programmes in which select learners and educators are trained to conduct formal and informal education and intervention activities with other learners and colleagues on an ongoing basis (Booysen, 2000:5)

2.4.7 The influence of the HIV and AIDS education programme in preventing and mitigating HIV and AIDS in schools

In a still HIV-free situation, education has the potential to provide knowledge that will inform self protection (Knight, 1997: 56), foster the development of a personally held value system (Burgess, 2000:28), inculcate skills that will facilitate self-protection, promote sexual behaviour that will lower infection risks (Fourie & Schonteich, 2001) and enhance capacity to help others to protect themselves against risk.

When infection has occurred, education has the potential to strengthen the ability to cope with personal infections, promote caring for those who are infected, help learners stand up for the human rights that are threatened by their personal HIV and AIDS condition and reduce stigma, silence, shame, and discrimination and support the assertion of personal rights (Brown, 2002: 38),

When AIDS has brought death, education has a potential to assist in coping with grief and loss and help in the re-organization of life after death of a family member and support the assertion of personal rights.

In the long term, education has the potential to alleviate conditions, such as poverty, ignorance and gender discrimination that facilitate the spread of HIV and AIDS and reduce the vulnerability to the risk situations of prostitution, streetism and dependence of women on men (Charlesworth, 2001:263).

2.4.7.1 ***Obstacles to the HIV and AIDS education in schools.***

Assavanonda and Anjira (1999: 28) point out a number of obstacles, which often stand in the way of AIDS education in schools. Most schools do have AIDS policies, which are just in files and not in use. Another major obstacle is that often the subject can be considered by adults such as parent and educator component of the school governing bodies as too sensitive for learners or too controversial and one other problem, which is often encountered, is that the school curriculum is already full and that it is therefore impossible to find a slot for the HIV and AIDS education (Berkman, 2001:65; Flisher, 2000c:24).

According to Keeton (2002: 33) HIV and AIDS education provided in schools is often inadequate because of the following reasons:

- HIV and AIDS education often provided deals only with medical and biological facts, and not with real life situations that young people find themselves in. Only if Life Skills are taught, and matters such as relationships, sexuality and the risks of drug use are discussed, will young people be able to handle situations where they might be at risk of HIV infection;
- Only one option in terms of sexual behaviour may be offered (for example that of abstinence) regardless of age of the students (McIntyre, 2002:29);
- Materials for teachers may not exist, and teachers may not be properly trained to organize classroom activities on sensitive issues; and
- No education is provided on referral services, such as further information and skills training, counselling, and youth friendly STD services.

Another obstacle concerns the belief that talking to young people about sex makes them do it (Colvin, 1999: 234). Such anxieties prevent many teachers and parents from talking about sexual matters (Mendel, 2002:5). Alternatively, they may encourage an over–emphasis on the negative aspects of sex-unwanted pregnancy, sexually transmitted diseases, AIDS– rather than positive aspects such as intimacy, sexual love and pleasure (Sayed & Carim, 1997:56). Young people often see through this kind of unbalanced approach. In consequence, they may reject all that adults have to say, seeking guidance and role models from peers and from media (Epston, 1998: 40).

2.4.7.2 ***Overcoming the obstacles***

Karstaedt (2001: 36) argues that contrary to what might popularly be believed, research looking at the effects of sex education in schools, on young people's sexual behaviour offers little evidence that it hastens the onset of sexual experience, or increases sexual risk among those who are already sexually active. Indeed, several studies from different countries show that good quality sex education can actually decrease the likelihood that young people will have

sex, and increases condom use among those who are already sexually active (Markus & Fincham, 2000:288).

It is the duty of the school governing body to ensure that policy–makers, religious leaders, parents and educators come to a consensus about certain matters regarding HIV education (Act 86 of 1996), for example, that students need protection from sexual abuse, that they should be able to refuse drugs, and that there should be educational equality between boys and girls (Crepaz & Marks, 2002:7). This can just be a starting point, which can be extended to other important issues.

The school governing bodies need to stick to the best approaches to sex and drug education in schools, approaches that are broad based and have several components. These can include the provision of factual information about biology, sexual development, and sexual and drug-related risks (Harpham, Burton & Blue, 2001:132), a concern with personal relationships, feelings and values (Hyde, 1999:54), an emphasis on the acquisition of relevant negotiation skills (including but not restricted to how to say no and a consideration of wider social pressures and cultural expectations (Hoffman, 1996:24).

The school governing bodies need to be aware of key qualities of sex education programmes and be able to make use of them (Hepburn, 2002:86). These include the provision of information, exercises to encourage an appraisal of values, role-play rehearsal to teach sexual negotiation skills, and programs that aim to reduce specific sexual risk–taking behaviours and which reinforce group norms against unprotected sex and discuss social pressures to have unprotected sexual activity have been shown to be particularly successful (Crowe, 1997: 12).

Mitchell and Linsk (2001: 41) argue that school curricula with the above qualities have been shown to reduce the likelihood that learners who have not had sex prior to their exposure to the curriculum will have had unprotected sexual

intercourse eighteen months later. Educational programmes on HIV and AIDS reflect a change in the usual way of doing things and new way of thinking (Shutte, 2000:79). The school governing bodies, educators, parents need to adapt to these changes. Epston (1998:66) states that change can be very deep, striking at the core of the learned skills and beliefs and conceptions of education, and creating doubts about purposes, sense of competence, and self-concept. New ideas worth to be effective require an in-depth understanding and the development of skills and the commitment to make them work (Joseph, 2002: 4).

2.4.8 **Developing policies**

In terms of the South African Schools Act, Act No. 84 of 1996, Section 20(1) (m), the governing body of a school has to discharge functions as determined by the Minister of Education or the MEC. The functions of the governing of a school could therefore include the adoption of an HIV and AIDS policy for a specific school provided however that the policy does not infringe upon the norms and minimum standards of the National policy determined by the Minister of Education (Act No. 27 of 1996).

From the above statement it is clear that there is a need for the development of school level policies that will reflect the needs, ethos and values of the school and its community within the framework of the National Policy, Act No. 27 of 1996. School governing bodies should develop these policies beforehand to avoid adopting a "wait and see" approach (Department of Health, 1999c). There are no foolproof ways for school governing bodies to avoid controversy, but if it's anticipated and planned for, controversy can be managed.

HIV and AIDS is a whole school issue. Relevant policies and procedures need to be in place to (Bunting, 1996:3; Bhatiasevi & Aphaluck, 1999:85; Kironde, 2000:18):

- support learners infected with or affected by HIV and AIDS, effectively including understanding absenteeism, lack of concentration and confidentiality;
- challenge prejudice, stigma and related bullying across the school;
- provide positive learning opportunities that are relevant to all, including those at greater risk of infection or already living with the virus either themselves or their families; and to
- ensure links with community health and support services.

An HIV and AIDS school level policy should be formulated and adopted to strengthen schools prevention efforts and to provide guidance on school operations. The HIV and AIDS school policies should demonstrate commitment to the principles and practices of the school and provide authoritative backbone to preventing HIV and AIDS efforts (Lovelife, 2001). HIV and AIDS school level policies should cover admission of learners to school, school attendance, universal precautionary measures, and education on general health and safe lifestyles, of which sexuality education is to form part.

The present National policy on HIV and AIDS has been developed in a joint consultative process, which include the Department of Education, the Commission and the project committee. The project committee is of the view that Nkosi Johnson experience (whereby the latter was barred from attending after diagnosed with HIV) suggests that a precisely directed and clearly targeted policy would create legal certainty and help prevent injustice to learners with HIV (Pretorius, 2002:22). It thus provisionally recommends the adoption of a national policy on HIV and AIDS in schools that will constitute a set of basic principles from which the governing bodies of schools may not deviate.

Swarns (2000:75) reflects the critical and inevitable relationship between theory and practice, that is, policy design and implementation and advises that the school governing bodies should not focus only on designing the policies while

ignoring the implementation. Kironde (2000:23) suggests a combination of good ideas with good implementation decision and support systems.

The process of policy development, for instance, can help resolve disagreements and build consensus and support for HIV education. In less quantitative terms, school governing bodies will need to develop policies and programmes regarding contentious issues related to sex education, job discrimination, and human rights violations, including screening, confidentiality, information about HIV status, and educator- learner protection (Brown, 2002:68). According to the National Policy (Act no 27 of 1996) policy making is essential as part of the planning action since the implementation of planning presupposes a unique policy. These policies should provide general guidelines and contribute to decision making to enable a final decision to be made.

School governing bodies' policies on HIV and AIDS should reflect goals on dealing with HIV and AIDS; should be consistent although differences in interpretation may be made; should not be rigid and inflexible; should focus on the revision of the policy and to effect adjustments; should be embodied in written form; and should be distinguished from rules and procedures (Djoerban & Samsuridjal, 1998).

By formulating a school level policy, Markus & Fincham (2000: 35) see governing bodies providing a forum of accountability for their schools, as they have knowledge of the school and its problems and understand the constraints under which educator's work and learners takes place.

The school's HIV and AIDS policy should therefore take cognisance of the following factors:

- *Not discriminate but promote equality*

The Schools Act (84 of 1996) confirms the constitutional prohibition on unfair discrimination and the right to a basic education for all. The preamble this Act states, among other things, that all forms of unfair discrimination and intolerance are to be combated, that the rights of all learners, parents and educators are to be upheld, and that uniform norms and standards for school education are to be set throughout South Africa.

The Act provides that a public school must admit learners and serve their educational requirements without unfairly discriminating in any way. No learner, student or educator with HIV and AIDS may be unfairly discriminated against directly or indirectly (Act No. 27 of 1996) clause 3 (1). Educators should be alert to unfair accusations against any person suspected to have HIV and AIDS. Learners, students, educators and other staff with HIV and AIDS should be treated in a just human and life –affirming way. Any special measures in respect of a learner, student or an educator with HIV should be fair and justifiable in the light of medical facts; established legal rules and principles; ethical guidelines; the best interest of the learner, student and educator with HIV and AIDS; school or institution conditions; and the best interest of other learners, students and educators (Flisher, 2000b:14). To prevent discrimination, all learners, students and educators should be educated about fundamental human rights as contained in the Constitution of the Republic of South Africa, 1996.

Therefore, school policies must address homophobia, racism and other forms of prejudice and bullying is important precursors to effective teaching and learning Gruskin, Sofia, Hendricks & Tomasevski, 1996:327). Therefore educators need an explicit, supportive policy framework and training and support to feel confident

in their ability to support learners with HIV, challenge prejudice and answer questions honestly as they arise.

- *Not screen learners for admission or educators for appointment*

In terms of the Schools Act, Act No. 84 of 1996, the governing body of a public school may not administer any test to the admission of a learner to a public school, or direct or authorize the principal of the school or any other person to administer such test. It is submitted that any test is wide enough to include tests for HIV, which would mean that no learner who applies for admission to a public school may be asked to undergo a test for HIV (Act 27 of 1996, clause 2). No such prohibition, however, exists with regard to independent schools. The school governing bodies should consider the following:

- No learner may be denied admission to or continued attendance at a school on account of his or her HIV and AIDS status or perceived HIV and AIDS status.
- No educator may be denied the right to be appointed in a post, to teach or to be promoted on account of his or her HIV and AIDS status or perceived HIV and AIDS status. HIV and AIDS status may not be a reason for a dismissal of an educator, nor for refusing to conclude, or continue, or renew an educator's employment contract, nor to treat him or her in any unfair discriminatory manner.
- There is no medical justification for routine testing of learners, students or educators for evidence of HIV infection. The testing of learners or students for HIV and AIDS as a prerequisite for admission to, or continued attendance at school or institution, to determine the incidence of HIV and AIDS at schools or institution, is prohibited. The testing of educators for HIV and AIDS as a prerequisite for appointment or continued service is prohibited.

- *Not disallow learners from attending public schools*

Despite the fact that the South African Schools Act, Act No.84 of 1996, was passed in 1996 and gives effect to both the spirit and letter of the 1996 Constitution by protecting learners from unfair discrimination and by guaranteeing them their rights to basic education and to equal access to public schools, learner's and educator's rights are still violated when it comes to attendance. The following educators and learner's rights should be taken into consideration when drafting a policy on attendance:

- Learners with HIV have the right to attend any school. The needs of learners with HIV and AIDS with regard to their right to basic education should be as far as is reasonably practicable be accommodated in the school or institution.
- Learners and students with HIV and AIDS are expected to attend classes in accordance with statutory requirements as long as they are able to do so effectively.
- Learners of compulsory school going age with HIV and AIDS, who are unable to benefit from attendance at school or home education, may be granted exemption from attendance in terms of section 4 (1) of the South African Schools Act, 1996, by the Head of Department, after consultation with the principal, the parent and the medical practitioner where possible.
- If and when learners with HIV and AIDS become incapacitated through illness, the school should make, work available to them to study at home and should support continued learning where possible. Parents should where practically possible, be allowed to educate their children at home in accordance with the policy for home education in terms of section 51 of the South African Schools Act or provide older learners with distance education.
- Learners and students who cannot be accommodated in this way or who develop HIV and AIDS-related behavioural problems or neurological

damage, should be accommodated, as far as is practically possible, within the education system in special schools or specialized residential institutions for learners with special education needs. Educators in these schools must be empowered to take care of and support HIV positive learners. However, placement in special schools should not be used as an excuse to remove HIV-positive learners from mainstream schools.

- *Not compel learners to disclose HIV and AIDS status*

The 1996 Constitution protects every person's right to privacy. A learner is entitled to the same common law and constitutional rights in respect of the protection of his or her privacy as an educator and such rights are limited to the same extent (Velas, 2001:41; Hausler, Naidoo, Campbell, Karpakis, Pronyk & Matji, 2001:26).

There are very important factors that the school governing bodies should take note of as Van Aswegen (2000:46) puts it that the legal and ethical duty of confidentiality is not absolute, as there are other interests which may be more important and which may justify or necessitate the violation of a duty of confidentiality. According to section 36 of the 1996 constitution, disclosure can be justified if the individual gives his or her informed consent thereto, where legislation requires that the information be disclosed, if a doctor is ordered by court to disclose the information or if disclosure would be in the overriding public interest.

The HIV status of a child may, therefore, not be disclosed without justification, such as consent (Kelly, 2002:258). The child's parent or guardian will usually give the consent. According to the Child Care Act, Act No 74 of 1983, a child over the age of 14 years is competent to consent, without the assistance of his or her parent or guardian, to the performance of any medical treatment of him or herself or his or her child. The Child Care Act therefore implies that a child above

the age of 14 years and older may also consent to the disclosure of his or her HIV status.

The school governing bodies must take the following rights into consideration:

- No learner (or parent on behalf of a learner), or educator, is compelled to disclose his or her HIV and AIDS status to the school or institution or employer. (In cases where the medical condition diagnosed is the HIV and AIDS disease, the Regulations relating to communicable diseases and the notification of modifiable medical conditions only require the person performing the diagnosis to inform the immediate family members and the persons giving care to the person and, in cases of HIV and AIDS –related death, the persons responsible for the preparation of the body of the deceased).
- Voluntary disclosure of a learner's or educator's HIV and AIDS status to the appropriate authority should be welcomed and an enabling environment should be cultivated in which the confidentiality of such information is ensured and in which unfair discrimination is not tolerated In terms of section 39 of the Child Care Act, Act No. 74 of 1983, any learner above the age of 14 years with HIV and AIDS, or if the learner is younger than 14 years, his or her parent, is free to disclose such information voluntarily .
- A holistic programme for life-skills and HIV and AIDS education should encourage disclosure. In the event of voluntary disclosure, it may be in the best interests of a learner or student with HIV and AIDS if a member of the staff of the school or institution directly involved with the care of the learner, is informed of his or her HIV and AIDS status. An educator may disclose his or her HIV and AIDS status to the principal of the school or institution (Hyde, 1999:29).

- Any person, to whom any information about the medical condition of a learner or educator with HIV and AIDS has been divulged, must keep this information confidential.
- Unauthorized disclosure of HIV and AIDS –related information could give rise to legal liability.
- No employer can require an applicant for a job to undergo an HIV test before he/she is considered for employment. An employee cannot be dismissed, retrenched or refused a job simply because he or she is HIV positive (Hurting, Pande, Baral, Newell, Porter & Bam, 2002:46).

The school-based HIV and AIDS policies should include information on the following important issues:

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

According to the National Policy for HIV and AIDS, Act 27 of 1996 refusal to study with a learner, or to work with or be taught by an educator or other staff member with, or perceived to have HIV and AIDS, should be pre-empted by providing accurate and understandable information on HIV and AIDS to all educators, staff members, learners, students and their parents.

Learners who refuse to study with a fellow learner or be taught by an educator or educators and staff who refuse to work with a fellow educator or staff member or to teach or to interact with a learner with or perceived to have HIV and AIDS and are concerned that they themselves will be infected, should be counselled.

The situation should be resolved by the principal, school governing body members and educators in accordance with the principles, contained in this policy (Act 27 of 1996) the code of conduct for learners (developed and adopted in schools), or code of professional ethics for educators (Educators Employment

Act, 1994). Should the matter not be resolved through counselling and mediation, disciplinary steps may be taken.

Use of proper precautionary measures during play

According to Act No. 27 clause 7 (1996) the risk of HIV transmission as a result of contact play and contact sport is generally insignificant. The risk increases where open wounds, sores, breaks in the skin, grazes, open skin lesions or mucous membranes of learners, students and educators are exposed to infected blood. Certain contact sports may represent an increased risk of HIV transmission.

Adequate wound management, in the form of the application of universal precautions, is essential to contain the risk of HIV transmission during contact play and contact sport. No learner or educator may participate in contact play or contact sport with an open wound, sore, break in the skin, graze or open skin lesion. If bleeding occurs during contact play or contact sport, the injured player should be removed from the playground or sports field immediately and treated appropriately as described in paragraphs 7.1.1.to 7.1.4. (Act No 27 of 1996). Only then may the player resume playing and only for as long as any open wound, sore, breaks in the skin, graze or open skin lesion remains completely and securely covered. Blood – stained clothes must be changed. The same precautions should be applied to injured educators, staff members and injured educators, staff members and injured spectators.

A fully equipped first-aid kit should be available wherever contact play or contact sport takes place. Staff members acting as sports administrators, managers and coaches should ensure the availability of first-aid kits and the adherence to universal precautions in the event of bleeding during participation in sport.

Sports participants, including coaches, with HIV and AIDS should seek medical counselling before participation in sport, in order to assess risks to their own health as well as the risk of HIV transmission to other participants.

Staff members acting as sports administrators, managers and coaches have special opportunities for meaningful education of sports participants with respect to HIV and AIDS. They should encourage sports participants to seek medical and other appropriate counselling where appropriate; Learners should be taught that all open wounds, sores, breaks in the skin, grazes and open wound skin lesions on all persons (Act 27 of 1996) should be covered by either a bandage or plaster.

Dealing with stigma and discrimination

According to UNAIDS (1998:10) stigma is a powerful tool of social control. Stigma can be used to marginalize, exclude and exercise power over individuals who show certain characteristics. By blaming certain individuals or groups, society can excuse itself from the responsibility of caring for and looking after such populations (Squelch, 2000:50). In many societies and also in school institutions people living with HIV and AIDS are often seen as shameful.

Factors which contribute to HIV and AIDS-related stigma are that people are scared of contracting HIV, people living with HIV and AIDS are often thought of as being responsible for becoming infected, religious or moral beliefs that lead some people to believe that having HIV and AIDS is the result of moral fault (such as promiscuity or deviant sex) that deserves to be punished (Pfeiffer, 2002:13; Heystek & Louw, 1999:16; Leclerc-Madlala, 1997:78).

Schools rules and policies can be designed in such a way that they de-stigmatise. In most cases, discriminatory practices such as the compulsory screening of "risk groups" further the stigmatisation of such groups as well as create a false sense of security among learners and educators who are not considered at high risk (James 2001:79) Policies that insist on the compulsory

notification of HIV and AIDS cases, and the restriction of a learner or an educator's right to anonymity and confidentiality, as well as right to education in the case of learners or right to work or be promoted in the case of educators, have been justified on the grounds that the disease forms a public health risk.

Denial fuels the AIDS stigma by making those educators and learners who are infected appear abnormal or exceptional. Cross (2001:134) states that there is a need for parents to develop awareness of the importance of their support as primary caregivers to sick members. Infected family members including learners and educators can find themselves stigmatised and discriminated against within the home.

Fear of discrimination often prevents educators and learners from seeking treatment for AIDS or from admitting their HIV status publicly (Nell, 2000: 135). In some cases, educators and learners living with AIDS may be evicted from home by their families and rejected by their friends and colleagues.

2.5 STRUCTURE TO FACILITATE STRATEGIES: A CODE OF CONDUCT FOR LEARNERS

Section 8 of the South African Schools Act (Act No. 84 of 1996) provides that a governing body of a public school must adopt a code of conduct. The code of conduct must aim at establishing a disciplined and purposeful environment to facilitate effective implementation of strategies by providing a system of laws and written rules that state how learners must behave in a school, dedicated to the improvement and maintenance of the quality of the learning process (Section 8 of the South African Schools Act, Act 84 of 1996).

All the stakeholders should come to an agreement concerning the aims, objectives, success indicators and values contained in the Code of Conduct. Having a Code of Conduct is an important step in the direction of acceptance and

treatment of learners and educators living with HIV and making positive learning and personal development possible, by achievement of equality and the advancement of human rights and freedoms (Act 84 of 1996). A learner is obliged to comply with the code of Conduct but may endeavour to claim that it violates his or her constitutional right(s). Such constitutional rights as the right to equality will then have to be balanced against the demands of a disciplined and safe school environment.

Learners (especially those who know or believe that they have HIV infection) should be taught that they may not expose others to their body fluids or blood and that they have certain duties towards other learners in this regard (Van Wyk, 2001:47). A school Code of Conduct should therefore contain provisions regarding behaviour, which may create the risk of HIV transmission such as aggressive sexual behaviour.

2.6 EFFECTIVENESS IN DEALING WITH HIV AND AIDS

Harpham *et al.* (2001:111) postulate that in order to be effective in dealing with HIV and AIDS in their schools, school governing bodies should have the following set of generic factors that account for all the significant aspects of governance:

2.6.1 Vision

Effectiveness in dealing strategically with HIV and AIDS will be reflected in a provision of a clear vision that all stakeholders in a school can relate to.

- a clear sense of purpose and direction and a significant degree of cohesion in all operations concerning HIV and AIDS
- School operation has been given a wholeness by the implementation of an HIV and AIDS plan which reflects the wishes and thoughts of each significant group – school governing body members, learners, staff,

parents, community and Health Advisory Committee (Ramjee, 2000:101; Shutte, 2000:56; Swarns, 2000:78).

2.6.2 **Planning and implementation**

Effectiveness of a school governing body in dealing strategically with HIV and AIDS in its school means being pro-active, in planning for, and enabling the school to meet and continue to meet, its mission, charter goals and its obligation in fighting HIV and AIDS in schools (Synder & Kaiser, 2001:100).

2.6.3 **Relationships and communication**

The school governing body's effectiveness will be reflected in the promotion of positive relationships and clear systems of communication. The effective school governing body is responsive to the wishes of stakeholders and consults on all HIV and AIDS policy issues (Karim & Karim, 1999:73). Relationships and communication are integrally linked. Both characterise effective governance of HIV and AIDS policies and plans, and together promote responsiveness and a willingness to consult (Swarns, 2000:44).

2.6.4 **Accountability**

There are clear differences between effectiveness in dealing strategically with HIV and AIDS issues and ineffectiveness, with respect to issues of accountability. Schools where HIV and AIDS is effectively dealt with, have some systems for receiving information about the extent to which delegated responsibilities regarding HIV and AIDS issues have been met (Djoerban & Zubairi, 1998:66).

Two different aspects to accountability emerge. The first relates to self-review and the second aspect relates to quality assurance and improvement. In self-review the effective school governing body determines the extent to which its

mission, goals and obligations relating to HIV and AIDS have been achieved (Squelch, 2000:29).

In quality assurance and management the effective school governing body maintains and develops the quality of all aspects of its operation. The school governing needs to ensure that a simple review of HIV and AIDS policies in selected areas is not seen as meeting all of its self-review obligations (Roos, 2001:38). Receiving reports or information is of little value unless they are used to improve HIV and AIDS programmes.

Other areas where effectiveness of school governing bodies in dealing strategically with HIV and AIDS can be reflected are in:

- knowing its responsibility to ensure the successful operation of the school in terms of its mission and in terms of charter and statutory obligations (Kalipeni & Oppong, 1998:56);
- carrying out this responsibility by efficiently utilising both human and financial resources at its disposal (Kironde, 2000:20);
- delegating formally the implementation of most charter goals to the Health Advisory Committee and its employees (Loewenson, 2000:25);
- taking timely and appropriate action over all HIV and AIDS issues, including difficult ones (Mann, 2000:45);
- attending efficiently to administrative and other organisational matters (Beyer, 1998:12);
- assessing its training needs and seeking opportunities to meet them (Bunting, 1996:56);
- planning for succession through clear policy guidelines and induction systems for handling changes to personnel (Cohen, 2000:34);
- promoting positive relationships and establishes clear systems of communication (Macneil *et al.*, 1998:56);
- being responsive to the wishes of stakeholders and consulting on all important HIV and AIDS policy issues (McIntyre, 2002:95);

- undertaking self-review to determine the extent to which its mission, goals and all obligations have been achieved (Mona, 1996:17); and
- maintaining and developing the quality of all aspects of its operations (Hancock, 2001:65).

2.7 FACTORS LEADING TO THE RETARDATION OF PROGRESS

Evident is the fact that even if the strategies for dealing with HIV and AIDS have been well planned and carefully orchestrated there are factors that will cause progression to be retarded. In alignment with Cohen's (2002:75) postulation, the following three factors are prominent.

- ***Emotional reactions of learners and educators living with AIDS***

Understanding emotional problems of learners and educators living with HIV and AIDS is the first step in dealing with them (Mbuya, 2000:34). Learners and educators living with HIV and AIDS may feel, for example, the loss of hope for a long term future, perhaps including marriage or having children, good health, self esteem and control over life. They may also experience fears such as fear of the disease, disablement, disfigurement and death, the unknown, blame and stigmatisation, isolation and rejection, financial difficulties and leaving dependants not provided for; and becoming dependant and unable to cope (Flisher *et.al*, 2000:98; Kleinschmidt, 1999:59).

Many learners and educators experience a great deal of confusion about what the finding of HIV infection means. There are often confused beliefs about how the virus is acquired. Some think it is somehow in the air or general environment. Some think it is lurking in the body in some way, waiting for some trigger, perhaps witchcraft, to release it. Monyooe (1999: 70) argues that a medical germ explanation may not readily be accepted in the face of these other beliefs, but just cause further uncertainty. Complex explanations of how the virus can lie

dormant, or reproducing only slowly in the body, for years before causing disease- symptoms may be highly confusing and create uncertainty among educators and learners about the future. This state of confusion is not only un-conducive to effective teaching and learning but also to effectiveness of strategies (Moys, 2001:59; Heard, 2001:88).

- ***Mourning***

Many learners and educators go through a mourning process when they hear they have HIV or AIDS. This may occur whether they are symptomatic and healthy, or already mildly or seriously ill with AIDS related diseases (Mbuya, 2000: 70). Mourning according to Msomi (2000:65) may involve a range of emotions that develop in some way similar to the following:

Denial: numbed shock and inability to take in the information. Feeling "no, this is not true, it is not really happening to me. I don't believe it".

Anger: fury at having been singled out for such trauma, as the situation begins to seem real.

Bargaining: a plea to supernatural or to human agents to take away the terrible news, and stop it being true, in return for a particular action or change in behaviour.

Guilt: self blame for the situation, often greatly reducing self–esteem. Feeling: It's my fault. I'm worthless and awful, if only I hadn't done it.

Depression: deep sadness and withdrawal, feeling hopeless and helpless with very low self – esteem, despairing of things ever, being better. Feeling: "there is no point in life any more, this has happened to me and there is nothing I can do about it. I might as well give up now".

Acceptance: no longer feeling overwhelmed while recognizing that the situation cannot be changed and beginning to cope, feeling "this has happened to me. It's awful, but it is not the end of the world there is still life to live" (Meeson, 1998:8).

Coping: adjusting to the new life situation and getting back to normal as far as possible. Feeling: "I've come to terms with the situation, and it is now time to concentrate on my life again, and get on with living'.

Taylor (2000:71) argues that while changes of emotion and feeling, as in the above progression, may occur, it is certainly not the case that the learner and educator faced with acute loss, disablement, impending death or bereavement caused by HIV and AIDS, experiences all these emotions and in this order but what is certain is that they contribute to the behaviour and performance of learners and educators in a school situation.

- ***Denial***

Markus and Fincham (2000a:71) state that the question of denial is a particularly difficult one. Learners and educators may either, deny the information of HIV infection given by the health worker and provide all sorts of rationalizations that make it seem untrue and may also deny the very existence of HIV as some learners claim that it is just a way of making them abstain from sex. It is a very natural response, when faced with a life–threatening diagnosis to block out the information, to refuse to hear it, and in fact to be unable to believe it.

Whiteside (1998a:54) reveals that the reaction of denial may provide a breathing space for the learner or educator so that the information is not totally overwhelming. This denial can be seen as a protective mechanism in the short term. Mendel (2002:24) agrees with the above statement and further states that denial allows people to continue to live as before, and they may never face up to

what the information means. This can become particularly dangerous in the case of HIV and AIDS, if it means learners and educators do not safeguard their own or others' health. For example they may continue to have unprotected sex, thus spreading the virus to others. They may also fail to make any psychological or practical adjustments to their situation.

Mbuya (2000:71) points out that what may be interpreted as denial, however, may in reality be genuine lack of understanding. Learners and educators may not understand what HIV infection or AIDS is, and therefore cannot respond appropriately to the information. They may have no concept of a germ theory disease. Language may also be a problem, if people who speak little English, and possibly in complicated medical terms (Karim & Karim, 1999:75).

The formation of support groups in schools is one possibility that should be considered by the school governing bodies. Support groups allow participants to express their feelings more freely as every member is either affected or infected. Learners' or educator's expressions of fear, anxiety or feelings of hopelessness can be welcomed and supported by others and one can also find peace in just having people to listen to his/or her problem (Lurie, 2000:65; Hepburn, 2002:56).

- ***De- motivation***

Educators and learners affected and infected by HIV and AIDS are likely to be de-motivated because of their plight. They will need their morale boosted. Motivation, is defined by Mkandawire (2001:82), as willingness to engage in a meaningful task. If infected and affected learners and educators are motivated to attain a given goal, their activities involve moving in the direction of achieving that goal. Similarly, motivation according to Lurie (2000:15) implies, setting in motion or stir, work upon, excite, and inspire.

For infected and affected educators and learners to become motivated in their teaching and learning activities and in the effective implementation of strategies in the mist of the HIV and AIDS pandemic, a context that will inspire achievement must be provided. The learning milieu of the learner should stimulate the exercise of creativity and functioning at peak potential (Whisson, 2002:67). Motivation may also arise when the infected learner experiences pleasure in tackling schoolwork. When learners and educators are motivated, they tend to develop inner confidence and generally expect to succeed. They tend to portray adaptive motivational patterns, which are defined by Samayende (2000:28) as those behaviours, which demonstrate the seeking of challenges as well as persistence in the face of obstacles.

The idea of motivation should not be for task mastery only but also to inspire infected and affected educators and learners to develop the ability to tolerate and adapt in the mist of the HIV and AIDS pandemic (Gerkin, 1996:5). Infected and affected learners and educators should be inspired to enjoy their lives no matter how short they may seem. Educators and learners living with HIV and AIDS should be motivated to make short-term plans for their lives and eventually long term plans (Bateman, 2002:15).

Intrinsic motivation in infected and affected learners and educators will relate to understanding and retaining what they value about living in the moment, while defining long–term needs and strategies for satisfying them, capacity to adapt and readapt, have vitality and optimism, inspiration to make the best of the situation (Bunting, 1996:54; Brown, 2002:78).

It is anticipated that learners affected and infected will perform poorly at school, not because they lack basic intellectual competencies or specific learning skills, but because they tend to have low expectations, feel hopeless, and will deny the importance of any effort (Flisher, 2000:24). Striving for survival takes precedence over school performance. Involvement of psychologists and motivational

speakers could assist infected and affected learners and educators (Misra & Sujaya, 1999:67).

Mona (1996:36) showed that home environment and parental involvement variables are strongly associated with learner performance in the classroom. School governing bodies should motivate parents, foster parent and guardians of learners living with HIV and AIDS to be involved in the learning process of their children as it lays the foundation for effective learning and helps in developing the academic intrinsic motivation in the learner (Moys, 2001:76).

- ***Cultural beliefs***

School governing bodies should resist the temptation to discard all traditional African beliefs and practices as ridiculous, superstitious and harmful, and use some of these beliefs to the advantage of AIDS education. Nell (2000:56) proposed a strategy or model (the P–E–N model) according to which traditional cultural health beliefs and behaviour can be categorized as positive (P), exotic (E) or negative (N) and treated accordingly

According to the PEN model, positive cultural beliefs and behaviours are values and behaviours, which are known to be beneficial and should be encouraged and reinforced (Whiteside, 1998 (a): 60). Examples of positive values and behaviour are those, which discourage or forbid sexual intercourse before marriage. Also positive is the belief that intercourse with a person with STD is dangerous, and values that encourage traditional forms of non-penetrative intercourse, abstinence up to a certain age, which is sometimes practiced by youth (Badcock-Walters, 2001:32; Davies *et al.*, 1999:270).

Abdullah *et al.*, (2001:65) suggest that dancing, singing, drumming, traditional rituals and ceremonies should be encouraged because the dramatization enables patients to express their emotions, to overcome anxiety, and to accept

and integrate what may seem like a threatening part of him or herself. Dance, story telling and music have long been mediums for education in Africa to teach important cultural values, and it should also be used to relate the threat of AIDS in schools (Karim, 2000:99).

Although the collective interest is very important to traditional Africans, school governing bodies should be sensitive to the issue of confidentiality in the school situation. In Moore's study (1999:37), 98 % of the subjects indicated that secrecy and confidentiality concerning AIDS are very important to people living with HIV and AIDS because they fear rejection by the community and even death if their HIV status become generally known.

Bateman (2001:152) suggests that AIDS educators should appreciate the importance of rituals for the identity and corporate existence of people in their areas or in schools. However, if they find that the ritual (such as circumcision) is harmful to people's health, they should not attempt to change or put a stop to the ritual but rather suggest ways to make it safer. These important issues can be discussed in classes.

Even in Exotic cultural beliefs, the task of the school governing bodies is not to change them but to make learners aware of them so as to be able to make informed judgments and also insist on safe incisions with clean instruments, Act 27 of 1996, clause 7(1) to assure that HIV is not transmitted.

2.8 **EMERGING CHALLENGES TO THE IMPLEMENTATION OF STRATEGIES**

Challenges can be defined as new or difficult tasks that test somebody's ability and skill. School governing bodies will have to have enough ability, experience and knowledge to be able to meet challenges like:

- *lack of resources to implement the programme*

  It is clearly stated in SASA, Act 84 of 1996, section 36 that a governing body of a school must take reasonable steps within its means to supplement the resources supplied by the State to improve the quality of education at its school. Section 3(4) of the Policy Act provides that the Minister of Education may in general determine national policy for the financing, management, governance and well being of the education system. Particularly, he may determine national policy for the funding of education institutions and such policy should be directed toward cost-effective use of education resources and sustainable implementation of education services (Kenyon, 2001:45).

  From the above exposition of the statutory provision it is clear that the state should facilitate the implementation of a national policy on HIV and AIDS for schools by providing funding required for such implementation. Indeed HIV and AIDS education represent an investment in the country's future for which the state itself is duty bound to make adequate provision (McIntyre, 2002:32). It would however, not be wrong, to expect a governing body to contribute to this if it is within its means to do so;

- *lack of information and or absence of people in the community with knowledge and expertise*

  Most researchers identified fear, ignorance and misunderstanding as factors, which may stand in the way of implementing the National policy on HIV and AIDS. They refer in this regard to the need for training (Buys, 2002:14; Wenger, 2001:23; Henscher, 2000:89);

- *having dysfunctional School Governing Bodies*

  In some schools, school governing bodies are non-functional. In such schools the effective implementation of the HIV and AIDS policy and school plans would be impossible (Wells & Henrietta, 1999:107);

- *lack of support from the officials.*

  District officials need to provide support, monitor the progress in schools and see to it that school level HIV and AIDS policies do not deviate from the national policy (Andersen, 1995:39);

- *lack of training and workshops for school governing body members*

  As much as the Department of Education has embarked on a programme of training educators on issues relating to HIV and AIDS, there is the urgency of ongoing and compulsory training for school governing body members which should include skills necessary to handle learners with HIV and to support infected and affected educators. This training would facilitate the implementation of HIV and AIDS programmes in schools (Eaton & Flisher, 2000:68; Wild, 2001:22; Brown, 2002:71).

2.9 CONCLUSION

It is clear from the arguments above that there are major challenges and possibilities facing school governing bodies in implementing the HIV policy and also in dealing with the HIV and AIDS pandemic in schools. A review of literature highlights the argument that school-governing bodies may enhance effective and efficient involvement of parents if members are clear about their defined role.

There are views that have been highlighted in this chapter, which can be of great help in assisting the school governing bodies in playing their role of combating the diseases. These views include commitment to partnership, support regarding governance, accountability on the side of the school governing bodies, and training and professional development. Added to this is a problem of appropriate resources, which can definitely hinder the progress of the implementation if they are not available.

There is a need for a comprehensive knowledge of aspects such as delegation, strategic planning, controlling and problem solving. Lack of knowledge in issues like HIV and AIDS prevention strategies, how to deal with critical issues such as stigma and discrimination, disclosure of HIV and AIDS status will reflect ineffectiveness with regard to the performance of the school governing bodies.

The next chapter deals with the empirical design of the research.

CHAPTER 3

EMPIRICAL RESEARCH DESIGN

3.1 INTRODUCTION

This chapter presents the research methods used in this study. It includes an overview and justification of the self-developed questionnaire, an explanation of the development of the questionnaire and a description of the pilot study. The use of a questionnaire is taken as the most appropriate and practical technique in reaching the aims of this study, which are to:

- determine the strategic role of the school governing bodies in dealing with the HIV and AIDS pandemic in schools;
- investigate the current effectiveness of school governing bodies in dealing strategically with the HIV and AIDS pandemic; and
- determine how school-based policies on HIV and AIDS can be harnessed to help school governing bodies effectively deal with HIV and AIDS in the schools.

3.2 RESEARCH METHODS AND CHOICE OF THE INSTRUMENT

The most practical research method which satisfies the validity and reliability demands and with which the desired data could be obtained is used. Personal visits to primary and secondary schools in the townships, in towns and in farms, during which the questionnaires were distributed to educators and learners serving in school governing bodies, were made. Questionnaires for the parent component of the school governing bodies were given to their children with the instruction that they should return the questionnaires to school after three days when the researcher would collect them.

This method of distributing questionnaires to the parents via learners created problems for the researcher - not all questionnaires were returned. Only 184 out of 291 could be retrieved. The table below indicates the numbers distributed to parents, learners and educators, and those that could be retrieved and those that were lost or misplaced.

TABLE 3.1 Feedback of the population group

No. of schools	Number of questionnaires distributed					
		Educators	Parents	Learners	Total	Percentage
	No. distributed	229	291	80	600	100%
	No. returned	219	184	74	477	79.3%
60	No. lost or misplaced	10	107	6	123	20.7%

3.3 DESCRIPTION OF THE POPULATION

All learners, educator and parent components of the school governing bodies falling under the jurisdiction and control of the Gauteng Department of Education were considered as the study population.

The Gauteng Department of Education has 10 470 members of school governing bodies in public schools, and this figure is calculated at an average rate of 10 members per school. Seeing that the carrying out of the study could be delayed which would have had particular financial implications, it was not regarded as practically feasible to investigate the entire field. After consultation with the study supervisor it was decided to limit the study population to school governing body members in the Vaal Triangle area of the Gauteng Province.

3.4 METHOD OF RANDOM SAMPLING

Samples like cluster and random sampling were considered for use in this investigation. After careful consideration of the advantages and disadvantages of each of these methods, it was decided on random sampling. This type of sampling was chosen because each member of the population has an equal and known chance of being selected. This is also the purest form of probability sampling (Aiken, 1994:848). A list of all public schools from D_7 and D_8 districts was obtained and schools for investigation were selected randomly from the list. The respondents consisted of school governing body members from randomly selected 60 public schools in both D_7 and D_8 districts in the Vaal Triangle.

3.5 RANDOM SAMPLE SIZE

A total of 600 school governing body members, which consisted of 291 parents, 229 educators and 80 learners from 60 public schools, participated in the survey. This sample ranged from remote areas to metropolitan areas and also included participants from both primary and secondary schools.

3.6 COVERING LETTER

In a covering letter to the principals of 60 primary and secondary schools, the purpose of the questionnaires was described. Stressing the confidentiality of information, an appeal was made to the respondents to respond openly and sincerely.

3.7 PROCEDURE

With the permission of school principals who agreed and were known by learners, educators and parents not to have access to the completed questionnaires, copies of the instrument were distributed, by the researcher to

the school governing body members of the participating schools. Written guidelines and personal briefings were provided to ensure as far as possible standardized administration, and to secure respondents' guarantee of confidentiality. Educators and learners were given two days to complete the questionnaires, which were to be collected by the researcher on the third day, whilst parents' questionnaires were sent to them through learners and were to be completed and returned by them to school after three days. All data were collected during May, 2003.

3.8 DESIGNING THE QUESTIONNAIRE AS A MEASURING INSTRUMENT

Although several instruments have been devised to obtain reports on the effectiveness of school governing bodies in dealing strategically with HIV and AIDS in schools, there have been, as far as it could be ascertained, only instruments designed overseas to determine such effectiveness. As a result of a peculiar situation in the public schools in South Africa, not a single one of these instruments was suitable and appropriate for use in the investigation in question. It was then decided to construct a distinctive questionnaire, which could be used to measure effectiveness of school governing bodies in dealing strategically with HIV and AIDS in a South African schools context.

To develop the questionnaire, principals of four schools were requested for permission to meet at least five school governing body members in their schools. All three components were to be represented. These members were requested to give at least one item which they thought could contribute to the combating of HIV and AIDS in schools. They were asked if their schools had developed policies to deal with the HIV and AIDS pandemic. They were also asked if their schools had programmes to implement the National Policy on HIV and AIDS.

The items were written down on a piece of paper by members of the school governing bodies. Valuable contributions of two hundred and thirty (230) items

were received and were used together with related items which were identified in the literature to construct a preliminary questionnaire. A number of participants gave more than one item and answered the questions as sincerely as possible. These items were used to construct the first draft of the questionnaire. The items which overlapped and were ambiguous were eliminated.

An effort was made to have all the items included in the questionnaire to fall within the comprehension level of all members of the school governing bodies. The questionnaire was sub-divided into the following sections:

- demographic data which formed Section A; and
- the effectiveness of school governing bodies in dealing strategically with the HIV and AIDS pandemic which formed Section B (cf. appendix 1).

3.9 THE FIRST DRAFT OF THE QUESTIONNAIRE

In Section A of the questionnaire it was necessary to investigate some demographic particulars of the respondents like the type of school, where it is situated, enrolment of learners at the school, and the level of education of the respondents. Such information would help the investigation to ascertain:

- whether the size of a school could contribute to school governing bodies' ineffectiveness in dealing strategically with HIV and AIDS; and
- whether the level of education of members of the school governing bodies could contribute to their effectiveness in dealing strategically with HIV and AIDS.

From the literature survey, it was found that the effective process of dealing strategically with HIV and AIDS in schools depends on:

- whether educational programmes on well-being and wellness are conducted and managed;

- whether parents and communities are mobilized in combating the HIV and AIDS pandemic;
- whether school level policies for HIV and AIDS have been developed, adopted and implemented; and
- whether these policies are in line with the National Policy for HIV and AIDS, and
- whether members of the Health Advisory Committees and school governing bodies are trained, guided and informed about the latest developments on HIV and AIDS issues or how to implement the HIV and AIDS plans.

It was therefore necessary to include items related to all the above aspects in the questionnaire and they formed Section B of the questionnaire (cf. appendix 1).

3.10 SECOND DRAFT OF THE QUESTIONNAIRE

The first draft of the questionnaire, was discussed, with the study supervisor and after certain additional modifications were made, the second draft which contained 28 items was constructed (cf. appendix 1). The questionnaire was piloted in a number of primary and secondary schools in township, town and farm schools. This was done to test if the English language used in constructing the questionnaire was clear and without unnecessary ambiguities, and to investigate if there was a need to translate the questionnaire into other languages. The results of the pilot study revealed the necessity for only slight technical modifications for the final draft and there was no need for the translation of the questionnaire since all respondents showed a clear understanding of the English language used. Approval from the D_7 and D_8 Districts of Education was obtained to have the questionnaires filled in by all members of the school governing bodies in sixty (60) targeted schools.

3.11 **FEEDBACK ON THE QUESTIONNAIRE OF THE POPULATION GROUP**

Feedback from the 60 targeted schools was as follows:

- **Number of respondents per school category**

Type of schools		
Schools	Frequency	Percentage
Primary	209	43.815
Secondary	268	56.185

Location	Frequency	Percentage
Town	60	13.10
Township	354	74.66
Farm	59	12.24

More schools from the townships participated than schools in either town or farm. This was due to the fact that there are more schools in the townships than in town or farms. It was impossible to have 100% retrieval of questionnaires as most of them were given to parents through learners and the researcher relied on the learners to return the questionnaires on behalf of their parents. Ten (10) educators claimed that they had misplaced the questionnaires; six (6) learners and 107 parents lost theirs.

3.12. **STATISTICAL TECHNIQUE**

Data was processed using the SAS programme in consultation with the Statistical Consultation Services of PU for CHE in which the computer programme performed the TEST procedure of the SAS System for Windows Release.

3.13 **CONCLUSION**

In this chapter the research design process was discussed. The next chapter provides the analysis and interpretation of data collected during empirical research.

CHAPTER 4

STATISTICAL ANALYSIS AND THE INTERPRETATION OF DATA

4.1 INTRODUCTION

The purpose of this research is to determine the strategic role of school governing bodies in dealing strategically with the HIV and AIDS pandemic in schools; investigate the current effectiveness of school governing bodies in dealing strategically with the HIV and AIDS pandemic; and to determine how school-based policies on HIV and AIDS can be harnessed to help school governing bodies effectively deal with HIV and AIDS in the schools. For deductions and conclusions to be made on the effectiveness of school governing bodies in dealing strategically with HIV and AIDS in schools, it was necessary to first investigate the demographic data of the respondents. This information on the demographic data of the respondents is presented in Section A, while information on effectiveness of school governing bodies in dealing strategically with HIV and AIDS pandemic in schools is presented in Section B. The average score for each factor is calculated by dividing the sum of the responses by the number of respondents who have filled in the item. These data and statistical information are provided in the form of tables, analysed and interpreted.

4.2 **Section A: Demographic data of the respondents**

Compare Table 4.1 for an exposition of the demographic data of the respondents.

Table 4.1 Demographic data

Type of school		
	Frequency	**Percentage**
Primary	209	43.815
Secondary	268	56.185
Where is the school located		
	Frequency	**Percentage**
Town	64	13.22
Township	354	74.68
Farm	59	12.10
Enrolment of school		
	Frequency	**Percentage**
0-50	3	0.64
50-100	3	0.64
100-300	15	3.20
300-600	66	14.06
600-1000	254	54.16
1000+	136	27.30
Level of education of the respondents		
	Frequency	**Percentage**
Pre-matric	109	22.83
Matric	106	22.41
Post-matric	188	39.75
Learner	74	15.01

- **Analysis and Interpretation**

Table 4.1 provides a demographic profile of the respondents who filled in the questionnaire. It is clear that more respondents from secondary schools (56.2%) participated in the investigation than in primary schools (43.8%); 74.7% of the schools that formed the population of the study are in the townships; 13.2% in town and 12,1% in the farms. Responses indicated that 54.2% of schools which formed the population of this study have enrolments of 600 -1000 learners. The investigation revealed that the education level of 22.4% of the respondents is matric and 22.8% have a pre-matric level of education, and 39.8% of the respondents are above matric.

Most public schools in the Vaal Triangle are in the townships hence the majority of schools were from the townships. The level of education of the school governing bodies are able to read and interpret the National Policy for HIV and AIDS and can develop and implement school level policies.

4.3 Section B: Information on the effectiveness of school governing bodies in dealing strategically with the HIV and AIDS pandemic in schools

It was necessary to test if school governing bodies are effective in dealing strategically with the HIV and AIDS pandemic in schools. This section is formulated in such a way that the question is stated first then a table is represented and the data is analysed and interpreted accordingly.

The purpose of question one was to find out if the respondents understand the role the school governing body should play in dealing strategically with HIV and AIDS at its school.

Table 4.2

	Learners		Educators		Parents	
	Freq	%	Freq	%	Freq	%
Yes	22	29.72973	138	63.02370	79	42.93478
No	52	70.27027	81	36.98630	105	57.06522

- **Analysis and interpretation**

According to Table 4.2 only 29.7% of learners, 63.0% of educators and 42.9% of parents agreed that they understand the role the school governing bodies should play in dealing strategically with the HIV and AIDS pandemic, however 70.3% of learners and 57.1% of parents claimed not to understand this role. 72,6% of the respondents, which is the majority, revealed that they do not understand the role the school governing bodies should play in the fight against HIV and AIDS pandemic.

The implication of this response is that most of the learner and parent members of the school governing bodies do not understand the role of school governing bodies in dealing strategically with the HIV and AIDS pandemic. This lack of understanding is unfortunate as it leaves schools vulnerable to this fatal pandemic.

The purpose of question two was to find out if respondents think it is important that school governing bodies should lead the fight against HIV and AIDS in their schools.

Table 4.3

	Learners		Educators		Parents	
	Freq	%	Freq	%	Freq	%
Yes	71	95.94595	210	95.89041	179	97.28261
No	3	4.05405	9	3.65297	5	2.71739

- **Analysis and interpretation**

Table 4.3 reveals that 95.9% of learners, 95.9% of educators and 97.3% of parents indicated that it is important for the school governing bodies to lead the fight against HIV and AIDS in schools.

It is interesting to note that parents, learners and educators serving in school governing bodies realize the importance of school governing bodies to lead in the fight against the HIV and AIDS pandemic. This means that with a concerted effort from principals of schools and the Department of Education in mobilising school governing body members around this pandemic, an active response from the school governing body members can be received.

The aim of question three was to determine whether schools have management plans for dealing strategically with HIV and AIDS.

Table 4.4

	Learners		Educators		Parents	
	Freq	%	Freq	%	Freq	%
Yes	26	35.13514	114	52.05479	83	45.10870
No	48	63.51351	105	47.48858	101	54.89130

- **Analysis and interpretation**

Table 4.4 indicates that the majority (63.5%) of learners and 54.9% of parents agreed that they do not have management plans in their schools for dealing strategically with HIV and AIDS.

This response is not in line with the National Policy on HIV and AIDS (Act No 27 of 1996) which stipulates that within the terms of its functions, under the South African Schools Act, Act No. 84 of 1996 and the Further Education and Training

Act, 1998, or any applicable provincial law, the governing body of a school may develop and adopt its own implementation plan on HIV and AIDS to give operational effect to the National Policy. The National Policy on HIV and AIDS, Act No 27 of 1996 further stipulates that the school's implementation plans should take into account the needs and values of its school and the community it serves. Consultation on the school implementation HIV and AIDS plans could address and attempt to solve complex issues, such as discretion regarding mandatory sexuality education, or whether condoms need to be made accessible within a school, as a preventative measure, and if so under what circumstances (cf. paragraph 2.4.3).

On the basis of the above facts and the exposition of the analysis in Table 4.4, it could be deduced that schools need management plans to avoid activities and programmes on HIV and AIDS that are haphazard, pointless, time-consuming and misdirected. The HIV and AIDS school plans can give the school governing body's strategic direction in dealing with the pandemic. School HIV and AIDS plan's provide knowledge that will instil self-protection among learners, educators and parents; foster the development of a personally held, constructive value system; inculcate skills that will facilitate self-protection; promote behaviour that will lower the HIV and AIDS infection risks; and enhance capacity to help learners, educators and parents to protect themselves against the HIV and AIDS risk (cf. paragraph 2.4.3).

The purpose of question three was to find out if schools have health advisory committees or any other committees that are responsible for HIV and AIDS issues in school as per National Policy for HIV and AIDS, Act No 27 1996.

Table 4.5

	Learners		Educators		Parents	
	Freq	%	Freq	%	Freq	%
Yes	19	25.67568	60	27.39726	41	22.28261
No	55	74.32432	159	72.55288	143	77.71739

- **Analysis and interpretation**

Table 4.5 shows that 74.3% learners, 72.6% educators and 77.7% parents agree that there are neither Health Advisory Committees nor any other committees that deal with HIV and AIDS in their schools. Only 25.7% of learners, 27.4% of educators and 22.3% of parents said that they have Health Advisory Committees in their schools.

The National Education Policy, Act No. 27 of 1996 recommends that each school should establish its own Health Advisory Committee, as a committee of the school governing body. Where the establishment of such a committee is not possible, the school should draw on expertise available to it within the education and health systems. The HAC may, as far as possible, use the assistance of community health workers led by a nurse, or local clinics. The HAC as a committee of the school governing body is responsible for the development and promotion of a school plan of implementation on HIV and AIDS and to review the plan from time to time, especially as new scientific knowledge about HIV and AIDS becomes available. The objectives of the Health Advisory Committee should be to raise awareness of the impact of HIV and AIDS on education, educators, learners and parents promote health and safety at work and help reduce the spread and transmission of HIV (cf. paragraph 2.4.5). The unavailability of HAC in schools as indicated in Table 4.5 reflects that nothing or very little is done in schools to develop and promote wellness of educators and learners, or to promote safe schools where learners can grow up without fear of being infected with HIV within the school and to make schools centres of information regarding HIV and AIDS issues.

The purpose of question five was to find out if school governing bodies ever convene meetings with the HAC or any other committee that deals with HIV and AIDS in schools.

Table 4.6

	Learners		Educators		Parents	
	Freq	%	Freq	%	Freq	%
Yes	3	4.05405	23	10.50228	9	4.89130
No	71	95.94595	196	88.58447	175	95.10870

- **Analysis and interpretation**

95.9% of learners, 88.5% of educators and 95.1% of parents agree that no meetings are ever convened by the school governing bodies in their schools with health advisory committees or any committee, which deals with HIV and AIDS matters.

This implies that meetings are never held to discuss the National Policy on HIV and AIDS in order to clarify difficult and complex aspects of the policy and to strategise on how to manage, organize, lead and evaluate plans, programmes, campaigns and policies that are designed to fight against HIV and AIDS in schools. These meetings can be a platform to address sensitive and controversial issues such as pre-screening for admission and employment, sexual education, and to share knowledge and change negative attitudes towards learners, educators and parents living with HIV and AIDS.

The purpose of question six was to find out how frequent these meetings are held.

Table 4.7

	Learners		Educators		Parents	
	Freq	%	Freq	%	Freq	%
Yes	20	27.02703	65	29.68037	77	41.84783
No	54	72.97297	154	69.95977	107	58.15217

- **Analysis and interpretation**

Of all the schools 73.0% of learners, 70.3% of educators and 58.2% of parents indicated that school governing bodies and Health Advisory Committee do not meet even once per term.

These results reveal a serious lack of communication between these two committees, which could lead to all ineffective and dysfunctional approach to dealing with HIV and AIDS. Meetings to strategise, organise, report back on achievements and failures and evaluation of HIV and AIDS plans would enable school governing bodies to achieve a flow of governance.

Question seven endeavoured to find out if these meetings deal directly with the problems HIV and AIDS cause in the teaching and learning situation.

Table 4.8

	Learners		Educators		Parents	
	Freq	%	Freq	%	Freq	%
Yes	3	4.05405	21	9.58904	17	9.23913
No	71	95.94595	198	89.14110	167	90.76087

- **Analysis and interpretation**

Table 4.8 reveals that 95.9% of learners, 89.1% of educators and 90.8% of parents agreed that in meetings between school governing bodies and health advisory committees or with other committees that deal with HIV and AIDS in schools, problems that HIV and AIDS cause in teaching and learning are hardly discussed.

This silence about the impact and effects of HIV and AIDS in schools is attributable to factors like fear, based on misinformation and mistrust, cultural beliefs that forbid adults to talk about sex to people younger than them, ignorance and illiteracy, etc (cf. paragraph 1.1). From these results it can be deduced that school governing bodies and schools are not yet geared to breaking this silence where HIV and AIDS are concerned. This is very crucial and schools need to seriously address it so as to break this culture of silence and create an atmosphere of openness and assertiveness.

The purpose of question eight was to find out if members of the health advisory committee are trained to advise and offer counselling services to learners and educators concerning HIV and AIDS.

Table 4.9

	Learners		Educators		Parents	
	Freq	%	Freq	%	Freq	%
Yes	5	6.75676	32	14.61187	18	9.78261
No	69	93.24324	187	84.11826	164	89.67391

- **Analysis and interpretation**

In Table 4.9, a significant number (93.2%) of learners, 84.1% of educators and 89.7% of parents indicated that members of the HAC are not trained to advise

and offer counselling services to learners and educators, both affected and infected. This is not in line with the National Education Policy Act, Act No. 27 of 1996, which stipulates that all educators should be trained to give guidance on HIV and AIDS. It also recommends that educators, parents and learners should respect their position of trust and the constitutional rights of all learners and students in the context of HIV and AIDS.

The Faculty of Education of the University of Durban-Westville, commenting on the terms of the National Policy Act, Act No. 27 of 1996, supports the proposal for such training and recommends that they should include skills necessary to handle learners with HIV and to support and prepare learners who wish to be tested. Absence of training for HAC members would be detrimental to effective implementation of school plans for HIV and AIDS, the development and implementation of HIV and AIDS school policies and rapid spreading of information on HIV and AIDS.

Question nine endeavoured to find out if fully equipped first aid kits are always available wherever contact play or sport takes place.

Table 4.10

	Learners		Educators		Parents	
	Freq	%	Freq	%	Freq	%
Yes	43	58.10811	140	63.92694	117	63.58696
No	31	40.54054	79	36.07306	67	36.41304

- **Analysis and interpretation**

It is interesting to find that 58.1% of learners, 63.9% of educators and 63.6% of parents agreed that there are fully equipped first aid kits, which are always available whenever contact sport or play takes place.

This is an indication that schools are prepared to prevent infection during contact sporting activities. This is also in line with the National Education Policy Act, Act No 27 of 1996, which states that all schools must have available at least two first aid kits, each of which contains two large and two medium pairs of disposable latex gloves, two large and two medium pairs of rubber household gloves for handling blood soaked material in specific instances, (for example when broken glass makes the use of latex gloves inappropriate), absorbent material, waterproof plasters, disinfectant such as hypochlorite, scissors, cotton wool, gauze tape, tissues, containers for water, and a cardio-pulmonary resuscitation mouth piece or a similar device with which mouth to mouth resuscitation could be applied without any contact being made with blood or other blood fluids. In addition, each educator should preferably have a pair of rubber household gloves in his or her classroom.

Although most of the respondents claim to have these first aid kits in their schools, one wonders if they are fully equipped with almost all the contents necessary for adherence to precautionary measures. Several commentators who offered suggestions for the reformulation of the proposed clauses of the National Policy for HIV and AIDS Act, Act 27 of 1996 stressed the financial implications of implementation and adherence to the universal precautions, including availability of first aid kits in schools and doubted whether their successful implementation would be attained especially in schools in the impoverished areas.

The purpose of question ten was to find out if persons responsible for first aid kits are always available

Table 4.11

	Learners		Educators		Parents	
	Freq	%	Freq	%	Freq	%
Yes	48	64.86486	123	56.16438	109	59.23913
No	26	33.78378	96	42.56575	75	40.21739

- **Analysis and interpretation**

64.9% of learners, 56.2% of educators and 59.2% of parents agreed that persons responsible for first aid kits are always available in their schools.

Even if first aid kits are available and fully equipped, the unavailability of persons responsible for these kits would be detrimental to the determined efforts of implementing precautionary measures in schools.

Question eleven was included to find out if persons responsible for first aid kits were given training in first aid.

Table 4.12

	Learners		Educators		Parents	
	Freq	%	Freq	%	Freq	%
Yes	20	27.02703	54	24.65753	33	17.93478
No	54	71.62162	165	73.15936	151	79.44783

- **Analysis and interpretation**

71.6% of learners, 73.2% of educators and 79.4% of parents all agree that persons responsible for first aid kits were not given any form of training.

The National Policy Act, Act No. 27 of 1996 proves to be inadequate as far as training is concerned, mainly because it is not supported by any provisions regarding training. Schools where persons responsible for first aid kits are not trained would not adhere to precautionary measures, learners would be deprived of information about handling other people's blood.

Question twelve was included to find out if schools keep records of orphans and those learners who have lost one of their parents to HIV and AIDS.

Table 4.13

	Learners		Educators		Parents	
	Freq	%	Freq	%	Freq	%
Yes	2	2.70270	32	14.61187	16	8.69565
No	72	97.29730	187	83.20502	168	90.76087

- **Analysis and interpretation**

97.3% of learners, 83.2% of educators and 90.8% of parents agreed that no annual record of learner orphans and those who have lost one parent to HIV and AIDS are kept in their schools This implies lack of follow-up efforts by school governing bodies on learners affected by this pandemic.

Having a record or a register of orphans would assist the school in checking whether there is an increase in the number of orphans that need the attention of educational authorities, for the purpose of sponsorship and adoption, to exempt these learners from paying school fees and to check if there is a need for extra classes or remedial classes for them.

Question thirteen was included to find out if these learner orphans and those who have lost one of their parents because of HIV and AIDS are ever counselled or supported morally.

Table 4.14

	Learners		Educators		Parents	
	Freq	%	Freq	%	Freq	%
Yes	5	6.75676	27	12.32877	16	8.69565
No	69	93.24324	192	84.57489	168	89.67391

- **Analysis and interpretation**

A significant number of respondents, 93.2% of learners, 84.6% of educators and 89.7% of parents agree that orphans and learners who lost one parent to HIV and AIDS are never counselled or morally supported.

The absence of counselling and support services indicates that school governing bodies as overseers are not effective in this aspect of educational programmes and that learner orphans are neglected in schools, a situation which could lead to these learners having learning problems thereby contributing to a high failure rate in schools. HIV and AIDS can cause severe learning and teaching distress to learners and educators infected and affected respectively (Sukrung & Karnjariya, 1999:80). If a school governing body does not provide counselling service to these learners and educators, they should be referred to health clinics in the same vicinity and given appropriate support by the principal of a school, i.e. by allowing them time off to attend counselling sessions. These counselling services outside school premises seem to be time-consuming and contribute to the high rate of absenteeism (Webb, 1996:99). With support, orphans will remain in school longer, thereby safe-guarding their future rather than being abandoned to premature independence.

Question fourteen was included to find out whether learners, who are unable to pay school fees because of their plight caused by HIV and AIDS, are exempted from paying.

Table 4.15

	Learners		Educators		Parents	
	Freq	%	Freq	%	Freq	%
Yes	21	28.37838	100	45.66210	73	39.67391
No	53	70.27027	119	53.42466	111	58.69565

- **Analysis and interpretation**

70.3% of learners, 53.4% of educators and 58.7% of parents agree that learners who are unable to pay school fees because they are orphans or that they have lost one parent due to HIV and AIDS, are not exempted from paying. 45.6% of educators and 39.6% of parents however indicate that these learners are exempted from paying.

There are a number of factors that can result in learner orphans not being exempted from paying school fees, such as, if the school does not have a record of learner orphans or if the governing body of a school is unaware of the contents of section 39(2) of the South African School's Act (Act No 84 of 1996). Bollinger and Stover (1999:15) believe that total exemption of learner orphans from paying school fees can help them stay in school longer and avoid deterioration in the education level of the workplace.

The purpose of question fifteen was to find out if there are support groups in schools for HIV and AIDS victims, either affected or infected.

Table 4.16

	Learners		Educators		Parents	
	Freq	%	Freq	%	Freq	%
Yes	4	5.40541	31	14.15525	17	9.23913
No	70	94.59459	186	84.93151	165	89.67391

- **Analysis and Interpretation**

94.6% of learners, 84.9% of educators and 89.7% of parents agree that there are no support groups for infected and affected learners and educators in their schools.

This is an indication that the majority of the schools in Gauteng have no support systems for learners and educators infected and affected by HIV and AIDS. Support groups of learners and educators infected and affected by HIV and AIDS offer a unique climate of honesty, experience and understanding where acceptance and self-esteem among the HIV and AIDS victims are restored.

The purpose of question sixteen was to find out if there are programmes in schools concerning extra classes for HIV and AIDS affected and infected learners who are repeatedly absent from school because of care-giving and care-receiving.

Table 4.17

	Learners		Educators		Parents	
	Freq	%	Freq	%	Freq	%
Yes	3	4.05405	6	2.73973	8	4.34783
No	71	95.94595	213	96.34703	176	94.56522

- **Analysis and interpretation**

95.9% of learners, 96.3% of educators and 94.6% of parents agree that there are no programmes in their schools concerning extra classes for affected and infected learners and those who are repeatedly absent because they are care-givers and care-receivers.

This is an indication that schools make little effort to organize extra classes for learners who miss classes because of their HIV and AIDS-related illness. Absence of extra classes for these learners could undermine the efforts of the Minister of Education of restoring the culture of learning and teaching in schools, lead to high failure rate in classes and contribute to learners dropping out of school because they cannot cope.

The purpose of question seventeen was to find out if there is money set aside from the school fees to employ temporary substitute educators for those who are on sick leave because of HIV and AIDS (SGB posts).

Table 4.18

	Learners		Educators		Parents	
	Freq	%	Freq	%	Freq	%
Yes	6	8.10811	26	11.87215	22	11.95652
No	68	91.89189	188	85.85475	161	87.50000

- **Analysis and interpretation**

91.9% of learners, 85.9% of educators and 87.5% of parents agree that there is no money set aside in their schools to employ temporary substitute educators for those who are on sick leave because of HIV and AIDS.

From this response it can be deduced that school governing bodies do not have a contingency plan to temporarily employ substitute educators in places of HIV and AIDS-infected and affected educators who, because of sickness, cannot attend school.

Question eighteen was included to find out if all learners and educators are informed about fundamental human rights, especially those of non-discrimination and equality.

Table 4.19

	Learners		Educators		Parents	
	Freq	%	Freq	%	Freq	%
Yes	49	66.21622	147	67.12329	100	53.16087
No	25	33.78378	72	31.15023	84	45.65217

- **Analysis and interpretation**

66.2% of learners, 67.1% of educators and 53.2% of parents agree that learners and educators are not informed about their fundamental human rights, especially those of non-discrimination and equality. Only 33.8% of learners, 31.1% of educators and 45.7% of parents claimed to be informed.

The 1996 constitution provides that neither the state, nor any person, may unfairly discriminate directly or indirectly against anyone. The 1996 constitution therefore prohibits unfair discrimination not only vertically, between the state and its subjects, but also horizontally between individuals and juristic persons. In its preamble the National Education Policy Act, Act No 27 of 1996 states that all forms of unfair discrimination and intolerance must be combated in schools and that the rights of all learners and educators be upheld. Williams, Houws, Frohlich, Campbell and Macphail (2001:14) confirm that South Africa is in the process of rewriting its employment legislation, Part of this process may classify HIV and AIDS as a disability. This classification would protect educators from unfair dismissal and discrimination.

The purpose of question nineteen is to find out if admission policies of schools allow learners living with HIV and AIDS to attend school for as long as they are able to function effectively.

Table 4.20

	Learners		Educators		Parents	
	Freq	%	Freq	%	Freq	%
Yes	39	52.70270	138	61.18721	78	42.39130
No	35	47.29730	81	36.98630	103	55.97826

- **Analysis and interpretation**

It is interesting to note that the majority of learners (52.7%), 61.2% of educators and 42.4% of parents agree that admission policies in their schools allow for learners living with HIV and AIDS to attend school for as long as they are able to function effectively. 47.3% of learners, 37.1% of educators and 56.1% of parents disagree.

This is in line with the National Education Policy on HIV and AIDS Act, Act No 27 of 1996, which stipulates that learners infected with HIV are to attend classes in accordance with statutory requirements for as long as they are able to function effectively. Allowing learners living with HIV and AIDS would help in the reduction of school drop-outs and also would give them learners a sense of purpose in life. Disallowing learners who are still able to function effectively from attending would be a gross violation of their right to education.

The purpose of question twenty is to find out if there are measures in place to ensure that HIV and AIDS affected and infected educators and learners are not discriminated against.

Table 4.21

	Learners		Educators		Parents	
	Freq	%	Freq	%	Freq	%
Yes	12	16.21622	104	47.48858	55	29.89130
No	61	82.43243	115	49.87169	129	68.47826

- **Analysis and interpretation**

82.4% of learners, 49.8% of educators and 68.5% of parents agree that there are no measures in place to ensure that HIV and AIDS-affected and infected

educators and learners are discriminated against. 47.5% of educators claim to have these measures in place in schools.

This indicates that the majority of school governing bodies have not yet implemented the non-discriminatory clauses in the school policies and others do not even have school policies that address issues like homophobia, racism and other forms of prejudice and bullying which are important precursors to effective teaching and learning (cf. paragraph 2.3.5).

Question twenty one was included to find out if health advisors ever visit schools, especially on matters pertaining to HIV and AIDS.

Table 4.22

	Learners		Educators		Parents	
	Freq	%	Freq	%	Freq	%
Yes	42	56.75676	123	54.43790	89	48.369557
No	32	43.24324	96	43.83562	93	50.54348

- **Analysis and interpretation**

56.8% of learners, 54.4% of educators and 48.4% of parents agree that health advisors visit their schools to address issues of HIV and AIDS. It is interesting to note that 43.2% of learners, 43.8% of educators and 50.5% of parents state that health advisors never visit their schools to address learners on matters pertaining to HIV and AIDS.

This is an indication of mandated partnership between the Health and Education sectors of the government, and shows commitment of the Department of Health in assisting schools in fighting the epidemic.

Question twenty two was included to find out if school governing bodies ever invite health advisors or psychologists to come and address learners and educators on HIV and AIDS issues

Table 4.23

	Learners		Educators		Parents	
	Freq	%	Freq	%	Freq	%
Yes	8	10.81081	47	21.46119	25	13.58696
No	66	89.189	172	77.26895	157	85.32609

- **Analysis and interpretation**

89.2 of learners, 77.3% of educators and 85.3% of parents agree that school governing bodies in their schools never invite health advisors or psychologists to come and address learners and educators on HIV and AIDS issues.

This indicates a dearth of initiative on the part of school governing bodies in harnessing external assistance in helping them deal with this pandemic. Health advisors and psychologists would assist school governing bodies to gear up for change and equip them with the necessary skills required to combat HIV and AIDS in schools.

Question twenty three was included to find out if school governing body members ever attend HIV and AIDS workshops and seminars not organized by their districts.

Table 4.24

	Learners		Educators		Parents	
	Freq	%	Freq	%	Freq	%
Yes	18	24.32432	49	22.37443	33	17.93478
No	56	75.67568	170	75.89909	151	80.98826

- **Analysis and interpretation**

75.7% of learners, 75.9% of educators and 81.0% of parents agree that school governing body members in their schools never attend HIV and AIDS workshops and seminars not organized by their districts.

This, again, implies a dearth of initiative from school governing bodies in employing external services in dealing with the HIV and AIDS pandemic. School governing bodies need not only be informed about other structures that deal with HIV and AIDS within their communities but must also be part of these structures so as to gain experience, acquire necessary skills and expertise from them.

The purpose of question twenty four was to find out if district officials ever organise HIV and AIDS workshops for members of the school governing bodies.

Table 4.25

	Learners		Educators		Parents	
	Freq	%	Freq	%	Freq	%
Yes	15	20.27027	68	31.05023	38	20.65217
No	57	77.02703	151	67.13329	146	77.72739

- **Analysis and interpretation**

77.0% of learners, 67.1% of educators and 77.7% of parents agree that their districts never organize workshops for members of the school governing bodies.

This implies lack of pro-active initiative on the part of district officials in dealing with the HIV and AIDS pandemic. The district officials should be the pioneer in organising training and workshops for school governing body members. This would create a support organ for the school governing bodies; enable the district

officials to be aware of how the fight against HIV and AIDS is approached and dealt with in schools; and create an enabling environment for evaluation of programmes developed in schools to combat the pandemic.

4.4 CONCLUSION

This chapter analysed and interpreted the results of the empirical research. Chapter 5 provides a research summary, conclusion and recommendations.

CHAPTER 5

CONCLUSIONS, FINDINGS AND RECOMMENDATIONS

5.1 **Introduction**

In this chapter a summary of the findings from the literature study as well as the empirical design and important deductions are presented. Recommendations for the practical implementation of these findings and for further research are also included.

5.2 **SUMMARY AND CONCLUSIONS**

5.2.1 **Findings and conclusions from the literature study**

In the literature study it was found that:

- HIV and AIDS is associated with opportunistic diseases such as weight loss, dry cough, recurring fever or profuse night sweats, profound and unexplained fatigue, swollen lymph glands in the armpits, groin, or neck, diarrhoea that lasts for more than a week, white spots or unusual blemishes on the tongue, in the mouth, or in the throat; red, brown, pink, or purplish blotches on or under the skin or inside the mouth, nose, or eyelids, memory loss, depression, and other neurological disorders, tuberculosis, pneumonia, gastro-enteritis, meningitis and cancer which affect both the physical and psychological wellness of learners and educators infected with HIV and AIDS (cf. paragraph 1.1);
- high standards of educational achievement cannot be realised in a school where HIV and AIDS are prevalent (cf. paragraph 2.1);
- learners and educators are at risk of contracting HIV because of ignorance and lack of information on HIV and AIDS pandemic (cf. paragraph 2.3.1);

- in the absence of appropriate proactive and precautionary measures for dealing with HIV and AIDS, the school system is in danger of being weakened and disrupted (cf. paragraph 2.2);
- the adverse effects of HIV and AIDS pandemic on educators and learners and the school system necessitate that school governing bodies should adopt a strategic role in dealing with HIV and AIDS pandemic in schools (cf. paragraph 2.3);
- school governing bodies provide a forum of accountability for their schools by formulating and developing school-based policies on HIV and AIDS (cf. paragraph 2.4.8);
- having a code of conduct is an important step in the direction of supporting learners and educators infected and affected by HIV and AIDS (cf. paragraph 2.5); and
- the effectiveness of a school governing body in dealing strategically with HIV and AIDS pandemic in its school means being pro-active in planning for damage and devastation that this pandemic can cause to both educators, learners and the school system operations such as teaching and learning activities and thereby preventing the school in following its mission and goals of developing the citizens of the nation (cf. paragraph 2.6.2).

5.2.2 **Findings and conclusions from the empirical investigation**

The empirical investigation revealed that:

- the majority of respondents realize that it is important that school governing bodies should lead the fight against HIV and AIDS pandemic in schools (cf. Table 4.3);
- there are no school-level management plans in schools to deal with day to day management of HIV and AIDS (cf. Table 4.4);

- in most schools there are neither health advisory committees nor other committees that deal directly with HIV and AIDS issues in schools (cf. Table 4.5);
- meetings are hardly convened by the school governing bodies with the health advisory committees and school governing bodies and health advisory committees, where the latter are available, do not meet even once per term to discuss the problems HIV and AIDS cause in teaching and learning (cf. Tables 4.6 to 4.8);
- there are first aid kits in some schools although not fully equipped and persons responsible for these first aid kits are not given training on first aid but these first aid kits are always available (cf. Tables 4.10 to 4.12);
- there are no policies in place for dealing with the plight of learner orphans, employing temporary substitute educators for those who are on sick leave because of HIV and AIDS, dealing with violation of fundamental human rights, discrimination and stigma, admission and allowing learners to continue to attend for as long as they are able to function effectively and support of infected and affected educators and learners (cf. Tables 4.13; 4.15; 4.19 and 4.20);
- infected and affected learners in most schools are not exempted from paying school fees (cf. Table 4.15);
- Health advisors visit schools to address issues of HIV and AIDS (cf. Table 4.22);
- school governing bodies never invite psychologists to come and address learners and educators on HIV and AIDS issues (cf. Table 4.23);
- no training was conducted for health advisory committee members to advise and offer counselling services to learners and educators concerning HIV and AIDS and for persons responsible for first aid kits (cf. Tables 4.9 and 4.12); and
- school governing bodies hardly attend HIV and AIDS workshops not organised by their districts and district officials never organise workshops

for school governing bodies to address HIV and AIDS issues (cf. Table 4.24 to 4.25).

5.3 **RECOMMENDATIONS**

5.3.1 **Recommendations with reference to further research**

- Little or no research has been done on the development of an HIV and AIDS governance programme for schools, particularly for black schools in historically disadvantaged areas such as townships and farms where, because of illiteracy, the parent members of school governing bodies cannot understand the National Policy on HIV and AIDS. Future research should, therefore, focus on an effective training strategy on HIV and AIDS for school governing bodies in these areas. Such a research can thus serve as a vehicle for school governing body members to more emphatically deal with HIV and AIDS pandemic and its impact on education, school management, human capital and in governance of schools.
- Since this research concentrated on school governing bodies in the Vaal Triangle area of Gauteng province, further research ought to be undertaken at national and provincial levels so that a national holistic picture of the effectiveness of school governing bodies in dealing strategically with HIV and AIDS in their schools can be obtained.

5.3.2 **Recommendations for the practical implementation of findings**

The data analysis of the results of this research led to the following recommendations which have implications for the effectiveness of school governing bodies in dealing strategically with the HIV and AIDS pandemic in schools:

- School governing bodies should employ guidance and in-school counselling services for learners and educators infected and affected by HIV and AIDS pandemic. In-school counselling is a necessity, since counsellors assist affected and infected learners and educators to accept their HIV and AIDS status and make them aware of the influence of positive thinking and how they should restore their self-esteem, acceptance, self-worth, self-confidence, attitudes towards sexual abstinence and safer sex and how to deal with stigmatization. To be effective persons responsible for guidance and counselling must be allowed time for group and one-to one counselling of infected and affected learners and educators in privacy.
- School governing bodies should ensure that sexual education is integrated into the schools' curriculum. The curriculum should deal with topics such as sexual abuse, fornication, adultery, promotion of virginity and celibacy and the possibility of HIV transmission during unprotected sexual intercourse, blood transfusion and unprotected contacts with blood of infected people.
- Learners should be empowered with general life-skills such as decision-making, assertiveness, building self-esteem and understanding and controlling emotions. This could help learners to know how to assertively and confidently deal with matters pertaining to sex. Focus on gender roles should attempt to strengthen girls' ability to deal with stereotypes like submissive engagement in sexual relationships where males dominate, including polygamous sexual relationships. These general life-skills should help develop learners' cognitive awareness of the impact of HIV and AIDS on personal life and their unique need to learn flexible self- management skills. These skills will help learners develop an understanding of self and sexual needs, their need to be loved and dangers of careless sexual behaviour and to develop willingness to change their sexual behaviour.
- School governing bodies should proactively lead the development of multi-disciplinary teams composed of psychologists, guidance educators,

nurses or doctors, principals of schools, vocational educators, district officials dealing with HIV and AIDS, educators trained in first aid, non-governmental organisation members of community, social workers, parents and learners (in case of secondary and senior primary schools). The members of this multi-disciplinary team can assist in promoting direct communication on HIV and AIDS among parents, educators, learners, school governing body members, district officials and community members. This will help in creating partnership among these stakeholders who are greatly affected by the school system, which is dysfunctional because of HIV and AIDS pandemic.

- The Department of Education should train school governing body members to effectively deal with HIV and AIDS in schools and support them in their endeavours to deal strategically with this pandemic. They should conduct empowering workshops and seminars for these people. These workshops can be used to address issues such as cultural beliefs and stereotypes, which still stand in the way of dealing strategically with HIV and AIDS in schools. They should also assist school governing bodies in the development and implementation of HIV and AIDS plans and policies and how to harness school-level policies and the National Policy on HIV and AIDS.
- School governing bodies should, through government support, make financial provision for anti-retroviral medication provision to HIV infected learners and educators at their schools. This will be an indication of care and support to infected learners and educators.
- The implementation of school-level HIV and AIDS prevention strategies, HIV and AIDS policies and plans need to be as routinely monitored as teaching and learning. The Department of Education need to be actively involved in the monitoring and evaluation of effectiveness of not only the National Policy on HIV and AIDS but also HIV and AIDS school policies and plans.

5.4 **CONCLUSION**

In this research it became clear that the culture of teaching and learning can never be realized in schools where HIV and AIDS is prevalent and it stands to reason that school governing bodies should not only be concerned with the quality of education provided at their schools but, also, with learners and educators psychological and physical wellness and well-being (including those infected and affected by HIV and AIDS) in their ensuring of whole school development.

This research endeavoured to show that school governing bodies, as overseers, are a central unit in effectively dealing strategically with HIV and AIDS pandemic in schools. The researcher has often felt that if learners and educators affected and infected with HIV and AIDS were cared for, supported, respected, tolerated and accepted there would be fewer problems concerning their stigmatisation and discrimination in schools and this would lead to school environments that are more supportive and accommodating to learners and educators affected and infected with HIV and AIDS.

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QUESTIONNAIRE FOR EDUCATORS, LEARNERS AND PARENTS SERVING IN THE SCHOOL GOVERNING BODIES IN THE VAAL TRIANGLE

SECTION A

DEMOGRAPHIC INFORMATION.

1. Indicate the type of school you are working at

Primary		Secondary		Tertiary	

2. Where is it located?

Town		Township		Farm	

3. The enrolment at your school is

0-50		50-100		100-300		400-600		600-1000		1000+	

4. What level of education have you achieved?

Pre-matric		Matric		Post-matric		Learner	

SECTION B.

EFFECTIVENESS OF SCHOOL GOVERNING BODIES IN DEALING STRATEGICALLY WITH HIV AND AIDS PANDEMIC AT SCHOOLS.

		Yes	No
1.	Do you understand the role the school governing body should play in dealing strategically with HIV and AIDS pandemic at its school?		
2.	Do you think it is important that the school governing body should lead the fight against HIV and AIDS at its school?		
3.	Does your school have a management plan for dealing with HIV and AIDS pandemic?		

		Yes	No
5.	Does the school governing body at your school ever convene meetings with the above committee to discuss the National policy for HIV and AIDS? (Act No 27 of 1996).		
6.	Do they meet at least once per term?		
7.	Do their meetings deal directly with the problems the HIV and AIDS pandemic causes in the teaching and learning situation?		
8.	Are members of the committee (mentioned in 4 above) trained to advise and offer counselling services to infected and affected learners and educators?		
9.	Is a fully equipped first aid kit always, available wherever contact play or contact sport takes place?		
10.	Is the person responsible for the first aid kit always available?		

11.	Was this person given training on first aid?		
12.	Does your school keep an annual record of orphans and those learners who have lost one or both parents because of HIV and AIDS?		
13.	Are these learners ever counselled or supported morally?		
14.	Are those learners who are unable to pay school fees because of their plight (mentioned in 12 above) exempted from paying?		
15.	Is there a support group for HIV and AIDS infected and affected at your school?		
16.	Is there a programme at your school concerning extra classes for HIV and AIDS infected and affected learners and those who are repeatedly absent because they are caregivers?		
17.	Is money set aside from the school funds to employ temporary substitute educators for those who are on sick leave because of HIV and AIDS?		

		Yes	No
18.	Are all learners and educators informed about fundamental human rights, especially those of non-discrimination and equality?		
19.	Does the admission policy of your school allow for learners living with HIV and AIDS to attend school for as long as they are able to function effectively?		
20.	Are there measures in place to ensure that HIV and AIDS affected and infected educators and learners are not discriminated against?		

21.	Do health advisors ever visit your school, especially on matters pertaining to HIV and AIDS?		
22.	Does the school governing body ever invite health advisors or psychologists to come and address learners and educators on HIV and AIDS issues?		
23.	Do school governing body members ever attend HIV and AIDS workshops and seminars not organised by your district?		
24.	Does the district ever organise HIV and AIDS workshops for members of the school governing bodies?		