

UNIVERSITY OF KWAZULU-NATAL

**HIV/AIDS POLICY RESPONSES AND THEIR IMPACT ON
ALLEVIATING THE EFFECTS OF HIV/AIDS ON
TEACHING AND LEARNING: A STUDY OF
UMKHANYAKUDE DISTRICT SCHOOLS,
KWAZULU-NATAL**

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A dissertation submitted in partial fulfilment of the requirements for the degree
of
Master of Public Administration

School of Management, IT & Governance

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2014

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ABSTRACT

Human immunodeficiency virus infection/acquired immunodeficiency syndrome (HIV/AIDS) is a pandemic that has affected and continues to negatively affect different parts of our society. Education is one of the sectors that has not been left unscathed by the effects of the pandemic. Due to the pandemic many learners are orphans and there are fewer educators since HIV/AIDS directly and indirectly affects the whole social fabric. Thus education, as a system, is under attack by HIV/AIDS as the goal that education sets out to achieve, which is a better life for people, is being severely challenged. The issue of HIV/AIDS and its negative impact on the education process has been widely explored, with scholars such as Kelly and Bain (2008:8) highlighting the need for ‘serious engagement against the existence of ignorance, denial, stigma and discrimination - the contributing factors to the spread of the disease’. They argue that ‘education is a way of fighting ignorance, yet, ironically, the effects of the disease negatively affect the education system,’ (Kelly & Bain, 2008:8).

HIV/AIDS is not an individual issue, but one of public interest and national concern. The government of South Africa has put in place policies and mechanisms of dealing with the challenge of HIV/AIDS in education. Yet no one scholar can claim to have conclusively examined the policy processes and possible gaps that may exist in those processes, as well as the implications these have on teaching and learning in rural primary and secondary schools. For this reason, this qualitative study was undertaken. Focusing on the rural schools of uMkhanyakude District. This research addresses the issue of educator awareness of HIV/AIDS policies. It also examines existing programmes for implementation of those policies as well as monitoring and evaluation of the implementation processes.

While the study identified gaps in the policy implementation process, it established that HIV/AIDS policies are present in the schools and that educators are aware of their existence through a clear communication process. However, the study indicates that even though policies exist, gaps do exist when it comes to implementation particularly the ‘monitoring and evaluation’ aspect. In this regard, the study makes recommendations and areas for further research.

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Chapter 1: Introduction

1.1 Background to the study

HIV/AIDS is one of the greatest challenges in the world and is crippling almost every aspect of society be they in the private or public sectors. Politically, socially, financially and educationally, the effects of this pandemic are real and cannot be ignored. According Delpot, Strydom, Theron and Geyer (2011:121), ‘the HIV/AIDS pandemic continues to have a catastrophic impact on both the infected and the affected persons, despite worldwide attention, research, and multiple efforts. In this regard, educators are not exempt and this is indicative of the fact that there is still work to be done in dealing with the HIV/AIDS challenge.

The education sector is one of the areas greatly affected by HIV and AIDS. When education is discussed, the subject includes educators and learners. When learners and educators are affected, this involves the whole system of education. Educators and learners have been, and are still being affected, in many different ways. Looking back even ten years ago the impact of HIV/AIDS on education was already clear as Schaeffer (UNESCO, 1994:9) indicated:

The most immediate and visible impact of HIV/AIDS has appeared already in many education systems of the world. Children infected at birth have not lived to enrol in school; some of the children enrolled have dropped out of school in order to earn money for their families and for the care of ill relatives; teachers have fallen ill and have died; and because of the presence of HIV in the classroom and the school, the process of teaching and learning itself has become more complicated and difficult.

Poku, Whiteside and Sandkjaer (2007:3) mention that ‘in the most affected societies, the epidemic has led to deterioration in indicators such as life expectancy, infant mortality, literacy, and primary school enrolment, especially in the early 2000s.’ This was as a direct result of HIV/AIDS.

HIV/AIDS also affect countries’ financial stability and the effects of HIV/AIDS have affected South Africa as a country, amongst many others. Ajay Mahal, quoted in Poku et al (2007:3), points out that the decline in economic activity caused by the disease leads to the decline of the

country's tax base, in that when fewer people remain employed there will be less tax paid. The larger the number of individuals employed and paying their taxes, the higher the contribution to the country's finances. When the number of people working decreases, the reduction in the tax base may place the government in a financial predicament as it depends on these taxes to meet many of the requirements for the country. Meeting the health needs of its citizens is an example of one of the important requirements that demands the attention of the government. This directly impacts national policy making. As a way of curbing the decline of the tax base or preventing the numbers employed from being reduced, practices need to be instigated to mitigate the situation so that those affected can remain actively involved in the economy through the provision of care, treatment and support.

When many people in a country are affected by a situation, it is no longer only an issue for those individuals involved, but becomes a matter of national concern. Maintenance and care of those suffering from the disease costs a lot of money, which is, in most cases, provided by the taxpayers, considering that only a few will probably be able to afford a medical aid. To a large extent, the national budget is directly affected, as the government has to provide services and meet the health needs of citizens.

Coupled with this HIV/AIDS challenge at present is the high rate of teenage pregnancies in schools. This is another cause of great concern because teenage pregnancy is a sure indication that teenagers are engaging in unprotected sex. The results of unprotected sex include pregnancies as well as sexually transmitted infections (STIs), including HIV/AIDS, which is the subject of this study.

South Africa, just like many other countries, has taken various steps against the HIV/AIDS challenge. Different interventions have been made, for example, Preventing Mother-to-child Transmission (PMTCT) programme, which is an initiative to assist in preventing the transmission of HIV from a pregnant mother to her child. In different government departments such as Departments of Education and Health, various HIV/AIDS policies have been formulated to respond to the HIV/AIDS challenge. However, despite interventions, no country has reached a stage where it can boldly claim that it is winning or has won the battle against HIV and AIDS. The impact of this disease is still having enormous effects in classrooms and communities. There is still a lot of work that needs to be done. This study focuses on the HIV/AIDS policy responses from the government, the Department of Education, in particular, in its attempts to reduce the

effects of HIV and AIDS on those involved in teaching and learning, with specific references to selected primary and secondary schools in uMkhanyakude District in the northern part of KwaZulu-Natal.

1.2 Motivation for the study

The scourge of HIV/AIDS has affected learners and educators in uMkhanyakude District. This appears to have impacted directly and negatively on school results, particularly grade 12 students. In observing the schools, for example, the increase in the rate of learner pregnancies gives an impression that the tools and education regarding HIV/AIDS policies are not effective, or not properly implemented. This is exacerbated by a public administration set up, which is battling with basic issues of service delivery like electricity, clean water, sanitation and infrastructure. Education itself is challenged in terms of service delivery. Because of the very bad road conditions, government officials find it very difficult to reach all schools as most of these are located in deep hidden rural areas. District officials are also struggling with the shortage of transport to go to schools to monitor and support the different programmes. Communication between government officials and schools is not easy. This has prompted this study, which seeks to investigate the responses to HIV/AIDS policy in reducing the effects of HIV/AIDS on teaching and learning in the area.

The topic has been chosen because despite all that has been done regarding HIV/AIDS and its impact on teaching and learning, this researcher still believes that the issue of policy processes has not been explored sufficiently, especially related to deeply rural areas like the uMkhanyakude District. Educators and learners in rural areas are still not comfortable in freely disclosing or talking about their status for fear of stigmatisation and discrimination; this clearly indicates gaps in the policy processes. Policies that discuss and examine how stigmatisation and discrimination should be handled do not seem to have been given enough attention. Strategies are also not well communicated to everyone at school level so as to ensure proper implementation to make a positive impact. However, it is important to draw attention to the fact that the department at the level of the province, and the districts are there to support schools. How schools are affected involves the district, the province and even the country. This makes the contribution of each level crucial to fighting the challenges posed by HIV/AIDS in education.

This study discusses policies that the government has in place as methods of dealing with the challenge of HIV/AIDS in education. As previously mentioned, HIV/AIDS is not an individual issue, but one of public interest and national concern. Understanding the government's role in dealing with this challenge requires an understanding of the meaning of policy, related processes and the part played by policy in an organisation, both nationally and provincially.

The study focuses on rural areas because according to the Education Labour Relations Council, quoted in Department of Basic Education (DoBE) (2010: 27), 'research has indicated that rural areas have higher prevalence of HIV than urban areas'. Furthermore, research has shown that public service delivery in rural areas is fraught with implementation challenges. This does not mean that there is no available policy or legislative support directed at supporting schools, including rural schools. As the following discussion reveals, there is a range of supportive legislation which schools and all education officials have at their disposal.

1.3 Legislative Framework

1.3.1 The Constitution of South Africa, 1996

The Republic of South Africa is based on the supremacy of the Constitution and the rule of law. Chapter 10 of the Constitution (sub-section 195-197) is the public administration chapter. 'Public administration defines the quality of governance and public service practice. It provides constructs, systems and processes that governments use to make policy decisions and deliver key services', (McLennan in Plaatjies 2013:199). In simpler terms, public administration communicates to plan, organise and control the daily actions or inactions of public institutions so that the interest of the public is served. This chapter stresses that public administration must be guided by values that are democratic and principles that are enshrined in the Constitution. According to Hoffman in Plaatjies (2013:179) 'the Constitution is the main, binding and relevant framework within which service delivery is achievable, through constructively working together within the organisational structures it has created. The Constitution further determines the values and principles that indicate how public administration must function.' One of the principles enshrined in the Constitution is that services need to be provided in an impartial manner, equitable way and with no bias. In discharging their duties, public officials are expected to maintain a high standard of professionalism. Within the education sector, educators who are themselves public officials should conduct themselves professionally in order to promote better conditions for service delivery.

The Constitution is the supreme or highest law of the country. No subordinate law can go against it. Chapter 2 of the Constitution outlines the Bill of Rights. Sub-section nine (9) states that ‘everyone is equal before the law and should not be unfairly discriminated’. Subsection 10 of the same chapter further states that all people are born with dignity and they also have a right to have this inherent dignity respected and protected. Section 28 of the Constitution is about the rights of the ‘child’- the child being any person under the age of 18, most of who are still at school or should be. A child has the right to be protected from being maltreated, neglected, abused or degraded in any way and by anyone. Name-calling, degradation or discrimination because of HIV/AIDS, or any other unacceptable reason is a direct violation of this right. Section 29 of the Constitution gives everyone the right to basic education and applies to everyone including those infected with HIV/AIDS. At school level, all these rights enshrined in the Constitution need to be respected and promoted. It is expected of educators and other stakeholders to ensure that the learning institutions guard against any violation of these constitutionally protected rights.

1.3.2 The South African Schools Act, 84 of 1996

One other legislative support that is available to all schools is the South African Schools Act, 84 of 1996. Section 5 of Chapter 2 of the South African Schools Act states that ‘a public school has to admit all learners and serve their educational requirements without discriminating against them in any way that is not fair.’ Schools cannot refuse admission to learners on the grounds of their HIV/AIDS status. Any negative attitudes and discrimination make the school environment inconducive as a learning environment.

1.3.3 The Promotion of Administrative Justice Act, 3 of 2000 (the PAJA)

The Promotion of Administrative Justice Act (PAJA) Act 3 of 2000 is another tool to help public officials in the process of meeting service delivery requirements. It was passed to promote and ensure that the right to just administrative action described in Section 33 of the Constitution, Act 108 of 1996, is promoted. The PAJA gives direction to administrators on how to exercise power when they discharge their duties and explains how powers provided by other laws should be exercised. Public officials undertake their duties within the parameters of laws, regulations or policies. PAJA states that ‘public officials should in all their actions or inactions in the process of service delivery ensure that their actions are fair, just and according to procedures.’ This means

that all their activities should be fully accountable, especially to the public who in most cases, would be at the receiving end of the officials' actions or inactions. Every citizen of South Africa is entitled to (has a right to) an administrative action that is just and fair. For schools and education officials, this means that all that is undertaken regarding those that are infected or even affected by the scourge of HIV/AIDS, should be carried out in such a way that no one person feels that they have been treated by the administration in any way that is not administratively fair or just. Following HIV/AIDS policies as empowering or enabling provisions must be carried out by following the terms and conditions of the Promotion of Administrative Justice Act.

Compliance is expected at all levels of the government. This calls for good monitoring and working relations between schools, districts and provinces.

1.3.4 White Paper 6 on Inclusive Education of 2001

The aim of the White Paper is to promote inclusivity in education and this maintains that schools should be inclusive centres of learning. This means making schools as accommodating as possible particularly for HIV/AIDS infected learners. Schools need to help provide extra care and support for those learners that have barriers to learning, HIV/AIDS being one such obstacle. Working with the provincial and district officials, schools can use this White Paper as a guide in the process of service delivery.

1.3.5 White Paper on Transforming Service Delivery, 1997

In 1997 'Batho Pele principles', term meaning 'People First' were launched. The motive behind this was to improve the public service and make it more people friendly than had previously been the case. The aim was to get people to participate and be hands-on. As the government depends on the public service for successful implementation of its policies and programmes, it needs a public service that is able to do this successfully. Educators, as public servants, are guided by the Batho Pele principles in delivery of services. This means that they should care about their colleagues and those they serve (learners and the community) following the Batho Pele slogan 'we belong, we care, we serve'. However, one can ask the extent to which the paper and its principles are applied.

Having looked at the legislative support available for schools to use in their efforts to provide education to learners, it is necessary to outline the objectives of this research study.

1.4 Research Objectives

The objective of this research is to identify gaps in the HIV/AIDS policy processes by establishing whether or not HIV/AIDS policies are effectively and meaningfully put in place in the schools of uMkhanyakude District; examining educator awareness of such policy in schools, and the programmes and projects, which have been instituted in schools as part of policy implementation. Furthermore, the study sought to evaluate processes that are in place already as methods of monitoring and evaluating the effectiveness of those HIV/AIDS policies in schools. It is one of the duties of the public service, as stated in section 197 of the Constitution to, with loyalty, carry out the lawful policies of the government of the time. The HIV/AIDS policy is one of the policies of the government that public officials employed by the Department of Education are expected to carry out in this manner.

1.5 Key Questions of the Study

In responding to the HIV/AIDS challenge in the educational terrain, the National Department of Education has produced a guide for provinces and school governing bodies in order for them to formulate their own policies. The objective of the guide is to put a stop to the spread of HIV/AIDS, to minimise the stigma associated with HIV/AIDS and to create attitudes that do not discriminate against people who are affected and infected. The policy targets are educators and learners in public schools, as well as institutions of higher education and training, provincial and district officials and the broader school community.

The main question of this research therefore is: What is the impact of the HIV/AIDS policy on alleviating the effects of HIV/AIDS on teaching and learning in schools in the uMkhanyakude District? The sub-questions to this main question can be stated as follows:

1. Do HIV/AIDS policies exist in schools in the uMkhanyakude District?
2. To what extent are educators aware of the existence of such policies?
3. How are those policies communicated to educators in schools?
4. What programmes are there to ensure implementation and monitoring of the HIV/AIDS policies in the schools of uMkhanyakude District?

The responses to these questions are important as they shed light on what is happening at school level with regard to the policy processes as well as how public servants at different levels (school, district and province) ensure accountability that is expected in public administration. This helps determine how much support each level needs and provides information to ensure the effective implementation of HIV/AIDS policies. At all levels, government officials have a mandate to execute the policies of the government of the day.

This study is expected to make a contribution because it will help to identify the factors that make the battle against HIV/AIDS more difficult or easier at school level. District and provincial officials and other interested or concerned people will benefit as well, as the study reveals existing gaps in policy processes taking place in the identified schools and, through the contributions of those directly involved with the implementation processes, help to identify methods which may help to bridge these identified gaps in the policy processes. Gaps existing in the policy processes are explored further in Chapter 2. Different people (educators, the SGB, district and provincial officials) will be more aware of the role they have to play in the whole chain of policy processes and develop relevant intervention strategies.

1.6 Research Design and Methodology

According to Fox and Bayat (2007:30), ‘there are three common aims of research. Firstly, it is to explore, which means bringing about basic awareness of a topic. An issue, for instance, will be brought to the attention of people so that they can start investigating and thinking about the subject in question. Secondly, it aims to describe a certain situation or phenomenon. A researcher will observe and then describe the observed events or situations. Lastly, it is to explain phenomena; the researcher will explain his/her observations and/or indicate causality between those things’. A researcher can pursue one or more of the above objectives. This research explores, describes and explains the issue of policy processes by providing answers to the research questions by focusing on certain primary and secondary schools in the uMkhanyakude District in the northern part of KwaZulu-Natal.

The study is qualitative in nature. According to Creswell (2009:8), ‘qualitative research is exploratory and is useful when the researcher does not know the important variables to examine.’ This research attempts to determine where the missing or the weak link existed and where the challenges occurred. ‘Qualitative research has various designs. The researcher chooses the most

suitable and appropriate design, depending on the purpose of the research, the skills the researcher has and the resources available to that particular researcher', (de Vos , Strydom, , Fouche and Delport , 2005:268). Likewise this study, using the design deemed appropriate by the researcher sought answers to the research questions.

As already mentioned, this research focuses on schools in the uMkhanyakude District. The research population for this study are some of the primary and secondary school educators in the uMkhanyakude District, KwaZulu-Natal. The district is enormous and has 549 schools spread across the area. However, for the purposes of the study, not all of the schools were involved. Instead, a sample was taken and used for study purposes. The sample was obtained through purposive sampling.

1.8 Conclusion

This chapter has discussed a general outline of the research. Research objectives, motivation for the study and key questions of the study have been explored. The research design and methodology have been outlined. It has also looked at the existing legislative framework that educators have at their disposal to guide and support them in doing their work. The next chapter, Chapter 2, focuses on conceptual framework while exploring some key concepts guiding the study with regard to policy and implementation matters. It further focuses on the literature review, looking at the existing literature and what other studies have examined and discussed regarding HIV/AIDS and education and policies.

CHAPTER 2: Conceptual framework and Literature Review

2.1 Introduction

This chapter takes a brief look at the historical background of HIV/AIDS, looking at it from the context of education. It looks at the conceptual framework guiding the study and the available literature on HIV/AIDS policy processes in schools. Public policy is examined, as it is the method used by the government to deal with or prevent unwanted situations. Different stages of public policy are also unpacked in this chapter. The chapter further illustrates the role played by public policy in the life of organisations or institutions. Teenage pregnancy is discussed because HIV/AIDS and pregnancy are closely related as both involve unprotected sex, which means an increased possibility of acquiring HIV/AIDS and high possibility of pregnancy. HIV/AIDS policies in relation to education are another focus of the chapter. Besides the initiatives of the Department of Education, other government interventions are also highlighted. Finally, the role that can be played by education and schools in curbing HIV/AIDS and improving people's lives is closely explored.

2.2 Historical background of AIDS

HIV/AIDS have existed globally for more than three decades now. van Dyk (2005:4) mentions that 'the first recognized cases of AIDS occurred in the United States of America in 1981 when a very rare form of pneumonia, cytomegalovirus infections, thrush and Kaposi's sarcoma (a rare form of skin cancer) suddenly appeared simultaneously in several patients, most of whom were homosexual. Soon after that, a new disease, which made people's immune system weak and caused diarrhoea and much weight loss, was noticed in central Africa in mostly heterosexual people. In May 1986, the virus causing this condition was named HIV (Human Immunodeficiency Virus)'. Since then, this disease has moved very quickly and has spread internationally, causing pain and suffering to many individuals.

As the disease was spreading throughout the world South Africa was not left untouched. 'In 1983 AIDS was diagnosed for the first time in two patients in South Africa. In the same year the first death from to AIDS was recorded. By 1999, 10 per cent of the South African population were infected by AIDS. Two hundred and eighty thousand South Africans died of AIDS in 2010'.
http://en.wikipedia.org/wiki/HIV/AIDS_in_South_Africa, viewed 8 May 2013.

The situation is made even more challenging and complex because HIV/AIDS is a moving target, that is to say, the number of people who are infected and affected is not stable, it keeps changing every day. The statistics change all the time. According to Mbele, in DOE, Limpopo (2008:11) ‘South Africa is the country with the highest number of People Living with HIV and AIDS (PLWHA) in the world. It is estimated that the prevalence of HIV in South Africa in 2007 was 11.4 per cent of the total population.’ According to figures released by Statistics South Africa in 2011, approximately 5.38 million people are living with HIV. ‘Thirty three per cent of South Africa’s population is living with HIV. Twenty one per cent of this 33 per cent is in KwaZulu-Natal’, <http://kznonline.gov.za> (viewed 18 May 2013). The National Department of Health (2011) outlines the situation in 2010 and 2011 as follows:

Table 2-1: The estimated provincial HIV prevalence in the general population (15-49 years) for 2010 and 2011

Province	2010	2011
Eastern Cape	16.0	16.02
Free State	19.47	19.58
Gauteng	16.0	16.09
KwaZulu-Natal	24.59	24.7
Limpopo	12.9	12.92
Mpumalanga	23.94	24.11
North West	18.83	18.89
Northern Cape	9.2	9.23
Western Cape	4.72	4.75
South Africa	17.3	17.3

Source: <http://kznonline.gov.za> (viewed 18 May 2013)

Districts such as uMkhanyakude, UGu in KwaZulu-Natal and Gert Sibande in Mpumalanga were recorded as having a prevalence of more than 40 per cent of HIV (National Department of Health, 2011). These figures show that the number of people getting infected with HIV does not remain the same, but keeps increasing.

UMkhanyakude is one of the rural areas with the highest incidence of HIV and also experiencing deep poverty. There are no industries to provide jobs and very limited job opportunities. Literacy levels are low in many rural areas and uMkhanyakude is no exception. For van Dyk (2005:35), ‘poverty and depressed economic conditions are the fertile ground for the spread of the disease’. Poverty usually manifests where there is little education available or the levels of illiteracy are high. It is not that HIV/AIDS is the disease that targets people who are poor, but that being poor makes these people more vulnerable and thus easier targets than those who are not poor. In support of this view, Bennell (2005:445) notes that ‘other evidence concerning the link between socio-economic status and AIDS mortality comes from the civil service in Botswana. Drivers, labourers and other semi- and unskilled workers employed by both central and local governments were dying at 2-3 times the rate of professionals and other senior public servants in 2000.’ Most women in rural areas are economically dependent on men and are not employed in any position that earns them an income. These desperate conditions leave people with very few choices in life, as they eventually become easy victims of those who provide for them financially. When people in rural areas are sick most of them do not usually have money for medication and nutritious food. In urban areas the situation is somehow improved as many people, women included, are working and financially independent. Many women are able to provide for their basic needs and are not subjugated by others who provide an income to support them. Even their literacy levels are not as low as of those in rural areas. The people who suffer most in all these situations are children.

Children are greatly affected as they are a vulnerable group. In support of this, Carol Coombe, quoted in Department of Basic Education (2010:5) states, ‘many children in South Africa live in poverty; but the arrival of HIV and AIDS in the family creates an even greater financial stress. It is also a very traumatizing experience to children having to watch helplessly their parents succumbing to the gruesome disease’. When both parents die, children are usually left on their own. Some, in the absence of parents, are faced with the responsibility of heading the families. These children are left with no one to supervise them regarding their education. No one sees when they decide not to go to school. They have to think about meeting their basic needs and also about school. This becomes too much responsibility for many of them. In these cases, many decide to leave school and look for ways of earning money. Young girls are tempted into thinking that having a child will help because they will be entitled to the child support grant. The effects of loss, pain and other traumatic experiences have resulted in declining numbers of learners enrolling in schools, many starting school late, a high rate of school absenteeism, levels of

attention that are very low, very unsatisfactory performance and high drop-out rates. When these children are not at school and not doing anything there will be increased teenage pregnancies, higher illiteracy levels and continued poverty.

In line with the statements by Coombe and van Dyk, Shaeffer quoted in UNESCO (1994:2) states that ‘the gravity of the situation is often reinforced by the feeding of one crisis by another.’ Here Shaeffer is talking about the issues of climate change, drought and economic recession, all of them coming at almost the same time and affecting the very same people. These situations force people to change their lifestyles. For example, if farming has provided a method of making money for a family, climate change can have negative effects when lack of water forces the family to abandon farming and their lifestyle. Because of climate change as well as natural disasters many people have abandoned subsistence farming. Though the government is encouraging people through initiatives like ‘one family, one garden’, ‘one school, one garden’, and even by giving out seeds to people to plant, progress is very slow as there are still communities in uMkhanyakude especially, that are still battling to access water, just for drinking, not to mention watering gardens. When one does not produce food of one’s own, one has no alternative but to find money to buy food from other providers. All this contributes to the spread of the disease as people try different and, perhaps, unscrupulous ways to survive.

Other factors contributing to the spread of the disease are increasing urbanisation, women’s position of being powerless, increased levels of prostitution and increasing challenges in the provision of health care. There are many reasons people move away from rural to urban areas. They go there with an aim of searching for job opportunities. Some go there because there is slow movement in service delivery in rural areas and they search for places with electricity, water, houses, roads and other facilities. When rural people move to urban areas they do not have accommodation, do not immediately get jobs and may start engaging in things like prostitution to earn money, leading to HIV. They get sick and start needing more, as treatment for their health becomes another necessity in their lives.

There are always long queues of people looking for medical attention in public clinics and hospitals. Another problem is that some hospitals do not have enough medicine. In some rural areas, even travelling to the local clinic or hospital is difficult and takes a lot of effort. Long distances have to be travelled to access medical help, only to reach the clinic or hospital and be told the doctor is not available for that day or that there is no medication. The situation is made

worse because when an employed person becomes ill and can no longer work, it means a loss of income and support for their dependants.

As already been mentioned, it is not easy to talk about HIV/AIDS without talking about the issue of teenage pregnancy. For this reason, it is considered necessary to illustrate the present state of affairs with regard to learner pregnancies.

2.3 Teenage Pregnancy

Teenage pregnancy is a challenge in many schools. Forces like peer pressure are, to some extent, to blame for the increase in learner pregnancies. Young people wanting to fit in and belong can sometimes be under pressure to conform to the activities of their peers. One result of that is teenage pregnancy.

As earlier mentioned, when one is not financially independent it becomes easy for one to be influenced by people who may damage their life by providing so-called help. Many teenage pregnancies are a result of low socio-economic status. There seems to be a link between lower socio-economic status, poverty and HIV/AIDS. Those with low socio-economic status usually experience low literacy levels and high teenage pregnancies. However, the Department of Education does not ignore the problem of teenage pregnancies. There are policies in place to ensure that even when pregnant, young girls are still able to continue with their education.

Angie Motshekga (DOE:2010:4) states that 'South Africa has made significant progress since 1994 towards achieving gender parity in basic education. In fact, we have gone beyond achieving gender parity, to the extent that girls now make up the majority of enrolments in secondary schools. However, pregnancy is amongst the major concerns that pose a serious threat to gains achieved in public schools thus far. Teenage pregnancy undermines the Department's efforts to ensure that girl children remain in school, in order to contribute towards a quality life for all, free of poverty.' The Eastern Cape, KwaZulu-Natal and Limpopo have been identified by the Department of Education as provinces with the highest concentration of learner pregnancies. UMkhanyakude, as a rural district in KwaZulu-Natal, is no exception as there are reports of increasing numbers of learners becoming pregnant during their school years. 'No fewer than 17 260 pregnancies were recorded in KwaZulu-Natal schools in 2010. In 1 (one) school 83 pregnancies were recorded in that very year. Obonjeni (uMkhanyakude) District in the northern

part of the province recorded 2 029 pregnancies,’ Mchunu, then Member of the Executive Council (MEC) for Education in KwaZulu-Natal. <http://www.news24.com/south Africa/news/17>.

Teenage pregnancies do have negative effects on the nation as a whole, as well as the young person who is pregnant. An increase in the numbers of children born incurs costs for the taxpayer whose taxes pay for the health and educational needs of these children. Young mothers are at a higher risk of maternal death as they are generally unable to meet all their health needs during the time of their pregnancy. There is also a higher risk of infant mortality. School performance is affected during pregnancy with an increase in absenteeism. This leads to a reduction in the future workforce as more people will be unemployable due to lack of necessary education and the skills that will help them to find work.

The Department of Education has not stood back and watched. Instead, it is actively involved in trying to eliminate or minimise teenage pregnancies. For example, the MEC for Education in KwaZulu-Natal in 2011, Senzo Mchunu introduced a ‘My Life, My Future Campaign’, which aims to educate young people about the risks of teenage pregnancies, drugs and HIV/AIDS. This emphasises to young people that their lives are important and informs them about the dangers involved when they take drugs and engage in sexual activities. The Department of Education hopes that by reducing teenage pregnancies through promoting abstinence HIV/AIDS will also be reduced.

Following the discussion on HIV/AIDS and teenage pregnancies, policy in general is described, what it is and the benefits it yields. Further, this chapter discusses HIV/AIDS policy with specific reference to education.

2.4 Definition of Policy

Chapter 10, sub-section 195-197 of the Constitution of the Republic of South Africa, refers to Public Administration and states that the needs of people must be attended to and people need be encouraged to be part of the policy-making process. Public officials, together with politicians, are expected to undertake the responsibility of responding to the needs of people, and at the same time, ensure that public participation in policy-making does take place. Public involvement in policy-making is important as it creates a sense of ownership among people in the community. In terms of this study, this implies that from the grassroots level (the school, in this case) to the

district offices of education through to national level, there should be an inter-governmental working relationship. This will, in turn, allow for an easy and smooth flow of information between the different levels of government. Some organisations like those involved with people who have disabilities have made statements such as ‘nothing about us without us’. This emphasises that they need to be involved in all decision-making, especially in matters which directly affect them.

Governments operate through the use of policies as one of the many instruments utilised in the daily activities of running the country. In government decision-making is done by bureaucrats and elected politicians. Bureaucrats, as experts in the area, figure out what the policy will entail, elected politicians take the final decision on whether the proposed policy goes through or does not. When these two levels make a decision, a policy will then be made. Policies are adopted to help prevent or deal with crises that may occur at any time. A policy is a tool through which the status quo can be maintained or changed and future problems reduced. According to de Coning and Wissink (2011:4), ‘policy is a statement of intent or an action plan to transform a perceived problem into a future solution. It is an activity aimed at improving a problematic situation.’ A policy identifies and specifies basic principles that need to be followed in order to achieve targeted goals. The authors (2011:7) further define policy as a ‘public sector statement of intent, including sometimes a more detailed programme of action that gives effect to selected normative and empirical goals in order to improve or resolve perceived problems and needs in society in a specified way, thereby achieving desired changes in the society’. Other scholars such as Lynn, quoted in Hughes (2003:114) define public policy as ‘declarations of intent, a programme of goals, and general rules covering future behaviour to important government decisions, a selected line or course of action, the consequences of action or inaction and even all government action’. The shortest definition of policy is proposed by Dye in Howlett and Ramesh (2003:5) where policy is defined ‘as anything the government chooses to do or not to do’.

All these definitions point to policy as being part of the government’s action or inaction in dealing with or preventing a problem. So, in fulfilling its duty of providing goods and services to its people, a government will operate in accordance with policies instituted to give direction on the *modus operandi* (way of operating).

When a policy is created, certain important authoritative and guiding documents have to be considered. These are: The Constitution, Acts of Parliament, Subordinate Legislation

(Proclamations, Regulations and Notices), Policy White and Green Papers, Strategic Plans, Administrative Circulars and Procedural Guidelines, to mention a few. These are referred to by de Coning and Wissink (2011:16) as ‘authoritative policy instruments.’ As the words imply, these instruments have the power to influence the making and shaping of policies to a very large extent. Authoritative policy instruments do not all carry equal weight; instead they form a hierarchy in order of importance. The Constitution is at the top of the hierarchy, giving it supremacy over all other instruments. At each level of policy-making, factors such as no contradictions between those policies and other authoritative policy instruments must be taken into account. Even with the HIV/AIDS policies, be it at the national, provincial, district or even the school level, this still needs to be carefully considered in order to avoid problems. These instruments provide guidelines on what should be done in certain situations. For example, the Constitution states people are equal and should not be unfairly discriminated against. If discrimination takes place because individuals have HIV/AIDS, this is unfair discrimination and any person doing it is violating the Constitution. If a superior instrument has made a statement, no subordinate policy can contradict it. At school and institutions of higher education, all actions or inactions by public officials regarding people’s HIV status will be tested against the authoritative policy instruments. National policies supersede provincial and local policies.

When policies are discussed and created this does not happen quickly as it is a process involving different stages. This is explored in the next section.

2.5 Policy processes

Policy-making has to change from being a theory written on paper and little used to being put into practice so as to produce the required results. According to Howlett and Ramesh (2003:13), there are five stages of a policy cycle. These are:

1. Agenda-setting stage (problem recognition - the government becomes aware of a problem),
2. Policy formulation stage (proposal of solution - the government tables different options to deal with the recognized problem),
3. Decision-making stage (choice of solution - the government adopts a specific course of action or inaction in dealing with the problem),
4. Policy implementation (Putting solution into effect - the government puts the option into practice),

5. Policy evaluation stage (Monitoring results).

Each of these stages is important. Policy development and formulation may arise out of a need to solve or circumvent a certain problem. For instance, a community or the country will face a certain situation that, if unattended, will have negative effects on the people. This will necessitate a course of action being taken as a method of attending to the situation. Those in leadership positions will start the necessary consultations with all relevant stakeholders and beneficiaries. Public officials and politicians come together, bringing in their different skills and expertise and eventually produce what they believe to be the most appropriate method to address the current condition. A position is taken. A policy is, thus, formulated.

After a policy has been formulated and adopted, it is implemented (put into practice). ‘Adopted policies gain force through implementation’, (Weimer and Vining, 2011: 186). It is a waste of time to have policies drafted and shelved away without being implemented. ‘Implementation refers to the conversion or changing of monetary and physical resources into observable service delivery outputs that are either in the form of services or facilities, or even both as a way of achieving what the policy sets out to achieve,’ (Brynard, Cloete and de Coning , 2011:137). At this stage of policy implementation, projects and programmes aimed at achieving policy objectives are introduced and managed. For implementation to be effective there is what is called the ‘5C- protocol’ that has to be considered as pointed out by Brynard et al (2011: 137). These 5Cs are: content, context, commitment, capacity, and clients. Each is briefly described as follows:

1. The **content** of the policy (the cause of the problem, the goals to be achieved and the method of achieving them). In this study, the content (the cause of the problem) is HIV/AIDS, which poses serious challenges to the teaching and learning processes in the education system. It is the cause of the problem in that it has led to problems like frequent absenteeism of both learners and educators, thus negatively impacting the process of both teaching and learning. The goal to be achieved through the HIV/AIDS policy for the schools and tertiary institutions is mitigation of these effects. This would be the reduction of stigma and discrimination through changes in attitude so that schools and higher institutions of learning remain conducive as places of teaching and learning where all people feel free, safe and accepted regardless of their HIV/AIDS status.

2. The **context** of the institution (standard operating procedures, setting boundaries to the implementation process). This looks at the nature of the corridor through which the implementation process will take place. For instance, the policy for HIV/AIDS should happen at the schools through education; this is the corridor for implementation of this policy. The national policy does set the standards of operation for the schools and higher institutions of learning to follow in determining how far officials should go in the implementation process. Life Skills and Life Orientation, as subjects, are the most important ways of conveying messages that will get learners to discuss issues and help change their perceptions and attitudes towards HIV/AIDS. Different related programmes and projects, as decided upon by the Department of Education or schools, can also be used to convey the message.
3. The **commitment** of those that have to discharge the different functions in the implementation process is vital. For Warwick (1982:135), ‘governments may have the most logical policy imaginable, the policy may pass cost/ benefit analyses with honours, and it may have a bureaucratic structure that would do honour to Max Weber, but if those responsible for carrying it out are unwilling or unable to do so, little will happen.’ This highlights the importance of ‘commitment.’ The most important role players in implementing the HIV/AIDS policy in schools and institutions of education are the educators. They are the people at the grassroots level and in close proximity as they witness all the pain and suffering caused by the effects of HIV/AIDS in schools. Being there and having the inside information about what is actually happening in schools as far as HIV/AIDS is concerned, makes them better positioned to effectively make the implementation process successful. However, it is important that implementers must see the need and have the desire to execute the policy.

In bureaucratic systems of management those at the grassroots level often feel that policies are descending on them at a rapid rate and they are expected to implement all of them. They do not have a sense of ownership .That results in a lack of total commitment. If those who have to deliver policies do not identify with those policies, feelings of resentment and reluctance to implement them are created and the policies may be ignored. This is one of the reasons thorough and widespread consultation is important so that every person involved feels part of what is being undertaken. This creates a sense of ownership and willingness to execute duties. Still on the issue of participation and

consultation, Esau, quoted in Mubangizi and Gray (2011:213) points out that ‘there are challenges to bringing the marginalised rural people into mainstream development planning and practice and this is also complicated by the level of sophistication required to understand all the processes involved in policy-making and planning and the related legislation.’ In the light of this, it can be very difficult to mention or to expect ‘commitment’. Complicated and sophisticated procedures may disqualify laymen from participating in the process. This shows that there is a lot of work to be done to get people on board.

However, having mentioned that the commitment of those who will eventually implement is a critical variable, this does not in any way excuse the top, the middle and the lower-level management from being committed to ensuring that policies are implemented. Everyone who is part of the whole process, starting from those who formulate the strategies, needs to be committed to seeing the policy being put in place.

4. The administrative **capacity**: those people who are expected to implement the policy should have the skills and expertise necessary to execute their duties. This goes beyond just being willing and committed to implementing the policy; having the required skills and expertise is a crucial part of the equation. Resources needed in the implementation process form part of capacity. As implementers of policy in this study, educators need to have that capacity (skills, expertise and resources) that will allow them to execute the policy properly. This requires them to have information as well as the required knowledge. When programmes and projects are put in place, educators should be capable so that they can properly execute or discharge their duties as implementers and managers of those programmes and projects.

Proper execution of policy does not necessarily mean the availability of many people to do the job and does not always depend on having more staff. Sometimes, because of financial constraints, it may not be possible to employ more people. If the current employees are well equipped, they can do the work. This means the existing human resource should be made strong enough to do whatever is expected. ‘One way of strengthening human resource is by ensuring good training, where clarity on the details and procedures of what needs to be done should be given for proper and effective implementation. Another way of investing in human resource is acknowledging and

rewarding excellence where those that are putting effort and are doing well need to be incentivized for that,' (Warwick ,1982:163). This can serve as a motivating factor even to those less motivated to be actively involved in the implementation process.

5. The support of **clients** is another important factor. Clients are those whose interests are served or threatened by the policy. When there is service delivery or outputs, there will be some people at the receiving end. Warwick (1982:163) points out that 'clients can speed, slow, stop or redirect implementation'. The Department of Education's policy on HIV/AIDS targets learners and students as its clients or beneficiaries. They have to understand that the policy is there to benefit them. Their support and cooperation in the process of implementation is necessary as it can speed, slow, stop or redirect the implementation process. They need to be willing to co-operate with educators for the success of the implementation process. For example, when certain topics are discussed, learners need to share opinions and ideas with educators and other learners. They need to be willing to learn what the educators teach them as part of the Life Skills and Life Orientation taught in schools. Learners and educators should be able to open up to each other and discuss issues that touch their lives even outside the school premises. Learners should be willing to accept their fellow HIV-positive learners. They should change their attitudes and not discriminate against HIV-positive people.

Learners should be free to talk about HIV/AIDS. In the absence of adults at home as the case is in most households of uMkhanyakude district, learners do need somebody, especially at school where most of their time is spent, who will say 'speak, I'm willing to listen'. This means even HIV status should be something people are willing to freely reveal and discuss. This gives a picture of the kind of client to be serviced and the necessary service. If there is no one arriving as a client for the service, there will be no service provided.

Besides the clients (mostly learners) who are the direct beneficiaries of the HIV/AIDS policy output, and the implementers (educators) who bring service delivery, there will be other people in the community who have the potential to influence the direction of the policy. These can be the Non-Governmental Organisations (NGOs), the Faith-based Organisations (FBOs), the Community-based organisations (CBOs) and others that take interest in what happens in schools. For example, if the school says something like 'condomise' in the policy and these groups believe

that this is not acceptable, they can agitate against it. This is one of the reasons schools have to customise or adapt policies; by studying their community. They make the policy locally relevant. Otherwise, the school and local interest groups will be against the process and that can sabotage the implementation process. Howlett and Ramesh (2003:52) call such people ‘Policy Actors’. They further classify these policy actors into international actors (individual advisors or consultants or international organisations that can influence domestic policy); the state actors (the elected and the appointed officials); the business actors (those with a financial muscle to influence policy); the public (the voters); the think-tanks and research organisations (researchers and research institutes), political parties, mass media and the interests groups. Politicised dialogues on public policy have power to direct and shape policy, as well as the services that will be rendered and received by people. Changing of political leaders affects service delivery, as it has the potential to interrupt the implementation process because each new leader is not guaranteed to be able or wish to continue implementing what the previous leadership had already started. Many new leaders will want to introduce new items and agendas instead of continuing with the existing procedures. This may cause conflicts.

It is important to note that ‘in the presence of all these challenges, the logic of the policy, the incentives to implement it, the kind of cooperation required and the availability of skilled people who will be in a position to manage the implementation are all vital factors of consideration,’ as noted by Weimer and Vining (2011: 287). Any one of these has the potential to influence policy processes in different ways. Again, this emphasises the importance of the consultation procedure.

The implementation stage seems to be the most challenging and having looked at the 5C protocol for implementation it is important to note that according to Brynard et al. (2011:135), ‘successful implementation is the final acid test for a policy to be successful. It is when human, physical, financial and other relevant resources are harnessed together into something that is tangible or is in a form of service’. This means, for example, in the case of HIV/AIDS, that educators are trained (capacity building), necessary resources are provided and programmes are put into practice.

The last stage in the policy process is policy monitoring and evaluation. If the implementation process with its 5C protocol were effective the ultimate results would be positive. In this case it relates to reduced infections, reduced stigma, increased awareness of HIV/AIDS and better coping strategies for the infected and affected. For Nabukenya, Bommel, Proper and De Vreede

(2011:466), ‘evaluation is a way of measuring if that object is doing what it says it will do’. Monitoring and evaluation involve checking whether the projects and programmes related to that specific policy are carried out and if the change or the result, is indeed, what the policy initially set out to achieve (the desired results). It is very important to evaluate policy. ‘Policy evaluation almost always involves bureaucrats and politicians within government dealing with the policy in question, and it usually also involves organised non-governmental members of policy subsystems as well. In addition, it may also involve members of the public who often will have an ultimate say in a government’s policy record when they vote at elections’. Howlett and Ramesh (2003:209). Considering the large amount of resources that are invested in developing and implementing a policy, it is important to check that those resources are used profitably or not. Whether it is the appointed officials (the bureaucrats) or elected officials (the politicians) who are entrusted with those resources, they are responsible to account for how the resources have been used. The public, as people who vote the government into power, needs to know if the policies are working and if they are not working. Mubangizi and Gray (2011:218) point out that ‘if communities have participated, the outcome and experiences of their participation encourage their further involvement in matters of local government.’ There is, thus, a great need for policy monitoring and evaluation. When a policy is evaluated it may be improved or cancelled (terminated), depending on the results. Issues of budget, politics, time, ethical considerations and values can be contributory factors to failure of a policy.

Beyond the 5 Cs, it is equally critical that the policy process subjects to implementation which, according to Gulick, (1937) requires POSDCORD, which is:

1. Planning, giving out a broad outline of things that need to be done and methods of doing them;
2. Organizing, establishing a formal structure of authority through which work subdivisions are arranged, defined, and co-ordinated for the defined objective;
3. Staffing, refers to the personnel function of bringing in and training the staff and maintain favourable conditions of work;
4. Directing, which is the continuous task of making decisions and embodying them in specific and general orders and instructions and serving as a leader of an organization;
5. Co-ordinating, that is the all-important duty of interrelating the various parts of the work;
6. Reporting, that is keeping those to whom the executive is responsible informed as to what is going on, which includes keeping the executive and the subordinates informed through research, record and inspection;
7. Budgeting, with all that goes with budgeting in the form of planning, accounting and control.

All these elements need to be considered as important as each of them has something significant to contribute in taking any organization forward, bringing it closer to fulfilling its purpose. It is not one element but a combination of all elements that will take the organization to another level.

2.6 The importance of policy

Ideally, as already been mentioned, public policies should be a result of consultations with as many of the people who will be directly affected as far as possible as well as other interested groups. Institutional or organisational constraints, societal and cultural considerations have to be taken into account when drawing up public policies. ‘Decentralization permits the provision of public goods to be better matched to local demands’, (Weimer & Vining, 2011:188). This again emphasises the importance of public involvement in public policy formulation.

Policies are one way of ensuring that processes occur in accordance with the interest of the public. Policy indicates the vision (the long-term desired outcome) of the country, the department, an organisation or an institution. This is a goal to which every member of the institution should aspire.

As a policy is a guideline of how procedures should take place, it helps to regulate institutions’ actions and, at the same time, provide a system on how these should work. Furthermore, it specifies those who are responsible for these activities. It is a control mechanism. In other words, with the correct policies in existence, an organisation knows **where** it is going, **who** is taking it there and **how** it will be taken there. It also knows **why** it is going there.

Policy is also important because it influences the budget (nationally, provincially or locally). Based on what is to be achieved through policy, the state can decide how much money is to be set aside for projects and programmes during the implementation stage of the policy.

2.7 The Department of Education's HIV/AIDS policy and other initiatives

2.7.1 National Policy on HIV and AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions

As early as 1994, the importance of policies with regard to HIV/AIDS was highlighted. ‘The issue of HIV/AIDS confronts us all with the responsibility to come up with policies and projects that will take into account social, economic and cultural conditions’, (Schaeffer, in UNESCO, 1994:4). The issue of HIV/AIDS is clearly not simply related to individual people or families but has devastating and far-reaching effects; it is, indeed, an issue for the government. Issues of policy thus need to be thoroughly investigated.

‘South Africa’s first official effort at responding to HIV/AIDS in the education sector was made in 1998 with the development of the National Policy on HIV and AIDS for learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions and its gazetting in 1999’, (Department of Basic Education, 2010:2). This was after the well-publicised crisis that was caused by the rejection of the late eight-year old Nkosi Jonnson. Nkosi Johnson was living with AIDS and a Gauteng school refused him admission because of his HIV/AIDS status. This led the government to come up with the policy as way to deal with the situation and prevent future crises. This was a very important move as it showed that the Department was taking the HIV/AIDS problem seriously. This as Howlett and Ramesh (2003:13) would have it, was the ‘Agenda-setting stage’ where the government recognised that there was a problem and was galvanised into action.

Through this policy, the National Policy on HIV/AIDS for Learners and Educators in Public Schools, and Students and Educators in Further Education and Training Institutions, the Department of Education aims at dealing with the challenge posed by HIV/AIDS in the education sector. The policy serves as a guide for provinces, districts and schools to produce their own policies adapted to meet their specific circumstances taking their social and environmental conditions into account. Through this policy, the HIV/AIDS Life Skills Education Programme

was introduced in schools. The programme seeks to teach about prevention and other life skills to learners through the subject called Life Orientation.

The policy moves from the premises that:

1. Because HIV/ AIDS is a communicable disease, a large number of educators and learners are at risk of contracting the disease.
2. Because of the increase HIV/AIDS prevalence in schools, it is imperative that each and every school has planned strategy to cope with the epidemic.
3. Testing for HIV/AIDS is voluntary and should not be used for employment or admission purposes.
4. Disclosure is completely voluntary. (No one, educator or learner should be forced to disclose their HIV status against his or her own free will).
5. Learners and students with HIV/AIDS should not be denied any opportunity based on their status, but should be allowed to enjoy their full life as students or learners. Educators as well should be allowed to enjoy their full life as educators without any fear of prejudice or discrimination.
6. The risk of transmission in the day-to-day school environment should be minimised by applying universal precautions (by following standard infection control procedures, that is all people should be treated as if they are infected, all blood, open wounds, sores, open skin lesions and all body fluids and excretion should be treated as potentially infectious). Schools and institutions are advised to strictly adhere to universal precautions under all circumstances.
7. Funds should be made available so that universal precautions are applied.
8. The Constitutional rights of learners and educators should be protected.
9. Learners and students must receive life-skills education and education on HIV/AIDS. This should be integrated in the curriculum.
10. All educators need to be trained so that they are better positioned to give guidance on HIV/AIDS.
11. School Governing Bodies have to give effect to this policy by developing and adopting an HIV/AIDS implementation plan that will cater for local needs, values and the ethos of their own school within the framework of the national policy.

Source: Department of Education, (1999) *National Policy on HIV/AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions*. vol. 410, No. 20372 (Notice 1926 of 1999).

This last premise indicates that it is necessary for schools to come up with their own customised HIV/AIDS policy so that it meets the local needs. This means that schools can take this policy and adapt it or even produce their own strategies to face their challenge. If schools do this and make their own policies, it will empower local people to suggest and describe what will best suit their local circumstances. This can be done with the help of local departmental officials and will help to create a sense of ownership in the school community and is one method of decentralizing policy. With decentralization, there is less tension and less resistance, which are normal characteristics towards bureaucratic systems of operation. Adding to the importance of local involvement Gould, quoted in Berman and Allara, (2007:121) states, ‘because people are enmeshed in different cultural webs, to be affected by a message, people have to hear it in a way that has cultural significance for them, and which connects with their experience of life’. When projects are sent down from the top they usually lack sustainability because those at the receiving end do not have a clear plan to maintain and even implement the systems.

The above policy, the National Policy on HIV and AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions, came into being in 1999. However, it was not the last effort at intervention as far as HIV/AIDS and education are concerned, as there were other interventions. The following section discusses some of the interventions the government has made towards fighting the disease.

2.7.2. Other interventions by the government

According to the Department of Basic Education (2010:32), a number of policy and practical interventions have been made, with some of the major milestones being the following:

- HIV and AIDS in the Curriculum via Life Orientation and Life Skills,
- Programmes targeting poverty and vulnerability,
- A schools health and wellness strategy,
- An Audit Report on the Prevalence of Learner Pregnancy in Public Schools,

- A research study on teachers titled ‘Health for our educators: a focus on HIV/AIDS in South African public schools, 2004/2005 survey,
- Peer educator programmes.

In June 2000 the then Minister of Health launched the HIV/AIDS/STD Strategic Plan for South Africa, 2000-2005 as a broad plan to guide a country’s response to HIV/AIDS. This plan (HIV/AIDS/STD Strategic Plan for South Africa, 2000-2005) stated that all government departments, organisations and stakeholders would take this document to be a guide that will assist them with their own strategic and operational plans of tackling the challenge. The strategic plan was not only for the health sector, but also to be used by different government departments. It was anticipated by the government that the plan would be used as a basis for the development of strategic and operational plans for its departments and other organisations. The intention is to reduce the number of new HIV infections (especially among the young people) and to make the impact of HIV/AIDS on individuals, families and communities less than it had been. The plan focused on four areas: firstly, Prevention; secondly Treatment; Care and Support; thirdly Monitoring, Research and Surveillance; and lastly Human and Legal Rights.

There is also The National Integrated Plan for Children Infected and Affected by HIV/AIDS. The overall goal of this integrated plan is to make sure that there is access to an integrated system of prevention, care and support services that are appropriate and effective for children who are HIV/AIDS infected or affected. This goal was to be achieved through firstly, Community-based care and support (development of strategies for care of orphans and community-based models of care for people living with HIV/AIDS, focusing on policy development and the piloting of approaches); secondly, Strengthening Voluntary Counselling and Testing (VCT) initiatives; thirdly Life skills and HIV/AIDS education in primary and secondary schools and fourthly, Community outreach / community mobilisation (for increasing community awareness).

The TIRISANO plan of 2000 was another way of fighting HIV/AIDS and aimed to bring awareness and HIV/AIDS into the curriculum. The idea behind the TIRISANO plan was that when learners are taught about HIV/AIDS in their classrooms as part of their curriculum it will make a difference in their lives in that they will have increased knowledge of HIV/AIDS which will result in their leading a safer lifestyle.

Through A Health Promoting School Programme, the Department of Health aims, together with the Department of Education, to provide an environment that is healthy to the school community. The objective is to raise awareness of the existence of policies within schools and to get the schools to implement them. One of those policies is the HIV/AIDS policy.

In 2005, the workplace policies developed by the Department of Education and teacher unions were reviewed. Findings revealed that ‘the policies were good but had problems when it came to implementation as a result of not working together properly; this referred to communications between the national office, the provincial and the district offices. There was also a shortage of the important resources needed to implement policies coupled with insufficient planning for proper implementation of those workplace policies, (Department of Basic Education, 2010:35). Without implementation, no policy can be effective even if it is well planned.

Over and above these interventions, ART (antiretroviral therapy) was introduced in 2005 as a method of treatment for those who have HIV and AIDS. However, Peltzer and Ramlagan (2011:60) point out that ‘the availability of antiretroviral therapy (ART) and subsequent change in perception of HIV and AIDS as being a manageable chronic disease has led to a decrease in stigma and discrimination in high income countries. The situation is different in South Africa, where ART has only recently become available to a large number of people. In several recent studies, people living with HIV and AIDS have still reported high stigma and discrimination experiences’. This is an indication that attitudes have not changed at this time and HIV positive people are still experiencing discrimination.

All these interventions are in place as strategy by the government of service delivery, ensuring that there is better life for all people. However, more avenues still need to be exhausted. One such avenue is education. Valls and Padros (2011:174) state that ‘education and schools can make a difference in people’s lives and in society. Although it is not the only solution, European institutions and policies recognise that it (education) has a crucial role to play and that it offers the possibility to promote social mobility, reduce social disadvantages, and break the cycle of poverty’. Because education can improve lives in many ways, including the challenge of HIV/AIDS the world is facing, the following section focuses on this issue.

2.8 The role of schools and education

Education is one the most important influences in people's lives. 'We now have evidence of the important role that education plays in offering protection against HIV. School-going children and young people are less likely to become infected than those who do not attend school, even if HIV and AIDS are not included in the curriculum. Education reduces the vulnerability of girls, and each year of schooling offers greater protective benefits. Where offered, well-planned and well-implemented education on life skills or sex and HIV has increased knowledge, developed skills, generated positive attitudes and reduced or modified sexual behaviour. The first line of the response should therefore be to provide more and better schooling' (Department of Basic Education, 2010: 8-9). This indicates that education is an effective tool to change people's lives, especially when it comes to their perceptions and attitudes regarding HIV/AIDS. In addition, Khanare (2012:251) mentions that 'although schools are best known for the promotion of academic excellence they can also serve as a platform for nurturing young people and provide a framework for making care and support available'. Khanare (2012:252) further points out that 'the success of school-based interventions does depend on interaction between all school community members, including the school children themselves. Lack of commitment from any of the members will lead to failure of well-intended interventions'. This highlights the important role schools play in the life of the community.

Scriven and Stiddard, quoted in Theron (2005:59) support the idea of the important role of education and continue by stating how this can be done. They state that: 'Acceptance of the reality of HIV/AIDS for education and a redefinition of educator response, in order to empower, can be facilitated in the following three ways: facilitation of skills acquisition which empower; facilitation of the acquisition of assertiveness, interpersonal competence and cognitive knowledge and facilitation of positive psychological perception'.

Schools are agents of change and socialisation. Schools are part of the communities and located in the communities. Those who attend the schools will take their experiences in the schools into the communities and vice versa. Besides being part of the bigger communities, schools are important agents of change as education assists communities in improving their circumstances. In schools professionally qualified people are entrusted to parent learners, that is, to act in *loco parentis* (in the stead of parents). They are trusted to be able to socialise young people through

life and issues of life so that they, in turn, become responsible members of their communities. Homes and families also have a role socialising their children. However, it is in the school that young people spend most of their time and lives. Also, as a result of HIV/AIDS in some families, there are no parents and the oldest child cares for the family. So for such children, educators are the only parents they know.

Education leads to increased literacy levels and general increase in the status of the members of the society both socially and financially. Even with the issues of HIV/AIDS, schools are better positioned to bring about changes. To support this important role of education, the Department of Basic Education points out that it has been assigned to be a lead participant when it comes to implementation of various interventions that are necessary to achieving the goals of ‘The HIV and AIDS and sexually transmitted infections (STI) National Strategic Plan for South Africa 2007-2011’. ‘In terms of augmenting HIV prevention efforts, the National Strategic Plan (NSP) assigns responsibility to the DOE for developing and implementing strategies to address gender-based violence that can effectively address cultural norms and attitudes that promote gender-power stereotypes and condone coercive sexual practices,’(Department of Basic Education 2010:11). Furthermore, the NSP recommends that the Department undertakes efforts to make sure that the levels of infection among young people is brought down with special attention being paid to young women. This is based upon policies and legislation to keep youth in school, strengthening school-based life skills programmes and enhancing educator training and their capacity to deliver quality life skills programmes to young people (Department of Basic Education, 2010:11).

Education is a way of changing people’s lives for the better. Through education people are enabled to realise their dreams and utilise their potential. Schools provide the arena where young people are taught about life skills like decision-making; how to say no; problem-solving; strategies of living with diseases, including HIV/AIDS; changing their attitudes; developing a positive self-image and other important things in life. Schools need to constantly evaluate the systems and their role as agents of change and be determined to rise above the challenges they have to confront. This should include cultural barriers. It is still a challenge for many educators to discuss issues relating to sex with learners in school. In a study that was carried out with ten schools, 99 teachers who were participants indicated that ‘topics in Life Orientation that cover sexual development, sexual practice and sexual health are not taught. They indicated their need

for training to better integrate sexuality education within Life Orientation', HEARD <http://www.heard.org.za/> heard-resources/aids.2013.07.03.

As already pointed out in the 5C Protocol, the capacity of those expected to implement is one of the most important factors for effective implementation of policies. It is important for educators, as implementers, to understand the conditions where HIV/AIDS thrives. Teachers are the first line of defence in the fight against AIDS. The circuit managers, the principals and department officials need to work together to make schools better and become safe places to lessen the impact of HIV/AIDS.

Education informs people. Through education people get to know about HIV/AIDS. It is also through education that people learn how infection occurs and what they can do when they are infected and affected. They learn strategies of coping with diseases, including HIV/AIDS as well as psychological and social skills that will help them to survive meaningfully in the midst of HIV/AIDS. Education helps change attitudes and the way people and communities think. Attitudes are learned ways of behaving in a particular way and if these are learned behaviours, it means they can be unlearned as well. All the negative attitudes that people hold about HIV/AIDS infected people are changed when people are exposed to and taught all the necessary facts. This provides hope and affirms that they are still human beings even if they are infected and affected. Those that are not yet infected are also taught to love, support, accept and live together harmoniously with those who live with or have the disease. Therefore, effective education programmes are a necessity. They help promote important survival skills like effective communication, critical thinking, handling relationships, decision-making, and, goal-setting all of which are necessary as they lead to good and responsible behaviour. These life skills will allow people to challenge the cultural factors and beliefs that promote the spread of the disease.

Without doubt, education can play an important role in changing the situation regarding HIV/AIDS in the country, but the challenge is so complex that education cannot do it alone. Public policy is not an issue for one or two people. Scharpf, quoted in Brynard et al. (2011:144) points out that: 'it is unlikely, if not impossible, that public policy of any significance could result from the choice process of any single unified actor'. It involves and requires that different people come together, using their power and expertise to achieve a common objective. These people can be at a national, provincial, district or local level. They can also be from different departments, for example, the Department of Education, the Department of Health and Social Development all

joining hands to achieve a common goal. In support of this, the Limpopo Department of Education (2008:8), in HIV and AIDS Strategy 2008-2012, mentions that ‘facing HIV/AIDS in schools requires a clear, detailed and well-coordinated method of responding where different participants each bring specific resources, specific expertise and specific strengths according to their areas of specialisation’. This would mean, for example, the meeting of officials from the Departments of Health and Education, schools, CBOs, NGOs and even those that have a financial power to help push programmes and projects forward by investing money. Parental involvement is also important. Politicians have a role to play as well. They are the leaders and most of the time, have the support of the people they lead. People look up to them to show direction. ‘Prevention programmes can be successful only if they are supported by those in political leadership. Prevention programmes require support; commitment and high profile advocacy of a country’s leaders,’ (van Dyk, 2005:99).

As already mentioned, a decentralised system of planning is important because it allows people even at the grassroots level to contribute and participate in the planning process. Unlike bureaucratic planning where decisions are made at higher levels and passed down for implementation, in decentralised participatory planning people can feel important, identify with and take ownership of what is planned. This helps stimulate people to do their best to achieve success with plans. If something is simply passed down from a higher level, it normally takes time to be accepted. This means the school community itself has an important role to play in formulating and implementing HIV/AIDS policies. ‘Distribution of authority among branches of government provides a system of ‘checks and balances’ which makes abuse of authority by any one official less harmful and more correctible and reduces chances of tyranny by the majority,’ (Weimer and Vining, 2011:186). This emphasises the importance of bottom-up approaches to providing for people’s needs because those who can define the problem are better positioned to find solutions to that problem.

Schools are not properly implementing the prescribed programmes as research indicates that only 18 per cent of schools are following sexuality Education Programme with HIV/AIDS as a core component. Van Rooyen and van den Berg (2012) conducted a study with the aim of exploring the lived-experiences of teachers who were responsible for the presentation of the official HIV/AIDS Programme of the Department of Education, South Africa. For this purpose, they followed a qualitative approach, conducting open-ended interviews to gain insight into the subjective experiences of school management teams and educators. Confirming the importance

of education in changing the society for the better, Van Rooyen and van den Berg (2012:91), point out that: ‘all the participants considered education to have a vital part to play when it comes to preventing HIV infection. The study found that the participants did not have confidence in the programme, indicating that they only regarded HIV/AIDS as just another topic in Life Orientation as a subject. The study also found that even though the HIV/AIDS programme was in existence, educators still noted that new infections were occurring, learners were still falling pregnant and risky sexual behaviours still took place. Among other findings of their study were the following: ‘some schools did not have an HIV/AIDS policy and educators were not aware of policy procedures to follow when dealing with HIV/AIDS; there was not sufficient training of educators with regard to HIV/AIDS and Life Orientation; male educators saw HIV/AIDS matters as a responsibility of female educators and distanced themselves’ (2012:91). The study concluded that though some teachers had positive experiences regarding the implementation of the HIV/AIDS programme, many still felt overloaded and busy with curriculum challenges, not enough training, cultural barriers, unsupportive and uninformed colleagues’, (van Rooyen and van den Berg , 2012: 96).

It is pointed out by Matthew, Boon, Flisher and Schaalma (2006:388) that several systematic reviews of school-based interventions have concluded that school-based HIV prevention programmes can reduce the prevalence of sexual risk behaviour. In a study conducted in Cape Town with 193 public high schools, aimed at investigating factors influencing educator implementation of HIV/AIDS education, Matthew et al (2006:392) found that the strongest predictors of the implementation of HIV/AIDS education was teacher training. They maintained that if educators are well trained they become confident and willing to implement HIV/AIDS. Training creates a belief that something can be done about HIV/AIDS. It also provides concrete information and strategies on the interventions that educators can implement. This points to the importance of well-capacitated human resource (implementers). Among the study’s other findings was that student-centredness made educators willing to implement as student-centred teachers were found to be more likely to be aware of the students’ needs for HIV/AIDS education, and were more likely to act on identified needs. Above all the study found that the presence of a school HIV/AIDS policy was a predictor for implementing HIV/AIDS education. This indicates the value of the HIV/AIDS policy in the school and the importance of ensuring that HIV/AIDS policy is available and educators are aware of its existence in the school.

Educators are not the only people in schools. There are also learners in schools. The way learners see the whole issue of HIV/AIDS education needs to be taken into consideration. Griessel-Roux, Ebersohn, Smit and Eloff conducted a study of 90 grade 11 learners aiming at getting the experiences of learners on the HIV/AIDS educational programmes presented to them at their schools. (2005:253). Among the conclusions of the study was that whilst HIV/AIDS programmes and policies for learners have been widely studied and researched throughout the world, the reactions and responses of the recipients (learners) are seldom acknowledged and accorded the attention they deserve. Whether looked at from the perspective of the educators or of the learners, the HIV/AIDS policy remains a very valuable tool to implementation in the schools.

2.9 Conclusion

This chapter has examined and explained some important concepts relating to policy. It has looked at policy as the government's method of preventing or dealing with challenges by focusing on some of the initiatives presented by the government to fight HIV/AIDS and its impact on teaching and learning, especially. It has examined the role education plays or can play in bringing change, especially with regard to HIV/AIDS. Available research on the HIV/AIDS policy implementation in schools has also been discussed. The next chapter provides details of the research design and methodology of the study.

CHAPTER 3: Research Design and Methodology

3.1. Introduction

Provides a discussion on the methodology used in this study. It starts with a discussion of the research design followed by a description of data selection and does so against the backdrop of a description of uMkhanyakude as the area of the study. The chapter then proceeds to provide details on the population and the sample from that population while explaining how the sample was obtained.

3.2 The study's research paradigm

This study was constructed upon social constructionism, which is a notion that people construct or build their reality by attaching different meanings to things and situations surrounding them. A special reference to the educators' perspective is made. Creswell (2009: 8), 'defines social constructivism as a view that maintains that individuals seek understanding of the world in which they live and work as they engage with their world and make sense of it based on their historical and social perspectives. People's culture and historical background shape their view and interpretation of a particular reality.' People will formulate, implement or modify policies in line with the meanings they have constructed or attached to situations. From this philosophy, it can be said that educators and the whole school community respond to the policy on HIV/AIDS influenced to a large extent, by the way they see HIV/AIDS and the meaning they attach to that policy. If the policy is viewed and thought of as important then it will be treated as such, if they do not see it as important it will not be treated as important. Responses to the key questions in Chapter 1 reveal the meaning and significance attached by schools to HIV/AIDS policies.

People have their own ways of looking at and interpreting the world around them. Researchers, just like other people, have their own paradigms from which they view and explain things in their world. Dahlberg and McCaig (2010:19) point out that 'research and evaluations done by practitioner-researchers or by others can be more or less linked to theory, which is a group of ideas related to a research area. These ideas are closely related and they explain the available data in order to predict new observations'. However, one needs to avoid going out to the field with a fixed set of ideas and a closed mind as that can interfere with the decision-making process. It can

prevent the observation and learning of new things from other people that is possible if there are preconceived ideas.

‘Qualitative research is based on a constructivist philosophy that says that the world is a social construction of individuals or groups’, (MacMillan and Schumacher, 2006:315). As people interact on daily basis, they create meanings for the circumstances surrounding them. MacMillan and Schumacher (2006:318) further state that ‘qualitative research contributes to policy formulation, implementation and modification’. As already mentioned, the way in which people (schools in this case) respond to phenomena (the availability and the implementation of HIV/AIDS policies in schools) will be influenced by how they view or interpret those phenomena (how serious and important they regard the issue to be). If a certain situation is seen as problematic, it will be responded to as such. In an organisational environment, this is where policies are important because it must first be established what the policy position is in that situation and any action taken will be in line with that policy. However, if a situation is not viewed as serious or requiring urgent attention, that will be indicated by the response.

3.3 Research Design

Research can be classified as quantitative or as qualitative. According to Creswell (2009:3), qualitative and quantitative approaches should not be treated as direct opposites of each other instead, they should be seen as different ends on a continuum. This means that a study will lean more towards the qualitative end than the quantitative end or vice versa. This study is slanted towards qualitative more than quantitative research.

‘Quantitative research tends to follow a linear pathway in which each stage (hypothesis/research question, survey design, data collection and data analysis) depends on the successful completion of the previous stages. In quantitative research, theories are developed before research, then they are tested and supported or proved false during the research’, (Dahlberg and McCaig, 2010:36). In qualitative research the researcher starts with an open mind regarding the situation and those involved. There is no fixed hypothesis or position that the researcher takes to the field with the aim of confirming or rubberstamping through the process of the investigation. ‘Qualitative research is a means for exploring and understanding the meaning individuals ascribe to a human social problem. Data analysis is done inductively, building from particulars to general themes and the researcher making interpretations of the meanings of data’, Creswell (2009:4). In other words,

there is no fixed assumption to be confirmed by the researcher regarding what is discovered as a result of the investigation.

This study is not experimental in nature and has no independent and dependent variable. ‘Non-experimental research methods are used when the manipulation of an independent variable is not practical, possible or ethical’, (Berg & Latin, 2004:197). ‘Quantitative research makes sense in cases where it is known in advance what the important variables are, and reasonable ways of controlling or measuring them have been put into place. In situations in which it is difficult to say what the variables are, which ones are important and how to measure them, inductive exploration made easy by qualitative research becomes important’, Terre Blanche, Durrheim and Painter (2006:272). This qualitative study has no variables to be measured and no data to be analysed using purely statistical procedures as it would be in quantitative studies. The findings are not the result of certain fixed steps or will be replicated by any other researcher and yield the same results and/or be generalised to other places.

In this study, the setting remained unchanged in regard to the daily processes and activities that took place in the participants’ environments (schools). However, participants were asked to report on what normally happens in their schools, specifically their daily programmes and projects in connection with implementation of the HIV/AIDS policy. This is one of the characteristics of a qualitative research mentioned by McMillan and Schumacher (1993:372) in their statement that: ‘qualitative research is naturalistic inquiry in that it employs non-interfering information collecting strategies as ways of discovering the natural flow of events and processes and how participants view and interpret those events and practices.’ It seeks an understanding of social phenomena from the participants’ point of view as they are better positioned to provide this information.

3.4 Data Collection

For this study, data were collected mainly through the use of questionnaires. However, the data from questionnaires were enriched by additional interviews. Methods used were determined by the availability of resources, both material and financial.

According to Fox and Bayat (2007:88) ‘questionnaires are used mostly in quantitative research designs, and these questionnaires were designed such that they give respondents opportunity to

express the opinions and feelings.' The participants' opinions are very important as this study is based on social constructivist theory, as previously mentioned. It is the reality of how people view their environments and their individual attachment of meanings to their experiences that is important. From the responses the researcher is able to make inductive (characterised by inference of general laws from particular instances) conclusions, as it is one of the characteristics of qualitative studies of this nature. Fox and Bayat (2007:88) further point out that 'questionnaires are advantageous because they are very cost-effective when compared to face-to-face interviews especially in investigations involving large sample sizes and large geographic sizes'. Comparatively speaking, questionnaires are faster and cheaper. Secondly, questionnaires are familiar to many people. Many people are used to filling in questionnaires, which sometimes are posted to them or even found in some magazines. Thirdly, they are less intrusive than face-to-face interviews as people feel more comfortable writing rather, than talking to a person directly. The respondents do not have to be with the researcher and can freely express their genuine opinions without feeling intimidated by the researcher's presence. Respondents were given questionnaires to complete but were not compelled to sit with the researcher. The questionnaires had open-and closed- ended questions.

Obviously, questionnaires have their advantages as well as disadvantages. Disadvantages include firstly, the possibility of a low response rate; secondly, inability to discuss the responses as respondents only communicate with the paper; thirdly, questionnaires may not be suitable for poorly educated people. Fourthly, where candidates have to explain or comment, they normally do not seem keen to do that. Instead, they are just happy to tick or choose, leaving out the 'explain or give reasons' part of the question. It is important for any researcher to try to minimise any disadvantages. For this study, although the area is geographically large and schools are widely scattered, the researcher personally visited each place to deliver and to collect the questionnaires. As a result a low response rate issue was no disadvantage in this study.

Appointments were made and participants visited in their areas of work, the different schools where they teach and the office where the district official is based. For schools, there were questionnaires directed to School Management Teams members and there were questionnaires directed to Life Orientation educators. Although the questionnaires were almost identical, those for Life Orientation educators were not only asked about the availability of HIV/AIDS policies and the programmes towards implementation of such policies; but also asked about their involvement as Life Skills or Life Orientation educators. The issue of HIV/AIDS directly

demands some additional discussions, especially while teaching (as they teach Life Orientation/Life Skills as one of the subjects). All the questionnaires were returned because the researcher waited for the participants to respond and immediately collected them.

Interviews were also used to obtain supplementary information for this study. Face-to-face interviews were done with ten individual educators, who were neither part of the SMT (School Management Team) nor Life Orientation/Life Skills educators from ten different schools with the aim of increasing the accuracy of the findings. These interviews were semi-structured in that although there was a fixed set of questions, questions were added for additional information during the interview. The advantage of these interviews was that the researcher was able to talk to the participants face-to-face, allowing the researcher to read both facial expressions and body language of the participants as they spoke. Both the researcher and the participants asked questions seeking clarification that provided additional details. It is necessary to mention that despite their advantages interviews have their own set of flaws. The presence of the researcher in the interview can be found by some participants to be intimidating, tempting them to give responses they think the researcher wants to hear. It was also very time consuming to conduct the interviews, compared to administering questionnaires. A lot of time was spent with each person as questions and details extended the interviews. It was important that the candidates clearly understood the questions so the exercise was not a waste of time and energy.

3.5 Research Setting

The study was conducted in uMkhanyakude District, situated in the northern part of Kwa-Zulu Natal which is one of the most rural and most remote parts of the province. ‘UMkhanyakude District forms the National borders with Mozambique to the north-east and Swaziland in the north and is known as the most rural and impoverished district in the Province. The population is estimated at over 600 000, with approximately 36 per cent having no means of income. UMkhanyakude District is one of the areas in South Africa that has been most affected by HIV/AIDS pandemic, with more than 3 000 orphaned children not only heading homes, but also facing a bleak and uncertain future as the fangs of poverty pierce deeper into their lives.
<http://www.kznhealth.gov.za/comms/umkhanyakude>: 2 May 2013.

While working in this district, the researcher witnessed the challenges faced. UMkhanyakude has little infrastructure. Clean water and electricity are unknown in many remote parts. Many

households collect their water from the river. Proper sanitary facilities are a huge challenge. There are also schools where learners use trees as their classrooms. When going to school, learners have to travel long lonely distances mostly on foot, passing through thick bush. This has, at times, resulted in some being victims of rape or even, in worse case scenarios being murdered as happened in 2012 when two young school girls aged 14 and 15 were raped and murdered in the bushes in the area. Roads are mostly gravel and in very bad condition and because of this, different government departments are struggling to deliver services to different parts of this area. Government officials from the Department of Education are constantly striving to bring services to all schools in the district. This makes monitoring and supporting the different programmes in schools very difficult and making communication between government officials and the schools even more problematic. This is made worse by severe understaffing in the district. For example, there are only two Life Skills officials to service the whole district with its 549 schools. All these challenges impact negatively on the education system and service delivery in general in the area, resulting in the schools lacking good support.

UMkhanyakude District has no industries and firms that could provide people in the area with decent jobs. When young people go to tertiary institutions to study, they do not come back to work in the area because of the limited job opportunities. The government employs many of the people working in the district who are police officials, nurses, teachers and social workers. A few people farm as a way of making money. Social grants are, for many, the way to survive as they have no other source of income.

3.6 Population and Sample

As already mentioned in Chapter 1, this research focused on schools in the uMkhanyakude District, KwaZulu-Natal. The population for the study was the educators of primary and secondary schools of uMkhanyakude. However, since it is not possible to involve all the educators in the district, a sample was taken for the study. Seventy educators were sampled through purposive sampling based on convenience and accessibility, considering the fact that the area is very rural with roads in a very bad condition, making it very difficult to reach some of the schools. The sample consisted of 40 School Management Team (SMT) members, 20 Life Orientation/Life Skills educators and 10 other educators who were not in the SMT and also not teaching Life Orientation or Life Skills. One Life Skills Senior Education Specialist from the district office of education also formed part of the study. In total, the study comprised 71

participants (See Table 3-1). As already mentioned, the researcher chose the sample through purposeful sampling, considering the schools and people in the schools that appear most representative and relevant as key informants for the study. Since purposive sampling which is a non-scientific technique was used, the results of the study cannot be generalised. The participants in this study can be grouped into four categories:

1. School Management Teams (40)
2. Life Orientation/ Life Skills educators (20)
3. Educators (10 - Not in 1 and 2 categories)
4. Life Skills District Official. (1- office based educator)

3.6.1 The School Management Team members

School Management Team (SMT) members are educators that form part of the management of the school. These are the principals, deputy principals and heads of departments. Depending on the size of the school, some of the schools do not have deputy principals and heads of departments. If that is the case, the principal is the only person in management. Two SMT members in a school were used as participants in this study. One was the principal or the deputy principal, in the absence of the principal, and one of the heads of departments in the school. SMT members were targeted because they play a leading role in ensuring that school policies are formulated, made available and implemented and are responsible for the whole school's development. The SMT is responsible for the different policies in the schools, such as the admission policy, the book retrieval policy and the HIV/AIDS policy, amongst others, as well as their implementation in the school. Though they can delegate, if necessary, they still remain accountable for what happens or does not happen because they are the managers. Since HIV/AIDS policy is one of the policies in the school, the inclusion of the SMT members as crucial drivers of the policies was seen as important for this study.

3.6.2 Life Skills/ Life Orientation educators

Life Orientation or Life Skills educators are educators who teach about lifestyle, sexuality, healthy living, careers and career choices, social and personal wellbeing. They explain life in general and how to navigate through life by applying different life skills. Diseases, including HIV/AIDS, are part of what is being taught by these educators. They have to address these matters as part of the content they teach in Life Skills or Life Orientation. In the school situation,

these educators are used for all issues relating to HIV/AIDS, be it workshops, wellness days or campaigns. Life Orientation educators are key role players at the school level when HIV/AIDS programmes are to be implemented. Other departments such as the Department of Health (DoH), usually work with these educators when addressing issues of HIV/AIDS in schools. So they are well positioned to know about and be involved in different activities and programmes touching HIV/AIDS in the school. This is why the researcher felt it necessary that these educators form part of the study.

3.6.3. Other educators

Ten educators formed part of the study as interviewees. These educators were not teaching Life Skills /Life Orientation and were also not involved in the SMTs. Even though they were not directly involved in HIV/AIDS matters, through the subjects they teach or in the school policies, as teachers in the school they can provide some information on the projects and programmes taking place with regard to fighting HIV/AIDS in their schools. Only interviews were carried out with these people.

3.6.4 Senior Education Specialist: Life Skills

The district offices of education located at Mkuze, one of the small towns in the uMkhanyakude District, has officials responsible for Life Skills, part of which includes HIV/AIDS. These officials work directly with all schools in the district in matters relating to HIV/AIDS. For their knowledge of the schools, they were also purposefully chosen to form part of the study. There are two such officials in the district, but only one was part of the study.

This sample was relevant and diverse enough to be able to represent the entire population of educators of both the secondary and primary schools found in the district and to provide the sought after information to answer to the study's questions.

Table 3-1: List of Participants

Participants	Primary school (15 schools)	Secondary school (15 schools)	District office (DOE)	Total
Life Orientation/Life Skills educators	10 educators	10 educators		20 educators
School Management Team (SMT) members	20 educators	20 educators		40 educators
Other educators	5 educators	5 educators		10 educators
District Official (Senior Education Specialist for Life Skills)			1 District official	1 District Official
Total	35 participants	35 participants	1 participant	71 participants

3.6 Ethical Considerations

Following the University of Kwa-Zulu Natal (UKZN) ethical clearance guidelines, the researcher was ethically cleared and permission to conduct this study was granted (refer to Annexure G).

Certain professions have created codes of ethics because of the importance and sensitivity attached to research involving human subjects and researchers have to abide by this code when involved in a study of this nature. Guidelines are set for researchers to follow as they conduct their research. According to Berg and Latin (2004:16), some countries have Institutional Review Boards composed of expert researchers that examine issues related to quality and safety before a

study can be undertaken. This ensures protection of the rights of participants and serves as a quality control measure by providing sound ethical control.

When humans are subjects of study, ethical considerations are imperative. Human beings have different rights to be protected, respected and entrenched. Even those doing research for the advancement of the society or for other similar reasons have to consider such rights. People are entitled to make informed decisions about participating in a study, to be treated safely during and after contributing.

Before engaging in the study, respondents were asked to sign informed consent forms (see Annexure F). The subjects were informed about the aim of the investigation, the benefits, the problems and the procedures to be followed. This was necessary to give adequate and accurate information to the subjects. Subjects took part of their free will. Legally and psychologically participants were ready to be part of the research. There were no minors in this study. Participants were informed that they were free to withdraw at any time or stage of the study.

There was no anticipated physical or emotional harm in this study. Respondents were in no way deceived in this research. The purpose of the study was fully explained to all people who participated. There was no deception or deliberate misrepresentation of facts in this study.

The researcher ensured that there was no violation of privacy, anonymity or confidentiality. Subjects were informed of their rights of determining the extent to which information about them is disclosed. Information remains something between the subjects and the researcher. Subjects were treated with the dignity they deserved.

3.7 Conclusion

This chapter has explained why the study is classified as qualitative as opposed to being quantitative. The way in which data were collected has been explained. The questionnaires and interview methods used to collect data are clarified and justification for each method described. The chapter further provides a description of uMkhanyakude District as setting for this study. The sample has been described and the reasons it was chosen given. Ethical considerations of the study have also been outlined. The next chapter proceeds to look at the findings of the study.

Chapter 4: Research Results

4.1 Introduction

This chapter discusses the findings of the study by analysing the data. How different participants responded to various questions in the questionnaires is discussed as well as how the different interviewees responded during the interviews. The 5C protocol of effective implementation mentioned in Chapter 2 is revisited in the light of the findings of this study. It will further look at whether the key questions of the study were answered.

4.2. Data Analysis

4.2.1. Questionnaires

According to Dahlberg and McCaig (2010:145), ‘qualitative data collection processes frequently result in large quantities of rich textual data and it can be difficult to know where to start the process of analysis.’ Authors further suggest ‘coding’ as one way to start the analysis. For Richards and Morse, quoted in Dahlberg and McCaig (2010:152), ‘coding involves identifying and categorising the parts of data that one believes will be useful for the aim of the research.’ For instance, in this study, questions were set so as to cover different aspects. These ranged from questions on availability of HIV/AIDS policies, activities and programmes for implementation, the system of communicating policies, to those that look at monitoring and evaluation of projects and programmes.

For the topic *HIV/AIDS policy responses and their impact on alleviating the effects of HIV/aids on teaching and learning in the schools of uMkhanyakude district*, three different questionnaires were prepared. The questions were designed in such a way that they are able to provide appropriate responses to the key questions of the study, as mentioned in Chapter 1. All the questionnaires were directed at people who are in the public service and considered to be key informants as far as the topic is concerned. Following is the discussion on what the study found on each key question of the study.

4.2.1.1 The existence of HIV/ AIDS policy in the schools of uMkhanyakude

Responding to the question on the existence of HIV/AIDS policies in schools, all 40 SMT members said they had policies available in their schools. Out of the 40 participants, 39 indicated

that the policies were there in their schools and only one said the policy was not prepared by the school, but was imported from another school. Fourteen out of 20 Life Orientation /Life Skills educators indicated that their schools had policies.

Regarding the availability of policies in schools within the district, the district official mentioned that there is no policy designed by the district itself on HIV/AIDS, but the district has distributed the national policy to schools to be used as the guide in designing their own customised school policies. Also, according to him, all the schools in the district have the national policy on HIV/AIDS.

4.2.1.2 Educator awareness of the existence of HIV/AIDS policy in schools

Six of the 20 Life Orientation educators indicated that they were not aware of any policy and they had never heard of any HIV/AIDS policy in their schools. Fourteen indicated that they were aware that their schools had HIV/AIDS policies. However, these educators further commented that though they were aware of these policies, the policies have never been discussed with them so that they might fully understand the contents of the policy. Two educators indicated that policies were given to them and discussed (communicated). Among the SMT, only two out of 40 indicated that they were not aware of any policy in their schools. According to the district official, educators were aware of the national policy as district officials several times in workshops had communicated it to them and some were already implementing the policy through district-initiated programmes.

Generally from the responses of all the participants responding to the questionnaires it can be concluded that only 8 out of 61 (13 per cent) participants were not aware of the existence of HIV/AIDS policies in their schools.

4.2.1.3 Communication of HIV/AIDS policy within the school

On the question of how the policy was communicated within the school, 21 of the 40 SMT members said that the policy was discussed in staff and parents' meetings. Seventeen said the policy is just given to teachers to read for themselves. Two indicated that they only know the policy is there at school, but they themselves had never seen it. Of the 20 Life Orientation educators, 18 indicated that policies were given to them and discussed in some of their staff

meetings. This gives the picture that only 4 out of all the 60 (7 per cent) participants declared that the HIV/AIDS policy had never been communicated to them either through staff meetings or any other way.

Table 4-1: Communication of HIV /AIDS policy

Educators	Policy is discussed in staff and parents' meetings	Policy is just given to educators to read for themselves	Have never seen any policy in their schools
SMT members	21	17	2
Life Skills/Life Orientation educators	14	4	2
Total	35	21	4

4.2.1.4 Programmes and projects aimed at implementing HIV/AIDS policy in school

Concerning the key question of implementation of the policy, 23 participants in the SMT group said they were not implementing the policies and had no programmes and projects towards implementation and, thus, nothing to monitor and evaluate. Seventeen said they were implementing and had programmes like 'My Life My Future' and other programmes run by Star For Life and Zisize (NGOs). Six out of 20 Life Orientation educators indicated that there was no programme or project in place. Fourteen indicated there were programmes that were run by NGOs like Star For Life and Soul Buddyz at school. This means that out of the 60 participants from schools, 31 indicated that they were implementing the policy.

Some participants, in the space on the questionnaire provided for comments, further observed that time is a problem to effective implementation. Some pointed out that although they have these programmes their learners continue to become pregnant and this is a concern because if learners get pregnant, there is a high potential that they will become HIV-infected. So they doubt whether all their efforts in implementing the programmes at school are effective.

In his response to this key question, the district official indicated that programmes towards the implementation of policies are in place, initiated by the DOE at the national and provincial levels.

There are Soul Buddy Clubs in primary schools (groups that aim to teach and bring awareness about HIV/AIDS through different ways, like dramatising) and Peer Education programmes where some of the learners (peer educators) are chosen and trained to teach other learners about HIV/AIDS and other social ills for secondary schools. There is also 'My Life My Future' for both primary and secondary schools. My Life My Future is a programme that was initiated by Mr Senzo Mchunu, the Premier of KwaZulu-Natal, when he was the MEC for Education in the province. It aims to create awareness among the youth that their future is important and should be treated as such through the creation of programmes that seek to fight social ills like HIV/AIDS, learner pregnancies and substance abuse. All these are the programmes initiated by the department and handed down to schools for them to implement.

4.2.1.5 Monitoring and Evaluation of the HIV/AIDS Policy Implementation

With regard to monitoring and evaluation, only nine out of 60 (15 per cent) participants from schools who responded to the questionnaire (SMT and Life Orientation/Life Skills educators) indicated that there was monitoring within the school. They pointed out that either the principal or any other member of the SMT carried out the monitoring. Thirty-six out of the 60 (60 per cent) participants from schools did indicate that there was monitoring carried out by the district officials.

The district official pointed out that programmes handed down to schools by the department were also monitored by the department through district, provincial and national officials. It is not all the schools that have Soul Buddy and Peer Educators. Since these are large numbers, some schools are picked up, but then others are left behind and encouraged to work on their own. If those that are left behind do not initiate any strategies themselves, it means that there is no programme in the school.

4.2.2 Interviews

Ten (10) educators were interviewed and four key questions were asked. The interviews were semi-structured besides the key pre-identified questions, the interviewer did ask other questions for more clarity on the matter when deemed necessary.

4.2.2.1 Availability of the HIV/AIDS policies in schools

Out of the ten interviewees, six educators (60 per cent) said that they have HIV/AIDS policies in their schools and that they have seen those policies. Four educators (40 per cent) said that they do not know, but think the policies are there in their schools.

4.2.2.2 Activities done at school towards the implementation of the HIV/AIDS policy

Fifty per cent of the interviewees stated that there were activities taking place in their schools, which were either initiated by the school inviting NGOs or the NGOs themselves requesting to come to the school and conduct the activities. The NGOs mentioned were *Star for Life*, Mpilonhle and Lifeline. Forty per cent indicated that they do not have any NGOs supporting them but they, as the schools, do have their own activities aimed at HIV/AIDS awareness and reducing the impact HIV/AIDS has on teaching and learning in the school environment. They mentioned drama groups, assembly performances and talks as activities they have in their schools. Ten per cent of the participants stated that there is absolutely nothing taking place relating to HIV/AIDS. It was further mentioned that the words ‘HIV and AIDS’ are not mentioned at the school, as it appears everyone in the school is afraid to talk about HIV/AIDS. In further discussions, this participant said they are not sure whether Life Skills/Life Orientation educators do or do not include it in their lessons.

4.2.2.3 Impact of activities

Ninety per cent of the interviewees indicated that there are activities taking place that were making a positive impact in their schools. They indicated that some learners, after a visitation by NGOs sometimes reveal and talk about their HIV status and as a result there are learners who have admitted to their educators that they are taking treatment for HIV/AIDS. When it comes to learners talking to other learners about their status, this was said to be a challenge as there is a stigma issue that is still an area of concern. The ten per cent that had no activities taking place in the school had nothing they could report on as a positive impact of implementation since nothing was being done.

4.2.2.4 Monitoring of the implementation of the HIV/AIDS policy

Thirty per cent of the people interviewed said that Life Skills educators did the monitoring, although they could not give information on how and when the monitoring was done. Seventy per cent said they were not sure what happens with regard to monitoring, they personally could not tell if there was monitoring or not.

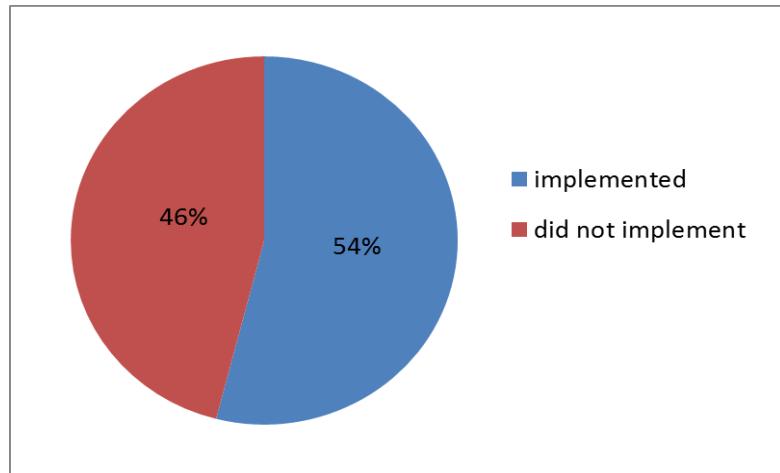
4.3 Discussion of Findings

From the analysis of results, it seems that the majority of the schools in uMkhanyakude district do have the HIV/AIDS policy as 61 per cent of the participants (43 out of 70 school-based) said that HIV/AIDS policies do exist in their schools.

Also, it can be noted that many of the educators are aware of existence of HIV/AIDS policy as they indicated that the policy has been communicated to them. Only six per cent indicated that the policy was never communicated and they were not even aware it existed.

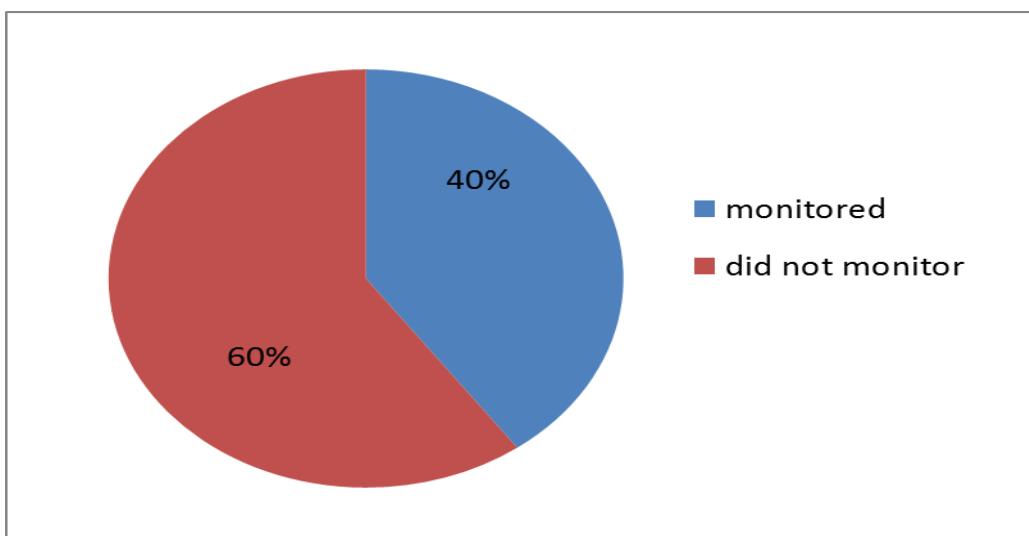
Looking at implementation, 54 per cent (38 out of 70) of the participants indicated that implementation is taking place in schools and mentioned the different activities that they have as ways of implementing the HIV/AIDS policy in their schools. They do this on their own or with the help of local NGOs. In the interviews, participants did highlight these activities as having a positive impact because they have noticed that learners become less afraid to talk about and even disclose their HIV status to their educators. This puts learners in a better position to receive help because educators are able to refer the learners to the Department of Health should they need any medical help.

4.3 A. Graphical representation of educator responses on HIV/AIDS policy implementation



On monitoring, 40 per cent (28 out of 70) said they were monitoring the implementation process in their schools. In this area, the results show that not enough is being done as a way of testing the effectiveness if the implementation. As mentioned earlier, monitoring and evaluation are integral part of the policy process because they indicate the worthiness of the processes and the policy itself. In the absence of monitoring and evaluation, it is difficult to tell if the exercise is yielding any effect. These schools, together with the district, provincial and national offices of education have to try and improve their systems of monitoring. The missing or weak link must be identified so that appropriate or relevant interventions are made.

4.3. B. Graphical representation of educator responses on monitoring of the HIV/AIDS policy implementation



In Chapter 2 of this study, the 5C protocol of effective implementation was discussed. Looking at the 5C protocol in the context of the current study, the following was observed:

4.3.1 Content

Many of the sampled schools (61 per cent) had a policy with clear goals and in line with the national guidelines. Some have not adapted policies to suit local needs, as indicated by the national guideline. The goals are also clear in terms of reducing discrimination, reducing further infections and to make sure that schools are centres where everyone can learn without any fear of discrimination. Looking at this first C protocol of effective implementation of policy I can conclude that the schools are doing well.

4.3.2 Context

This C looks at the channels through which implementation takes place. The schools, through Life Orientation and Life Skills with other programmes, are the context for the application of the HIV/AIDS policy. This study reveals that there are not many school-initiated programmes towards implementation. The district initiates Soul Buddyz and Peer Educators. Local NGOs do come in with their own programmes. Schools themselves are not fully dedicated to creating their own programmes and projects. They give reasons such as lack of time and work overloads for not focusing on anything other than the subjects being taught by which they are judged at the end of the year. Educators admit that they see the need to be serious about HIV/AIDS but are grieved by the fact that they are very busy and, thus, fail to effectively engage with activities related to implementation of policies.

4.3.3 Commitment

This C refers to the desire and willingness to implement. The commitment of those that have to implement is very important. As pointed out by Warwick (1982:135), ‘policies can be available with clear achievable goals but if those responsible for carrying them out are unwilling or unable to do so, little will happen’. This study found that there was not much commitment to implement on the part of schools, as reflected by lack of school initiated programmes and projects. Much of what is being done is carried out by NGOs. Even monitoring at the school level was not that evident. There is still much to be done by schools and all others responsible at different levels to

increase the level of commitment to implementing HIV/AIDS policies. The study indicates that there is not enough commitment.

4.3.4 Capacity

The execution of duties is linked not only to commitment, but also to capacity. This refers to the skills, expertise and necessary resources for implementation. In this study, schools and school principals, especially, did not necessarily complain about lack of capacity as being one of the stumbling blocks because their Life Skills educators do attend workshops. Schools only mentioned that there is not enough time to implement policies. The study revealed that some educators have the perception that HIV/AIDS is not for them, but for Life Orientation and Life Skills educators. Asked about their knowledge on HIV/AIDS, none of the Life Orientation educators rated themselves as having poor or no knowledge. Instead, they indicated it was moderate, good or excellent. This makes them feel comfortable and confident to talk about HIV/AIDS with their learners during their Life Skills lessons. They further commented that they saw the issue of HIV/AIDS as very important and something to discuss with children, learners and others, because they said that if you do not talk about it people will continue to die. If children die, they will have no one to teach and they will not have work. There was also no mention of lack of resources as a stumbling block in the implementation process. All in all, we can rule out lack of capacity as one of the challenges for schools.

However, for the district and the district official's point of view, capacity is a serious challenge when considering the gross shortages of resources. Only two officials serve this vast district with more than 500 schools. The kilometre allowance provided for a district official to use when discharging duties (when travelling to schools) is also limiting, as this does not allow for the visiting of many schools each month. Capacity is a cause for concern for them if they are to be successful and effective in execution of the HIV/AIDS policy. As officials in the district, they do conduct workshops giving educators information on what to do and how to do it, but when it comes to checking that this has been done, this is another issue. It is not easy to go to each school to see if they are implementing. This makes monitoring and evaluation as part of the whole process a serious challenge. Provincial and national officials do come once in a while but, because they are so far from schools in the uMkhanyakude district they cannot be there to observe what happens on a day-to-day basis. With the shortage of personnel and other resources, roads in very bad conditions, the district vast and schools widely scattered all over, the two district

officials are challenged to ensure proper service delivery. With this situation, the majority of schools cannot be reached for support. This hampers the implementation process.

4.3.5 Clients

Clients are those that benefit from the process of policy implementation. In this study, learners are the clients or beneficiaries of the implementation of policies. The study reveals that during Life Skills lessons, it is easy for learners and educators to discuss AIDS matters. However, schools do not know whether they can claim success in changing attitudes and reducing discrimination against the infected as there is still fear of talking openly or declaring one's status. It is only when a learner is sick and on medication that parents sometimes come to school and report the status of the child. Otherwise, parents remain silent.

4.4. Conclusion

This chapter has looked at the findings of the study. It has presented reports from people working in schools in the uMkhanyakude District. Information has been provided about the questions asked in the study. Participants have given information on whether their schools have HIV/AIDS policies or not; it has indicated the reality of the situation in communicating the policies concerned and illustrated what is being done to implement policies. It has looked at the Life Orientation /Life Skills educators and School Management Team members' feelings about the HIV/AIDS policies and what they are doing to implement them. It has further analysed and attached meaning or interpretation to what was said by the participants they responded to the questions.

Chapter 5: Conclusions and Recommendations

5.1 Introduction

The findings of this research, as well as the recommendations made from the findings, including data results, are presented and discussed in this chapter. This takes into account the aims of the study and the actual findings of this investigation. Further recommendations are made for the future for those who have interest in undertaking further research or those who may find the information useful.

The study was conducted in uMkhanyakude district, northern KwaZulu-Natal. It is qualitative in nature. Questionnaires and interviews were used to gather information. Seventy educators were sampled through purposive sampling based on convenience and accessibility, considering the fact that the area is very rural with roads in a very bad condition, making it very difficult to reach some of the schools. The sample consisted of 40 School Management Team (SMT) members, 20 Life Orientation/Life Skills educators and 10 other educators who were not in the SMT and also not teaching Life Orientation or Life Skills. One Life Skills Senior Education Specialist from the district office of education also formed part of the study. In total the study comprised 71 participants.

5.2 Interpretation of findings in relation to the objectives of the study

The objective of this research was to identify gaps in the current HIV/AIDS policy processes by establishing how effective the HIV/AIDS policies are in the schools of uMkhanyakude district; examining the awareness of educators regarding these policies in school and the programmes and projects, which have been instituted in schools as part of the implementation of these policies. Furthermore, processes that are already in place are evaluated as methods of monitoring and evaluating the success of HIV/AIDS policies in the schools.

In reviewing the key questions and objectives of the study, the findings indicate that schools do have HIV/AIDS policies in place and most educators are aware of these policies and have been communicated to educators in the schools and the SGB (School Governing Body) in most schools. However, regarding results related to programmes and activities that are aimed at the implementation of policies, the study reveals that the schools are doing very little at this time to

ensure implementation of the HIV/AIDS policies. The policies are there on paper, but there are no activities planned that specifically aim to put the HIV/AIDS policy in place and make them operational. For other policies, like the assessment policy, there are clearly defined activities, indicating dates and responsible persons, sometimes they were displayed on notice boards. However, this is not the same for the HIV /AIDS policy in most of the schools of uMkhanyakude. Much of what is done in terms of programmes and projects towards fighting HIV/AIDS is undertaken by the local NGOs like Star For Life, Mpilonhle, Akehlulwalutho and others and the District through Soul Buddyz and Peer Educators.

With regard to monitoring and evaluation, the study found that these areas still need a lot of attention from the schools, the district, the province and the national level of education. At the school level, the issue of monitoring and evaluating the effectiveness of programmes and projects is neglected. There are no individuals responsible for this task. It is expected by most schools that the Life Orientation educators carry out the monitoring and evaluation, the reason being that HIV/AIDS forms part of the subject that they teach in the school.

The study has further revealed that schools are extremely concerned about HIV/AIDS and how it negatively affects them. They recognise the need to be actively involved in joining the fight against this disease. However, their main problems are the issues of time, capacity, resources and commitment. There is a clear indication that schools do have policies in place and they do understand the importance of policy as a way of guiding actions in preventing and treating HIV/AIDS with its related problems. Co-operation from the different levels of government is very important to ensure there is effective and efficient service delivery. This study observed that the different levels of government, especially the provincial and the local (the district) government, are attempting to work together in facing these challenges. There are programmes initiated and funded by the province and given to schools to implement. However, not all the schools are reached through those programmes. Lack of material and human resources as well as cost-cutting measures by the government make it difficult for service delivery to be done satisfactorily. The need is huge, but the resources seem very limited.

As we have seen in Chapter 2 when the 5-C protocol of policy implementation was discussed it is apparent that even if all other resources were available, if those expected to implement do not have the capacity to do so, there would be little or no success in policy implementation. This can be linked to '**commitment**' as discussed in the 5C protocol for effective policy implementation.

No matter how well-formulated the policy is on paper, if there is little or no action from those who implement it, there will be no progress. This study does appear to confirm that commitment of the schools, especially the school management teams, is lacking, and they are the people in the school responsible to ensure that all policies are implemented properly.

The results of this study conclude that although policies are in existence and educators are aware of these, there are still gaps in the process. There is a lot that needs to be done towards ensuring that there is effective implementation of these policies. One of them is introduction of different activities and establishing of processes to monitor and evaluate the effectiveness of such undertakings. Among the 5Cs of the 5C protocol of implementation according to this study, it seems that '**commitment**' and '**capacity**' still need closer attention and more cooperation from the different levels of government than are currently being received. This is in line with Gulick's prescription that policy implementation requires a good amount of staffing and resource allocation as pointed out in chapter 2.

5.3 Recommendations

In the process of this study and looking at the perceptions of those in the schools related to policies and their implementation regarding to reducing the impact of HIV/AIDS on teaching and learning in the schools of uMkhanyakude district, the following areas have been identified as needing more attention than they are receiving at present:

1. The study shows that HIV/AIDS policies are present in schools and are generally communicated to educators, but the issue of implementation still needs more attention. The study recommends that schools improve on their implementation processes. This may necessitate more attention to capacity building, with a focus on assisting the district officials to reach out to the schools for service delivery more effectively. SMTs in their positions as leaders can ensure effective policy implementation through school-initiated programmes and projects (activities) and that there are processes of monitoring and evaluating the effectiveness of those activities.
2. As the commitment level observed appears low, this study recommends that the principal-agent relationship be examined to improve commitment, as a sour principal-agent

relationship is of little use. Perhaps incentives can be put in place as a way of encouraging commitment.

3. The study has also found that government officials are willing to reach as many schools as possible, but are limited by the kilometre allocation. Here, a cost-cutting measure is negatively impacting on service delivery. This needs to be investigated, as well as alternative ways of saving money, as it appears that service delivery is somehow compromised in the quest for cost-cutting.
4. Monitoring and evaluation, especially within schools, are lacking. There is no one appointed to be responsible to monitor the effectiveness of the implementation process. Recommendations are that more structured strategies of monitoring and evaluation be established with clear accounting officers for easy tracking of progress.
5. In some of their comments, the participants cited the issue of ‘time’ as a being a challenge in implementing. Educators said they have targets that they are expected to meet in different subjects and there is no time for any additional subject or activity. The study recommends that this be closely evaluated so that, if possible, more time can be set aside for effective implementation.
6. Programmes and projects undertaken are mostly initiated by the district office or NGOs and not by the schools themselves. More school-initiated activities and programmes to promote understanding of HIV/AIDS and de-stigmatisation of those infected are recommended. If schools initiate activities, they will be more motivated and determined to see those activities succeed, as they will feel they ‘own’ the activities. This is very important, considering the role of schools and education as discussed in Chapter 2.

5.4 Conclusion

In the district it is obvious that HIV/AIDS is negatively affecting teaching and learning. The research assumed that something was lacking with regard to the policy processes. This study was undertaken to investigate exactly what is taking place in the schools. The aim of the study was to examine the policy processes and the gaps in those processes at the school level by asking key questions on the availability of HIV/AIDS policies; the communication of those policies to educators; the programmes and projects established as ways of implementing the policies and, finally, the processes of monitoring and evaluating the effectiveness of such projects and programmes.

The study has provided some of the answers to these questions and identified the gaps. Schools do have HIV/AIDS policies and it has established that educators are aware of the existence of the HIV/AIDS policies as they are communicated to them. Furthermore, it has shown that there are gaps in implementation and in the monitoring and evaluation of the implementation process and its effectiveness. Different reasons have been cited for the lack of commitment to implementation by schools. Public officials have also pointed out that understaffing and lack of resources are some of the challenges they have to deal with when servicing the schools in this district.

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ANNEXURE A

HIV/ AIDS POLICY PROCESSES

QUESTIONNAIRE (this questionnaire consists of three pages and should take about 20 minutes to complete)

To be answered by Life Orientation Educator

1. I can rate my knowledge of HIV/AIDS as: (put a tick next to your choice)

Excellent / Very good / Moderate / Poor / No knowledge

Comment: _____

2. I have gained this knowledge from:

Private reading / School community / TV / Newspapers / Discussions with friends/other

(Specify): _____

Comment: _____

3. My need to know more about HIV/AIDS is

High / Moderate / Low

Comment: _____

4. My desire to participate in activities that teach about HIV/AIDS

Very High / High / Moderate / Low / Very low

Comment: _____

5. Benefits of such activities: Many / Neutral / None

Comment: _____

6. Does the issue of HIV/AIDS affect you in your work as an educator? Yes / No

Comment: _____

7. As a Life Orientation educator are you comfortable/ free to discuss issues of sex with your learners? Yes / No

Comment

8. Are you aware of any HIV /AIDS policy in the school? Yes / No

Comment: _____

9. If yes, how did you get to know about (become aware of) the policy?

10. Do you think the policy is implemented effectively in this school? Yes / No

Comment: _____

What programmes/projects are there in the school for implementing the HIV/AIDS Policy?

12. If you were to improve the HIV/AIDS policy what would you add or remove?

ANNEXURE B

HIV/AIDS POLICIES AND POLICY RESPONSES IN SCHOOLS (UMKHANYAKUDE DISTRICT)

QUESTIONNAIRE (this questionnaire consists of three pages and should take about 20 minutes to complete)

To be answered by the principal of the school / SMT member

1. Is an HIV/AIDS policy available in the school? Yes / No

Comment _____

2. Was this policy developed at the school level? Yes/NO

Comment: _____

3. Is it communicated to all people in the school? Yes / No

Comment: _____

3.1. If it is communicated, how is it communicated?

(E.g. discussed or just handed over for each person to read on their own)

3.2. Do you think the way it is communicated is effective? Yes / No

Comment: _____

3.3. If the policy is not communicated, what are the possible explanations?

4. Is this policy being implemented? Yes / No

Comment: _____

5. What programmes and projects are there in place as ways of implementing the policy?

6. Since when has the policy been implemented?

7. Is there any monitoring and evaluation of the programmes taking place? Yes / No

8. How has the policy implementation benefited the school?

9. What kind of support does the school receive from the District office of education?

10. Does the school get any support from outside education in implementing the policy?

(HIV/AIDS programmes and projects from NGOs, CBO, FBOs, DOH, etc)

Comment: _____

11. What role is played by the School Governing Body with regard to the HIV/ AIDS Policy and its implementation?

12. Is there anything you feel should be done by the Department of Basic Education (District level, Provincial level or National level) to help the schools with the issue of HIV/AIDS?

ANNEXURE C

HIV/AIDS POLICIES AND POLICY RESPONSES IN SCHOOLS (UMKHANYAKUDE DISTRICT)

TO BE ANSWERED BY THE DISTRICT OFFICIAL (LIFE SKILLS- SENIOR EDUCATION SPECIALIST)

This questionnaire consists of three pages and should take about 20 minutes to complete

1. Does the District have an HIV /AIDS policy designed at the district level?

2. What can you say is the position in schools in terms of the availability, the awareness of and implementation of the HIV/AIDS policies?

3. What role is played by the School Governing Body/ Parents in implementing the HIV/AIDS policy?

4. How free are educators and learners to talk about HIV and AIDS?

5. If anything were to be changed in the National HIV/AIDS what would it be?

6. What programmes are there in schools as ways of implementing the HIV/AIDS policy?

7. How are these programmes monitored and evaluated?

8. What role is played by the Life Orientation educators in implementing the HIV/AIDS policy?

9. What kind of intervention/support would you need from the Provincial or National Department of Education to help you work more effectively with the schools regarding HIV/AIDS?

10. What are the challenges that you as the District official are facing as you deliver services (providing support in Life Skills and HIV/AIDS) to schools in this District?

ANNEXURE D: INTERVIEW QUESTIONS

1. Does your school have the HIV / AIDS policy?
2. What activities do you do as a school to fight against HIV / AIDS and its impact on teaching and learning?
3. According to your observation, are those activities making a positive difference / impact?
4. How do you as a school monitor the implementation of HIV / AIDS policy?

ANNEXURE E

UNIVERSITY OF KWAZULU-NATAL
School of Public Administration & Development Management

Dear Respondent,

MPA Research Project
Researcher: Madike PJ (079 591 5841)
Supervisor: Mubangizi B (031-260 8730)

I, Philisiwe Jeinah Madike am an MPA student in the School of Public Administration & Development Management, at the University of KwaZulu-Natal. You are invited to participate in a research project entitled **HIV/ AIDS POLICY RESPONSES AND THEIR IMPACT ON ALLEVIATING THE IMPACT OF HIV/AIDS ON TEACHING AND LEARNING.**

The aim of this study is to look at the policy issues surrounding HIV/AIDS in the education sector, with particular reference to primary and secondary schools situated in the rural areas of UMkhanyakude district of KwaZulu –Natal. Through your participation I hope to understand **HIV/ AIDS POLICY RESPONSES AND THEIR IMPACT ON ALLEVIATING THE IMPACT OF HIV/AIDS ON TEACHING AND LEARNING** at the level of the school. The results of this survey are intended to contribute to identifying issues that make the battle against HIV/AIDS difficult or easy and factors to be considered if the condition is to be improved. This will be a contribution not only for the broader school community but, even for any other interested people as well.

Your participation in this project is voluntary. You may refuse to participate or withdraw from the project at any time with no negative consequence. There will be no monetary gain from participating in this research project. Confidentiality and anonymity of records identifying you as a participant will be maintained by the School of Public Administration & Development Management, UKZN. If you have any questions or concerns about participating in this study, please contact me or my supervisor at the numbers listed above.

It should take you about 30 (thirty) minutes to complete the questionnaire. I hope you will take the time to complete the questionnaire.

Sincerely

Investigator's signature_____

Date_____

ANNEXURE F

This is to be retained by participant

UNIVERSITY OF KWAZULU-NATAL
School of Management, IT & Governance

MPA Research Project
Researcher: Madike PJ (079 591 5841)
Supervisor: Mubangizi B (031-260 8730)

CONSENT

I _____
_____(full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project. I understand that I am at liberty to withdraw from the project at any time, should I so desire.

Signature of Participant

Date

This is to be retained by researcher

ANNEXURE G

Ethical clearance- to be included later- does come out clearly

LEED ✓
CS ✓
DD ✓
EL ✓

25 July 2012

Mrs Philiisiwe Jelina Madike 9145258
School of Management, IT & Governance

Dear Mrs Madike

Protocol reference number: HSS/0534/012M

Project title: HIV/AIDS Policy Responses and Their Impact on Alleviating HIV/AIDS on Teaching and Learning

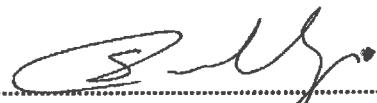
EXPEDITED APPROVAL

I wish to inform you that your application has been granted Full Approval through an expedited review process.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the school/department for a period of 5 years.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully



Professor Steven Collings (Chair)

/px

cc Supervisor Professor BC Mubangizi
cc Academic leader Professor KK Govender
cc School Admin. Ms Angela Pearce

Professor S Collings (Chair)
Humanities & Social Sc Research Ethics Committee
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