

**THE IMPLEMENTATION OF THE NATIONAL LIFE-SKILLS
AND HIV/AIDS SCHOOL POLICY AND PROGRAMME IN
THE eTHEKWINI REGION**

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ABSTRACT

HIV/AIDS reflects many of the stresses and strains in contemporary South Africa and must be considered in relation to the socio-political, economic and cultural factors that the epidemic is deeply rooted in. This study investigated how secondary schools have responded to the problems of HIV/AIDS and the challenges faced by educators in the implementation of the National HIV/AIDS School Policy and the Life skills programme. It also evaluated the Life-skills, HIV/AIDS programme implemented in three selected schools in the eThekweni region. A multiphase research design, incorporating both qualitative and quantitative methods, was utilised in this study. In Phase One, face- to face interview schedules were administered with principals from 74 secondary schools. Phase Two comprised in-depth interviews with educators as well as interactive workshops with Grade Nine learners and their parents from three selected schools. In Phase Three one focus group with district co-ordinators and an in-depth interview was held with the national co-ordinator for the Life-skills, HIV/AIDS programme from the Department of Education.

The findings illustrate that there is a lack of institutional capacity at schools to deal adequately with the problem of HIV/AIDS. With the maturation and devastating effects of the epidemic at both micro (individual and families) and mezzo (school and community) levels, there is a need to move beyond sexuality education and knowledge about HIV/AIDS to include treatment, care and support services to learners, their families and educators who are either infected and or affected by the epidemic. Five key strategies are recommended as a framework to create an enabling environment in which not only risk reduction among the youth can occur but the effects of the maturation of the epidemic can be dealt with at the school, household and community level. Drawing on the practice elements embedded in structural theory and its application to HIV/AIDS intervention programmes in schools, recommendations are made for the re-conceptualisation of social work practice in contemporary South Africa.

DECLARATION OF ORIGINALITY

I, Tanusha Raniga hereby declare that the whole of this thesis, unless specifically indicated to the contrary in the text, is my own original work. This thesis has not been submitted for a degree in any other university.

A handwritten signature in black ink, appearing to read 'Raniga', with a stylized flourish at the end.

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November 2006

DECLARATION BY SUPERVISOR

This thesis, which I have supervised, is being submitted with my approval.

A handwritten signature in black ink, appearing to read 'V. Sewpaul', is positioned above the printed name.

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To accomplish great things, we must not only act, but also dream, not only plan, but also believe.

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*DEDICATED TO YASHIL AND MY BABY DIYA WHO HAVE BEEN
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ABBREVIATIONS AND ACRONYMS

ACCESS	Alliance for Children's Entitlement to Social Security
ANC	African National Congress
DoE	Department of Education
DoSD	Department of Social Development
DCES	Deputy Chief Education Specialist
ELRC	Education Labour Relations Council
GEAR	Growth Employment and Redistribution
GAA	Global AIDS Alliance
HAC	Health Advisory Committee
HEARD	Health Economics and HIV/AIDS Research Division
HPS	Health Promoting Schools
HSRC	Human Science Research Council
IMF	International Monetary Fund
KZN	Kwa Zulu- Natal
MRC	Medical Research Council
NEPAD	New Partnership for Africa's Development
NAPTOSA	National Professional Teachers Organisation of South Africa
NIP	National Integrated Plan
PGSES	Psychological Guidance Special Education Services
PCES	Provincial Chief Education Specialist
RDP	Reconstruction and Development Programme
SADTU	South African Democratic Teachers Union
STD	Sexually Transmitted Disease
TAC	Treatment Action Campaign

PART ONE

CHAPTER ONE: ABOUT THE RESEARCH

In the course of the past decade, the world has made considerable progress in the fight against HIV/AIDS. It has also made considerable promises. The time has come to keep them.... Kofi Annan, 1 December 2005

Two decades ago, HIV/AIDS was regarded primarily as a serious health crisis. Today it is clear that AIDS is a human development crisis as the epidemic is growing rapidly throughout the world and is not only robbing millions of their lives but threatening to reverse development gains and widening the gap between rich and poor nations. UNAIDS (2004) stated that young people (15-24 years old) account for half of all new HIV infections globally; more than 6000 contract the virus each day. Sub-Saharan Africa is home to over 70% of young people living with the disease and there are 12.1 million children orphaned as a result of AIDS (UNAIDS 2004). The responses to the pandemic both by the international community and nation states have exacerbated a 3-fold crisis that we have witnessed in the world: they have widened the gap between the rich and poor within societies, between the rich and poor nations and they have pushed stigmatised groups such as those living with HIV/AIDS to the margins of society. The central premise of this thesis is that the HIV/AIDS pandemic must be seen against the context of globalisation, international politics, economics and social relations. Watney (1994:24) asserted that: "no single issue in the modern world is currently more politically loaded than AIDS" and it is in this context that social policy decisions are being proposed, debated and implemented.

Young people are at the frontline of the epidemic's advance, bearing the brunt of its impact but also struggling to bring it under control. Ignorance about the epidemic remains pervasive among young people with some studies claiming that many of them do not know about protection. In Mozambique, 74% of young women and 62% of young men aged 15-19 were unaware of any way to protect

themselves (UNAIDS, 2001). Almost two-thirds of sexually active girls aged 15-19 in Haiti do not believe that they are at risk of HIV infection; more than half of their counterparts in Zimbabwe share the same perception. In South Africa, increased knowledge of HIV/AIDS has not translated into behavioural changes (Moletsane et al 2002). Paradoxically, it is young people who offer the greatest hope for turning the tide and for changing the course of the epidemic. The behaviour of young people, the extent to which their rights are protected and the type of services and information they receive can help determine the quality of life of millions of people.

South Africa has the fastest growing epidemic in the world with an estimated 1600 new infections occurring daily. According to the annual antenatal HIV sero-prevalence survey in 1994 the level of HIV infection amongst pregnant adolescents younger than 20 years was 6.47% rising to 12.7% in 1997 and 21% in 1998, with an increase of 65% in 2001 (Department of Health 2002). To date of the more than 5 million people in the country that are living with HIV, more than half are young people aged 15-24 years (Abdool Karim and Abdool Karim, 2005). Research conducted by the Health Economics and HIV/AIDS Research Division (HEARD) revealed that over 680 teachers in KwaZulu-Natal died in service in the year 2000 (Badcock-Walters 2000). According to Mlongo (2006) 11 educators per day die from AIDS related illnesses (Daily News 6 October 2006). The report also asserts that KwaZulu-Natal has the highest prevalence of HIV among educators in the country. The implication is that there are a significant number of deaths from illness among educators and that an estimated 60 000 new educators will be required by 2010 (Badcock-Walters 2002). The social and economic implications of the epidemic on the educational sector of the country are undoubtedly serious and real. Given the extent of the problem and the need to reach youth urgently, the ex- National Minister of Education, Professor Kader Asmal, published in Government Gazette, Notice 1926 of 1999 the National Policy on HIV/AIDS, for learners and educators in public schools, and students and educators in further education and training institutions. The Minister acknowledged that young people are the key to controlling the epidemic and that they have the right to knowledge and skills that reduce their vulnerability and enable them to protect themselves and

each other against the epidemic. The Policy seeks to “contribute towards promoting effective prevention and care within the context of the public education system” (Department of Education 1999:2).

Implementation of the education policy and the life-skills programme is primarily a provincial responsibility. This study was designed to investigate the implementation of the National Life-skills and HIV/AIDS School Policy and Programme in secondary schools in the eThekweni region.

This opening chapter begins with an introduction and overview of the rationale and background to the study. An outline of the overall purpose of the study followed by an overview of the key objectives is provided. Subsequently the discussion outlines the research assumptions, the various phases of the study, the value and context of the study. Finally, the discussion provides an overview of the underlying theoretical frameworks guiding the study. The chapter ends with a summary of how the remaining chapters in this thesis are presented.

RATIONALE AND BACKGROUND TO THE STUDY

My interest in embarking on this study emerged during the period September 2000 to March 2001 when Professor Sewpaul and I were involved in implementing a qualitative, action research study on HIV/AIDS and sexuality in schools. The main purpose of the study was to investigate the extent to which schools were aware of the National HIV/AIDS School Based Policy (Department of Education 1999), the extent to which the policy was implemented at schools and the institutional capacities that existed for the implementation of the provisions of the National Policy. The action research component of the study was designed to implement and evaluate a HIV/AIDS education programme with teachers within the context of human sexuality in one secondary school in the Phoenix community as a pilot project.

One of the underlying assumptions of the preliminary study was that there was a gap between the awareness of the National HIV/AIDS School Policy (Department of Education 1999) (hereafter referred to as the Policy) and the

actual implementation of the Policy (Sewpaul and Raniga 2005). Telephonic interviews conducted with principals from 18 secondary schools in January 2001, in Phoenix confirmed that the schools were aware of the Policy but were not implementing key components of the Policy. The findings of the study revealed that schools experienced institutional problems in dealing with HIV/AIDS. Some of the problems were described by the principals as a lack of funding and time, lack of counseling skills on the part of educators, work overload, low morale of educators and the sensitivity of teaching about sexuality and lack of support and guidance from the Department of Education.

The National HIV/AIDS School Policy asserts that School Governing Bodies should “give operational effect to the Policy by developing and adopting an HIV/AIDS implementation plan” (Department of Education 1999:14). The educators that were involved in the training workshops conducted in the preliminary study indicated that parents were not actively involved in HIV/AIDS intervention in the school context. Following from this, one of the objectives of this study was to gain insight into the level of involvement of parents in intervention plans to deal with HIV/AIDS in the school.

One key component included in the National HIV/AIDS School Policy is that of ‘Education on HIV/AIDS’ which stipulates that “a continuing life-skills and HIV/AIDS education programme must be implemented at all schools for all learners, students, educators and other staff members” (Department of Education 1999:7). The new education policy, Curriculum 2005, implementing Outcomes based Education, which was introduced in 1997, includes life-skills, sexuality and HIV/AIDS education as part of the eight learning areas that constitute the Life Orientation Programme. In November 1999 the National Inter-Ministerial Committee received funding from the European Union to the amount of R450 million over a three year period: R75 million in 2000/2001; R 125 million in 2001/2002 and R250 million in 2002/2003 in order to put a plan in place to address the epidemic (Departments of Education, Health and Social Development 2000). The National Ministerial Committee decided to form a Social Cluster with the Department of Education, Department of Health and Department of Social Development in order to develop an integrated strategy to

address the epidemic and its effect among children and youth. The focus of the Department of Education was to implement life-skills, HIV/AIDS education programmes at both primary and secondary schools in order to prevent new infections among learners. One of the objectives of this study was to explore the challenges experienced by government officials in the co-ordination and implementation of the life-skills, HIV/AIDS education programme.

This study is an extension of the preliminary research undertaken by Professor Sewpaul and myself in order to investigate further how secondary schools in the Durban region (now eThekweni region) have responded to the problems of HIV/AIDS and the challenges faced by educators in the implementation of the National HIV/AIDS School Policy and the Life-skills, HIV/AIDS education programme. This study focuses on the processes intervening between micro- and macro level of analysis particularly at the mezzo level (school and community).

OVERALL PURPOSE OF THE STUDY

The overall purpose of the study was to investigate how schools have responded to the problems of HIV/AIDS, the challenges faced by educators in the implementation of the National HIV/AIDS School Policy and the Life skills programme and to evaluate the Life-skills, HIV/AIDS education programme implemented in schools.

OBJECTIVES OF THE STUDY

The major objectives of this study were to:

- Investigate the extent to which 74 secondary schools in the eThekweni region were aware of the National HIV/AIDS School Policy.
- Investigate the extent to which the Policy and the Life-skills, HIV/AIDS education programme was implemented in these schools.

- Examine the institutional capacities (with regard to human resource, time, finance, facilities) that existed within these schools to implement the Policy and the Life-skills, HIV/AIDS education programme.
- Gain an understanding of the challenges experienced by educators in implementing the Life-skills, HIV/AIDS education programme.
- Gain an understanding of the extent to which parents were involved in HIV/AIDS education at three secondary schools.
- Explore and describe Grade Nine learners' experiences of the Life-skills, HIV/AIDS education programmes taught at three secondary schools.
- Understand the challenges faced by officials of the Provincial Department of Education involved in the co-ordination of the Life-skills, HIV/AIDS education programme in the region.
- Present suggestions and recommendations to the KZN Department of Education based on the findings of the study.

RESEARCH ASSUMPTIONS

The following basic assumptions formed the foundation for the study:

- There is a gap between awareness of the National HIV/AIDS Schools Policy (Department of Education, Government Gazette 1926 of 1999) at schools and the practical implementation of the Policy (Burns 2002, Jansen 1999, Moletsane et al 2002, Van Rensburg et al 2002; Sewpaul and Raniga 2005).
- There is a lack of institutional capacity at school level to deal with the problem of HIV/AIDS (Khoza 2002; Sathiparsad and Taylor 2005; Sewpaul and Raniga 2005)
- A disparity exists between the institutional capacity of urban schools as compared to rural schools with regard to the implementation of the National HIV/AIDS School Policy and the life-skills, HIV/AIDS education programme.
- The implementation of HIV/AIDS intervention programmes at schools often remains uncoordinated (Sewpaul and Raniga 2005).

- There is a lack of involvement of parents in the planning and implementation of AIDS-related education at schools (Strydom 2003; Sewpaul and Raniga 2005).

AN OUTLINE OF THE PHASES OF THE STUDY

This study comprised three key phases. The first phase of the research consisted of a quantitative audit in 74 secondary schools in the eThekweni region.

The survey method through the use of a structured interview schedule was conducted with principals from 74 (20% of 370) secondary schools in the eThekweni region to investigate the following:

- The extent to which the 74 secondary schools in the eThekweni region were aware of the National HIV/AIDS School Policy.
- The extent to which the Policy and the Life-skills, HIV/AIDS education programme was implemented in these schools.
- The institutional capacities (time, human resource, finance and expertise, access to facilities) that existed in the school to implement the Policy and Life-skills, HIV/AIDS education programme.

The second phase comprised a formative, qualitative programme evaluation that was undertaken in three secondary schools chosen from the broader sample of the first phase. The main aims here were to:

- Explore and describe the experiences of Grade Nine learners of the life-skills, HIV/AIDS education programme taught at three secondary schools.
- Gain an understanding of the challenges experienced by educators in implementing the programme.
- Gain an understanding of the level of involvement of parents in HIV/AIDS intervention at school.

Phase three comprised one focus group with the district co-ordinators from the KwaZulu-Natal Department of Education and one in-depth interview with the national co-ordinator. These government officials were responsible for the co-ordination of the life-skills, HIV/AIDS education programme in secondary schools in the eThekweni region. The purpose of the contact interviews with these officials was to:

- Explore the challenges faced by officials in the co-ordination and implementation of the Department of Education's life-skills, HIV/AIDS education programme.
- Explore the Department's rationale for the use of the cascade model in the training of educators in the arena of life-skills, sexuality and HIV/AIDS.
- Gain an insight into the budget allocated for the implementation of the life-skills, HIV/AIDS education programme.

VALUE OF THE STUDY

Through this study I hope to provide deeper insight into some crucial challenges faced in schools with regard to the implementation of the National Life-skills and HIV/AIDS School Policy and programme in the eThekweni region. This study was an attempt to engage educators and other stakeholders such as parents, learners and government officials of the Department of Education in information sharing about the effects of the epidemic in the school context and to consider whether programmes, to address sexuality among the youth are sustainable and effectively implemented. During the research process I also hoped to contribute to the formation of collaborative partnerships between learners, parents, educators and officials from the KwaZulu-Natal Department of Education involved in co-ordinating the National life-skills and HIV/AIDS School Policy and Programme at schools.

This study accords with national priorities and was based on the premise that emerging policy initiatives should be implemented, monitored and evaluated.

The results of the study may be used to make recommendations to policy makers at the Provincial Department of Education about the institutional capacities and resources that need to be put in place to render the National HIV/AIDS Schools Policy and the Life-skills, HIV/AIDS education programme truly effective. The ultimate aim of the study was to make recommendations on priority intervention areas to the Department of Education on ways to improve the institutional capacity at schools in order to operationalise the National HIV/AIDS School Policy and the Life-skills, HIV/AIDS education programme in schools. This study also pointed to the need to move beyond prevention and awareness to include programmes for treatment, care and support to those learners, educators and their families infected with and or affected by HIV/AIDS.

The findings of this study illustrate that the maturation and devastating effects of the epidemic at both micro (individual learners) and mezzo (school and community) levels are real. Thus there is a need to go beyond sexuality education and knowledge about HIV/AIDS as is currently addressed through the implementation of the National life-skills and HIV/AIDS School Policy and Programme (Department of Education 1999) at secondary schools. There is a need to put in place mechanisms and support systems to assist learners, their families, and the wider communities to deal with the reality of HIV/AIDS. The suffering and damage is already visible and additional interventions such as broadening the scope of school social work to provide for supportive counselling, trauma de-briefing, implementation of support groups, primary and secondary prevention and parent education programmes need to be urgently addressed by both the Department of Education and Department of Social Development. The findings from this study may be used to make recommendations on priority intervention areas to the Department of Education on ways to improve the institutional capacity at schools in order to operationalise the National Life-skills and HIV/AIDS School Policy and Programme in schools.

Chapter Eight proposes the structural approach to social work intervention in schools.

CONTEXT OF THE STUDY

This study was based in the province of KwaZulu-Natal more specifically the eThekweni region which is situated along the east coast of South Africa and is approximately 3 500 square kilometers in extent. The eThekweni region is one of the fastest growing urban areas in the world and has been unable to escape the effects of globalisation and neo liberal capitalist ideology (discussed in more detail in Chapter Two). In this region we are reminded daily of the contradictions of an industrialised metropolitan embodying both extreme wealth and enormous human deprivation and suffering. The province of KwaZulu-Natal was considered the epi-centre of HIV/AIDS with the highest prevalence among women attending antenatal clinics was 33.5% in 2001 (Department of Health 2001). Subsequent data obtained from the first national based Nelson Mandela HSRC Household Survey in 2002 on behavioural and socio-cultural determinants of vulnerability to HIV/AIDS, revealed that other provinces such as Free State, Gauteng and Mpumalanga had prevalence rates of 14.9%, 14.7% and 14.1% respectively and that KwaZulu-Natal ranked fourth with a prevalence rate of 11.7% (Shisana 2002). This data was inconsistent with provincial rates presented by researchers Abdool Karim and Abdool Karim (2005), who maintain that antenatal HIV prevalence in KwaZulu-Natal in 2003 was 37.5% and that the geographical variation in the distribution of HIV infection among the provinces in South Africa seems to be highest in the east coast (includes eThekweni region) compared to the west coast of the country. The disparity in these prevalence rates among the provinces reveals the limitation of an over-reliance on data collected from the attendance of women at antenatal clinics.

KwaZulu-Natal serves as a microcosm of the development effects of HIV/AIDS facing South Africa. The region has some unique features, which may have contributed to the high prevalence rate. First, The Nelson Mandela HSRC Household 2002 Survey indicated that many of the antenatal sites were found along national or main roads and transport routes which are known to contribute to higher levels of HIV prevalence. Second, KwaZulu-Natal is largely rural where cultural practices of polygamy are still rife. The Household Survey

(2002) also added that vulnerability to HIV is highest in urban informal areas where factors such as labour migration, mobility and relocation from the rural areas, is evident. Third the eThekweni region in particular is a tourist destination and it contains two major ports (Durban and Richards Bay), which attracts floods of people from within the country and neighbouring African countries to move fluidly across the region. These factors may be possible reasons for the increase in prevalence rates in KwaZulu-Natal.

Moreover, the eThekweni region has a multiple construct of urban formal, urban informal and rural communities. As a result of the close connections maintained by people in rural and urban communities, the region also offered me the unique opportunity to research the impact of the National Life-skills and HIV/AIDS School Policy in both urban and rural schools. . The region also underlines the urgency for effective prevention and changes in the behaviour and attitudes among the youth in order to combat HIV/AIDS and mitigate its devastating effects on the individual, house-hold, school and wider communities. Hence, the overall purpose of the study was to investigate how schools have responded to the problems of HIV/AIDS, the challenges faced by educators in the implementation of the National HIV/AIDS School Policy and the Life skills, HIV/AIDS education programme and to evaluate the Life-skills and HIV/AIDS programme implemented in secondary schools in the eThekweni region. Additionally, on a positive note, lessons learnt in this region could serve as an example for dealing with and containing the epidemic in other provinces of the country and neighbouring countries within Sub-Saharan Africa.

CONCEPTUAL FRAMEWORK

HIV/AIDS brings to the fore deeper structural imbalances and problems evident in contemporary South Africa. On a daily basis social workers in South Africa grapple with the dilemma to provide personal and interpersonal help to people living with HIV/AIDS, yet at the same time many of the issues and problems that people living with the disease face are beyond the scope of their immediate influence as they are rooted in broader socio-political and economic conditions. In most situations, the hope for resolution to HIV/AIDS related problems lies in a

change of such structural conditions. It is important that we do not address the problem of HIV/AIDS as yet another social ill – instead we need to continuously measure the progress we are making both on a preventative level as well as on a treatment, care and support level so that we can plan and determine what we should do next to improve not just our performance and situation but to help people living with and affected by the disease to obtain maximum control over their lives.

For the purposes of this study which encompasses an examination of the complex dynamics underpinning how secondary schools in the eThekweni region have responded to the problems of HIV/AIDS, a structural analysis forms the conceptual base for this study. Rooted within a social justice and social change paradigm structural social work draws on both conservative and radical schools of thought. Structural social work moves beyond casework interventionist strategies to an emphasis on how the socio-political and economic structures within society oppress persons living with and affected by HIV/AIDS. For me, the structural approach bridges a significant gap by developing a social justice approach to social work that aims at understanding the experiences and concerns of individual learners, parents, educators and government officials about HIV/AIDS in relation to underlying socio-economic and political conditions in contemporary South Africa. The critique of the ways in which the dominant and powerful groups in society constrain and marginalise the less powerful such as learners, educators and parents living with and or affected by HIV/AIDS is central to this thesis. The arguments presented in the following chapters show how structural forces such as globalisation and neoliberal capitalist ideology impact the institutional capacity at schools in the implementation of the National Life-skills and HIV/AIDS School-based Policy. Chapters Five, Six and Seven illustrate how this in turn has profoundly influenced the experiences of individual learners, parents, educators and government officials (micro level) in the implementation of the National Life-skills and HIV/AIDS School-based Policy at a school (mezzo) level.

This part of the thesis is divided into three sections. Section one provides an overview of a structural approach to social work as presented by Mullaly (1993).

This approach also provided me with a critical framework for analysis of social work knowledge and practice in contemporary South Africa. In section two I present some of the current debates in defining social development. Section three presents the challenges experienced by social workers in operationalising the social development approach to welfare, which forms the conceptual framework for social work practice in contemporary South Africa as enshrined in the White Paper on Social Welfare (1997).

Section One: The Structural Approach to Social Work

Traditionally developed from the radical movement of social work scholars such as Moreau (cited in Allan 2003), Moreau and Leonard (cited in Allan 2003) and Mullaly (1993) structural social work theory is critical of the existing social and political institutions and practices of society. With an emphasis on collective action and attaining solidarity among the marginalised in society, the structural approach to social work practice links the personal with the political. Mullaly (1993) contends that linking the personal with the political makes it possible for those marginalised (such as persons living with HIV/AIDS) in society, to consider their personal experience of oppression within a broader political spectrum. In his book *Witness to Aids* Judge Edwin Cameron (2005) cogently discusses his experiences as a human rights lawyer who, while challenging injustices against people living with AIDS, struggled with his own feelings of an “overwhelming inner sense of shame”. Such personal experiences of dealing with stigma and discrimination while living with HV/AIDS as told by Judge Cameron confirm that we need to frame these stories in relation to the wider national picture, which includes powerful institutions such as government, multinational drug companies, religious institutions, the media and so on.

The thrust of social work practice is the creation of a balance between needs, resources and policies and the interlink between these three variables. As such the link between social theory and political practice is practical in its intent. The structural approach perceives social policy as intricately linked to practice. Social policies and services are interdependent, in that, each influences and is influenced by the other (Ife 1997). Ife (2002) proposes that community

development has much to contribute in addressing global inequalities and injustices through the empowerment and strengthening of community resources, self reliance and instituting changes from below.

Moreover, drawing from his highly influential writings on *foundations of community work: a social justice perspective*, Ife (1997, 2002) reiterates the radical structural perspective that while changes by individuals, organisations and post-structuralist discourses may be important, unless changes are made to the structural forces of oppression, any social justice strategy will be limited. As Dominelli (2004:17) poignantly states: “social workers have to oppose existing structural inequalities and oppression, including those which they perpetrate, if they are to become more inclusive”. Leonard (cited in Mullaly 1993:142) maintains that there are three fundamental requirements of critical theory. First it must locate the sources of domination in actual social service practice. Second, it must present an alternative view of society free from oppression and domination. Third, it must translate such tasks to the poor, marginalised and oppressed who are mainly the beneficiaries of social work services.

However, Moreau (cited in Allan, 2003:32) warns against “blaming all social problems on social structures in society”. Taking into consideration this warning, Mullaly (1993) contends that the crux of structural social work is its dialectical approach to practice. The dialectical approach to social work practice is based on the view of society which acknowledges that due to freedom of choice people are responsible for creating their own destiny, but at the same time recognises that factors such as socio-economic and political factors profoundly affect peoples’ lives and shape their consciousness. Historically, social work has struggled between two key traditions – tension between the focus on the individual and the concern about the socio-political and economic forces in society. The liberal or idealist tradition perceives the use of free will by individuals as fundamental to effect great changes as the Marxist or structural tradition that perceives individuals as victims of an unjust social environment that cannot be changed. This *false dualism* is referred to by Dominelli (cited in Allan 2003:154) as the struggle between “the social activists

and the individual interventionists". A dialectical approach to structural social work practice recognises these contradictory elements embedded in social institutional policies and practice.

One key element of structural social work is the link between the personal and political. This element draws from both the radical structuralist and radical humanist schools of thought which recognises the interconnection between peoples' private troubles and public issues. The contentious debate within both these schools of thought is should consciousness-raising be a pre-requisite to changing society or is the focus on changing the material conditions within society a pre-requisite to changing peoples' consciousness. Mullaly (1993) maintains that a dialectical analysis regards these different approaches as a false dichotomy and instead advocates that both must occur conjointly. Subsequently, for Mullaly (1993) structural social work has two fundamental approaches. First to provide care and support to those socially excluded and marginalised as a result of neo-liberal capitalist society. Second, it is vital to work towards re-structuring society along socialist lines.

Mullaly (1993) presents structural social work theory as all-inclusive with respect to sources of oppression in capitalist society and does not attempt to fragment or prioritise them. He contends (1993:146) that "treating the various forms of oppression as distinct fails to recognise that they are also related to one another, that they are mutually reinforcing and that they intersect and interact in peoples' everyday lives, as they are part of a total system of oppression". Social workers work with people who experience problems such as oppression, social exclusion and poverty that are at least, in part, a consequence of structural global forces. Taking this into consideration, contemporary social workers adopting the structural approach, acknowledge the interconnectedness of race, class, age, gender and disability and its link to global forces (Sewpaul 2001, 2004, 2005a, 2005b, 2006; Dominelli 2004; Ife 1997, 2002). Moreover, this structural analysis of social problems is intrinsically linked to the plight of millions of people living with HIV/AIDS in developing countries such as Africa where socio-structural factors (such as race, class, gender, poverty, unemployment, access to medication) have a profound impact

on their daily lives and their sense of autonomy, dignity and self respect. UNAIDS (2004) reveals that in low and middle income countries, the rate of mortality among 15-49 year olds is 20 times greater than those living in the rich, industrialised countries. This is attributed to the stark differences in the access to antiretroviral treatment across the globe. As Ramanathan and Link (1999:30) eloquently state: "when we view human behaviour as a consequence of the human condition, then the separation between what is domestic and what is international becomes moot".

This study focuses on a number of social institutions in South African society, namely the school system, the household system, government and each institution's role in relation to the implementation of the National life-skills and HIV/AIDS School Policy. For the purposes of this study, it was important to consider the interconnectedness of the experiences of individual learners, educators, principals, parents and government officials in the implementation of the HIV/AIDS school-based policy and programme and the link to institutional capacity at schools as well as the KwaZulu-Natal Department of Education that were responsible for co-ordination and implementation of the Policy and programme. Additionally, the structural approach to social work has helped to sensitise me to the opposing and contradictory forces inherent within globalisation, neoliberal capitalist ideology, the education system, the welfare system and social work practice in contemporary South Africa in the light of the HIV/AIDS pandemic. Social institutions such as welfare, the school system and government departments contain both liberating and oppressive features, and they represent the fruits of the struggles of oppressed people in the country. Yet, at the same time, these institutions represent agents of control by the dominant groups in South Africa. Social workers need to be aware of such dualities, contradictions and conflicting demands inherent in institutions and recognise the limitations of neoliberal capitalist ideology as a satisfactory social system.

Additionally, the dialectical perspective is an attempt to move away from dichotomising the person and situation by focusing on the interactions between people and specific social, economic and political circumstances. This study

takes place within a number of superimposed contexts interacting with each other in relation to the school context (Department of Education, parents, educators and learners), analogous to structural patterns in contemporary South African society. This study shows that with the maturation of the HIV/AIDS epidemic, the time has come to move beyond prevention and to integrate treatment, care and support to learners, their families and educators infected and affected by the epidemic. This calls for social workers to re-position themselves to be actively involved in the understanding and transformation of injustices in social institutions and in the struggles of people living with and or affected by HIV/AIDS in order to effectively assist them to obtain maximum control of their lives. Mullaly (1993) stated that “the strategy for social work is to maximise the emancipatory potential of social welfare and social work and to neutralise or minimise their repressive elements” (1993:143).

Bearing the above deliberations in mind, the following section presents some of the contemporary debates in defining social development and the challenges experienced by social workers in South Africa in implementing the developmental approach to Welfare as enshrined in the White Paper for Social Welfare (1997).

Section Two: Defining Social Development

Current international thinking on social development advocates a positive transformation of society in respect of economic, social and political spheres which are intended to bring about an improved quality of life for the general population. The Charter of the United Nations in 1995 stated that: “social development and social justice are indispensable for the achievement and maintenance of peace and security within and among our nations”. (UNDP Report July 1995:44). With this premise in mind the international community committed at various conferences such as the World Summit for Children at New York in 1990, the World Summit on Human Rights in Vienna in 1993, The United Nations conference for Environment and Development in 1992, The World conference on Population and Development at Cairo in 1994, The World Summit on Social Development in Copenhagen in 1995 and the World Summit

on Sustainable Development (2002) to: “enhancing social development throughout the world so that all persons especially those living in poverty, may exercise their rights, utilise resources and share responsibilities which enable them to lead fulfilling lives in harmony with the environment, their families, communities and humankind” (UNDP Report, July 1995:22).

Midgley (1995:25) defined social development as a “process of planned social change designed to promote the well-being of the population as a whole in conjunction with a dynamic process of economic development”. Midgley (1995:11) contended that social development emerged in the third world and that it is an approach that “established a direct link between social welfare and economic development”. Midgley’s (1995) approach to social development attempts to synthesise statist, individualist and communitarian strategies as a pragmatic approach to welfare. The individualist approach concentrates on the general quality of people’s lives, which can be enhanced if individuals are given the opportunity to improve their economic and social circumstances. Proponents of the communitarian approach believe that the power to change lies in the hands of the local people and that social development is achieved through motivating people to develop their communities at a local level. The statist approach points to the responsibility of the state in planning programmes that will lead to the development and upliftment of the quality of life of people. The state’s role is one of interventionist and advocates that governments are obligated to meet the basic needs of people.

Lombard (1996:163) stated that: “these strategies for implementing social development link the residual-institutional models of social welfare to a developmental model”. In Midgley’s (1995:1) words “the social development approach transcends the residual- institutional debate by linking social welfare directly to economic development policies and programmes”. Social work as a core human service profession has traditionally worked on various interventive levels, all of which are fundamental to meeting both personal and social problems. The social development approach is inclusive of helping individuals (micro level), groups (mezzo level) and communities (including policy at an international level – macro level). There is general agreement among many

writers in the field of social development that all intervention methods, that is casework, group work, community work, social administration, social policy, management and research are crucial to the solution of both personal and social problems (Gray 1998; Lombard 1996; Sewpaul 1997; Midgley 1995; Elliot 1993). The uniqueness of the developmental model though is that it has a two-fold purpose: developing human resources and enhancing economic development.

Clearly, the inference made by Midgley (1995:1-2) is that social development cannot take place without economic development and economic development is meaningless unless it is accompanied by improvements in social welfare for the whole population. For Midgley the goal of social development is to promote social welfare through economic strategies. Midgley argues that the institutional context provides a “workable set of *prescriptions* for promoting social development goals since it is inspired by an ideological position that accommodates diverse beliefs and harmonises different social approaches”. The writer, Leroke (1996) argues that development must be conceptualised as postmodern practice, contrary to Midgley’s (1995) ideology which is conceptually based on traditional capitalist and economistic thinking since all the proposed strategies are best promoted through a process of economic development.

Embracing postmodernist thinking, Booth (1994:14) noted that “this traditional approach to development seemed to neglect or even deny much of what is human about human societies: action and interaction, culture and the social construction of reality”. Leroke (1996:15) accepts Foucault’s thesis that “development must be seen as discourse, a practice of power relations or knowledge”. In this sense, development is what happens and thus transcends the concepts of domination and repression. By adopting Foucault’s notion of conceptualising development as discourse, we can perceive development as a complex process of enablement and that there are complex social and institutional relations present in any social agreement as well as in policy formulation. In his profoundly thought provoking book, *Development as Freedom* Sen (1999) states that development has to be more concerned with

enhancing the quality of life and the freedoms we enjoy than with the pre-occupation for accumulation of wealth. Coetzee (1996) and Leroke (1996) add further that people who are consciously involved in their own development contribute to a life-world that is meaningful to them and as such social development needs to take into account the way people experience social institutions within the socio-political realities of society.

Sewpaul and Holscher (2004) state in their book *Social Work in Times of Neoliberalism: A Postmodern Discourse*, that there is a profound link between knowledge, power, language and domination. Using critical discourse analysis as the base for their critique of the Financing Policy for Developmental Welfare Services, Sewpaul and Holscher (2004) maintain that in the new dispensation in South Africa, the power structures within welfare have remained the same even though the target groups are somewhat different. In their proposal for re-conceptualising social work within a postmodern discourse, the writers reveal that management systems in social work reflect the dominant neoliberal world economic order. Sewpaul and Holscher (2004) thus contend that "either social power is held increasingly by means of, or we are becoming increasingly aware of, the power of discourse" (Sewpaul and Holscher 2004:97). Evidently Midgley's (1995) definition of social development ignores these critical postmodernist discourses on development thinking postulated by Coetzee (1996), Leroke (1996) and Sewpaul and Holscher (2004).

From the above discussion it can be concluded that economic growth is necessary but not adequate to improve the well-being of humans and reduce global poverty (Coetzee 1996; Leroke 1996; Sen 1999; Sewpaul 1997, 2001, 2004, 2005a, 2005b; Bond, 2005; Raniga and Simpson 2002; Simpson and Raniga 2004). Elliott (1993) maintains that it has become increasingly clear that the 'trickle down' theory, which assumes that if the prosperity of the productive groups in society is improved then all groups will benefit from increased prosperity through an improvement in living conditions, has not worked. Instead, in this era of globalisation, we witness increasing poverty and social exclusion associated with rising inequality, falling political participation and rapid unemployment rates in both the developed as well as developing

nations (Maxwell 1998; Sewpaul 2004; Sewpaul 2005a, 2005b; Bond 2005, Padayachee; 1994, Sen 1999).

Sewpaul (2006) cites Magdoff and Magdoff stating that of the 6.3 billion people on earth, about half are malnourished and live in dire poverty. Ife (1997) asserted that neoliberal policies that dominate the global economy is increasingly failing the industrialised nations of the North as well. In the United States of America, since 2000, the number of Americans living in poverty has grown by more than 4 million. The Catholic Campaign for Human Development in the USA indicated that the official poverty rate in 2003 was 12.5%, up from 12.1% in 2002. The total number of Americans that are living in poverty was 35.9 million in 2003 almost 1.3 million higher than in 2002 (<http://www.usccb.org/cchd/brakethecycle/pv-usa/index.html>). Midgley (1995: 25) refers to this as 'distorted development'.

A further reason for the rich-poor divide in both the developed and developing countries is that not only developing countries are in deep debt, but the rich, industrialised countries have also accumulated a huge debt burden. The USA is currently the world's largest debtor because the US government had to borrow money to finance its budget deficit. Chossudovsky (1995:45) indicated that: "its total debt amounted to about 4.9 trillion dollars in 1994". This figure has risen to 6.4 trillion dollars in 2005 (accessed from website <http://www.usccb.org> – 20/11/2005). This trend of *distorted development* is a consequence of economic globalisation and neoliberal capitalist policies, which currently dominate the world economy (discussed in detail in Chapter Two). This leads us to question the commitment made by the international community at the Social Development conference in Copenhagen in 1995 "to reduce inequalities, increase opportunities and access to resources and income and remove any political, legal, economic and social factors and constraints that foster and sustain inequality" (UNDP Report, July 1995: 10).

In this light, Ife (1997) quotes Latouche and reiterates that the long term consequences of neoliberal policies, if current trends continue, will be that

developed countries will take on more of the characteristics of the Two-Third's¹ World (Sewpaul and Jones 2004) nations with wealthy elites and an increasingly powerless and under-serviced group living in dire poverty. Within a postmodernist view these debates on social development are not just concerned with peoples' material well-being but with active participation, self empowerment and self respect, the lack of which constitute classic parameters of social exclusion. We note that the poor in society are most often marginalised and are not included in the political, social, economic and cultural institutions that shape their lives.

Hence, economic development that does not provide opportunities for gainful employment of people and that does not consider how the intersections of race, class and gender influence people's access to status, privilege and power will limit social development initiatives. Sewpaul (2005b:312) in her critique of the draft South African Family Policy maintains that programmatic interventions directed towards individuals and families, "without attention to the structural barriers in people's lives serves to not only exacerbate poverty but prevents families from realising the goals of self-reliance, family pride, dignity and respect and family independence". These debates may be extended to understanding the plight of people living with HIV/AIDS where poverty, compounded by disease, has not only limited access to active participation in economic activities but has threatened autonomy and self respect and further pushed people to the margins of society. Chapter Two provides further evidence of the responses by the dominant players in the global economy, which has resulted in marginalising persons living with HIV/AIDS who form part of the already stigmatised groups in society and reinforces the divisions between the rich and poor nations.

Section Three: Challenges Experienced in Operationalising the Development Approach to Welfare in South Africa

Post 1994 social work as a core human service profession, in South Africa is experiencing its own process of transformation and is thus undergoing a major

¹ Cited in Sewpaul and Jones (2004) this concept reflects numerically the majority of the world's population who live in abject poverty.

paradigm shift. This is a process that involves the critical examination of current social work roles, programmes and services within the socio-political contexts of people's lives. The White Paper on Social Welfare (1997), which serves as a blueprint document for social work practice, embraces Midgley's (1995) definition of social development that links welfare to economic development. It embodies a '*new*' set of values for contemporary social welfare services, that of social justice, equality and democracy. This underlying philosophy of developmental social welfare is drastically different from that of the residual model and clearly represents a major departure from the previous residual welfare system.

However, this paradigm shift has posed many challenges for social work practitioners. One of the major challenges has been the unequal power relationship that characterises the partnership between the state and private welfare organisations in the delivery of welfare services. Sewpaul and Holscher (2004), criticising free market ideology and its impact on the welfare system, maintain that even though the target groups are different in contemporary South Africa, the management systems continue to resemble those of the previous apartheid era. What we continue to experience in contemporary welfare practice is much fragmentation and a lack of co-ordination of social services. This has translated to little evidence of successful interventions by welfare organisations in operationalising the developmental approach to welfare. As a response to this concern, Green and Nieman (2003:161) conducted an in-depth literature study and qualitative research which confirmed that good practice principles such as participation, utilising groups and networks, ensuring that training is available and encouraging innovation would be valuable to social work practitioners in operationalising social development projects.

Social work has traditionally worked on various interventive levels, all of which are fundamental to meeting both personal and social problems. One of the major criticisms facing social workers during the transformation process is that they have placed more emphasis on individual casework at the expense of macro-interventions such as community and policy development. There is however general agreement among many writers in the field of social

development that all intervention methods, that is casework, group-work, community work, social administration, social policy, management and research are crucial to the solution of both personal and social problems. Writers such as Mullaly (1993), Ife (1997), Allan (2003) Dominelli (2004) and Sewpaul (2005) advocate for a structural approach to social work which contributes to the transformation of society and for all methods of social work to be underscored by a radical approach. Social workers need to critique and challenge the limits of neo-liberal capitalism as an unjust social system which entrenches inequality and poverty in society. I embrace Dominelli's (2004:19) assertion that "human-rights led practice is based on respect and dignity of people who are accepted as full citizens wherever they may live and eliminating structural inequalities".

Welfare organisations, like other public institutions in South Africa, have not escaped the impact of neoliberal capitalist policies that claims to provide revolutionary solutions to mass poverty compounded by HIV/AIDS (Sewpaul and Holscher 2004). A major challenge faced by many private welfare organisations in making the transition to developmental social welfare is managing huge caseloads. This has been in line with the declining subsidies to private welfare organisations which have given rise to staff cutbacks and a total lack of expansion in human resource capacity. As a result the inadequate funding of the welfare sector by government, salaries for social workers have remained poor especially in the private welfare sector; service conditions have deteriorated and resources have been diminished while at the same time social workers' case loads have either remained high or increased (Child Welfare South Africa 2004). In the absence of adequate funding for the transformation of welfare, there have been attempts to enhance 'productivity' by increasing bureaucratic controls and managerial involvement in defining the roles and functions of social workers employed in agencies (Sewpaul and Hölscher 2004). This has effectively undermined the position and autonomy of social work professionals exercising independent judgement in their work with clients (Sewpaul and Hölscher, 2004). Sewpaul (2004, 2005a, 2005b) as well as Bond (2005) indicate that policies such as the *New Economic Policy for Africa's Development* (NEPAD) and the *Growth Employment and Redistribution* (GEAR) that are underscored by neoliberal ideology have contributed to further

marginalisation of the poor and are worsening the plight of the vulnerable in society.

A further challenge facing social workers in the transition to developmental welfare is role conflict. In the field of community development practice, which embraces a multi-sectoral and multi-disciplinary approach to community work, many related social service professionals such as community development workers and child and youth care workers in the NGO sector are involved in engaging communities in their own development. Policy makers have chosen to blame social workers for “not doing their jobs properly” and have questioned “is there a place for them in development?” (Gray 1996:12). This together with poor salaries, subsidy cut-backs, poor working conditions and a sense of feeling marginalised and alienated in relation to other social service professionals, has contributed to a high turnover and dropout of social workers from the profession. At present we find many social workers leaving the profession for ‘greener pastures overseas’. At the end of 2004, just over 50% of the Department of Social Development’s social work posts were filled countrywide, and in KwaZulu-Natal alone, 395 of 720 posts remained vacant (Mhlambiso 2004). Child Welfare South Africa (2004) documents that the majority of social workers employed by its member organisations leave their jobs before 5 years of service, which has resulted in instability and inexperience within the service context. A study conducted by Naidoo and Kasiram (2003) revealed that safety and security, service conditions, poor salaries, staff turnover and curriculum changes were the major reasons given by social workers for wanting to emigrate to the UK.

Clearly, the status of the social work profession and the role of social workers in developmental welfare in contemporary South Africa is a contentious one. However, with the immense invaluable skills that social workers have, they without a doubt have a critical role to play in social development. The challenge however lies not just in social workers having to make critical choices to reposition themselves and to critically reflect on their roles if they are to make a difference and address the needs of the most vulnerable and marginalised sectors of the population. What is needed is a radical transformation of the

welfare system (Sewpaul and Holscher 2004) and changes in those socio-structural and economic systems that disadvantage both social workers and the people whom they work with (Sewpaul 2005b, 2006; Dominelli 2004).

Mullaly (1993) in his critique of general systems theory, which may be extended to the developmental approach to welfare, reveals that such theories in social work do not change the essential nature of the capitalist system but rather deals with individuals, families, cultural and environmental influences within such a system. The structural approach to social work however, acknowledges the defects of patriarchal, neoliberal capitalism as an unsatisfactory social system and provides the opportunity to take cognisance of macro socio structural forces (such as poverty, inequality, race, class, gender and sexuality) and its direct impact on the lives of people. In Mullaly's (1993:138) words it allows the social work practitioner the opportunity to acknowledge that "the source of social problems lies not within the system but in the system itself".

Embracing a structural approach as a key conceptual theory for this study, I argue in Chapters Five, Six and Seven of this thesis that there are macro factors (government policy, socio-economic, political and cultural dynamics) that impinge on the institutional capacities of schools (mezzo level) in their endeavours to deal with the problem of HIV/AIDS in the school context. Moreover, on a micro or more immediate level, learners and educators face many challenges in dealing with sexuality issues in the classroom. Additionally, the family and home circumstances of learners impact on their social functioning within the school context. Schools in turn are a microcosm of the wider geographic community within which they are located. The structural approach to social work provided me with a holistic view to understanding how socio-economic and political factors have impacted individual learners, educators, parents and government officials' experiences of the National Life-skills and HIV/AIDS Policy and programme at schools. Embracing a dialectical analysis to practice, this approach involves consciousness-raising and an empowerment based approach to learners and their families infected and or affected by HIV/AIDS about the reality and unfair social structures within society

and how these impinge on the institutional capacity within schools to deal optimally with HIV/AIDS related problems.

Chapter Eight discusses some of the practical elements of structural social work and its application to HIV/AIDS intervention programmes in schools.

Clarification of Concepts

For the purposes of this study, the following key concepts are clarified.

Rural: Taylor et al's (2002) definition of rural schools seemed most appropriate for this study. She states that most rural schools in KwaZulu-Natal are considered under-resourced and poorly equipped as they lack basic services such as electricity, water, access to health services.

Urban formal area: Statistics South Africa (1998) defines an urban area as a settlement which has been legally proclaimed as urban. Additionally the geographic locality of an urban settlement is categorised into urban formal and urban informal (Statistics South Africa 2003). For the purposes of this study urban formal schools are considered well-resourced and well equipped with access to social services, such as health, welfare, housing, water, roads, electricity and recreation.

Urban informal area: Simpson (2001) notes in her study on social work in informal settlements that informal settlements generally have a lack of adequate electricity, water, refuse removal, sanitation and recreational facilities. Following from this, I define schools located in the urban informal areas as generally under-resourced and poorly equipped, with little access to social services such as health, welfare, housing, water and recreation facilities.

HIV: HIV is an abbreviation for Human Immunodeficiency Syndrome.

AIDS: is an abbreviation for acquired immune deficiency syndrome, which is the final stage of HIV infection.

ARV: is an abbreviation for antiretroviral therapy. These are drugs, which suppress or prevent the replication of HIV in cells.

Universal precautions: are a variety of precautions that any person who comes into contact with blood and certain other body fluids or products in a school setting should always apply so as to prevent him or her from being infected by the HI virus. A list of these universal precautions are stipulated in section 7 of the National HIV/AIDS Policy (Department of Education 1999).

National Life-skills and HIV/AIDS Programme: This programme targets school going children in both primary and secondary schools. The programme aims to provide knowledge, attitudes, values and skills needed to empower learners to deal with the challenges of everyday life situations. The study focuses specifically on the implementation of the National Department of Education's life-skills and HIV/AIDS programme in secondary schools within the eThekweni region.

Conclusion

In this chapter I introduced the rationale and background to the study. Subsequently the overall purpose, objectives and research assumptions of the study were outlined. The various phases of the research, the value of the study, the context and the structural approach to social work as the key conceptual base underlying this study were discussed. The following provides an outline of the chapters that form the basis of this thesis.

SYNOPSIS OF CHAPTERS

Part Two: Literature review

Chapter Two: This chapter presents an overview of the impact of neoliberalism on education in SA and discusses the current status of HIV/AIDS globally, in Africa and South Africa. The discussion argues that even though

HIV/AIDS is a biological, and in most instances a sexually transmitted disease there is a need to take cognisance of macro socio-structural factors such as socio-political, economic and social relations that the pandemic is deeply rooted in.

Chapter Three: This chapter explores the impact of HIV/AIDS on young adults and argues that while young people are at the frontline of the epidemic's advance, it is young people that offer the greatest hope to contain the epidemic. In addition, the discussion provides an overview of HIV/AIDS prevention programmes and other research conducted with youth in the school context. This chapter also reviews and appraises two key policy documents, which were important for the purpose of this study; namely the National HIV/AIDS Schools Policy (Department of Education 1999) and the National Integrated Plan for affected and infected children of HIV/AIDS (Departments of Education, Health and Social Development 2000).

Part Three: Methodology

Chapter Four: presents an overview of the research process. Details of the triangulated research design are provided together with an outline of the three phases guiding the research process. The research participants and methods of data collection and analysis within the three phases are described. Issues of reliability and validity in relation to the triangulated research design are discussed. A consideration of ethical issues and the way in which the study was conducted to conform to standards of trustworthiness and authenticity is presented and the chapter concludes with a discussion of the limitations of the study.

Part Four: Analysis and Discussion of Results

Chapter Five: presents the data, the analysis and interpretation of the findings obtained from the quantitative audit undertaken in 74 secondary schools in the eThekweni region. This chapter is linked to the first three objectives of the study namely to investigate the extent to which 74 secondary schools in the

eThekwini region were aware of the National HIV/AIDS School Policy. Secondly to investigate the extent to which the Policy and the Life-skills, HIV/AIDS education programme was implemented in these schools and thirdly to examine the institutional capacities (with regard to human resource, time, finance) that existed within these schools to implement the Policy and the Life-skills Programme.

Chapter Six: This chapter presents the data analysis of the challenges faced by officials of the Department of Education involved in the co-ordination of the Life-skills, HIV/AIDS education programme in the region. The discussion presents four key themes, which contribute to understanding the institutional dynamics of the National Integrated Plan (Departments of Education, Health and Social Development 2000) in KwaZulu-Natal.

Chapter Seven: The focus of the discussion in this chapter follows from the formative, qualitative programme evaluation that was undertaken in three selected schools. The views of parents and Grade Nine learners, on their experiences of the life-skills, HIV/AIDS programme taught at a rural school, an urban informal school and an urban formal school in the eThekwini region, are presented.

PART FIVE: Conclusions and Recommendations

Chapter Eight: This chapter brings this study to a close and provides insight into the key themes and recommendations that emerged from the data analysis. In this chapter I present five key strategies as a framework to create an enabling environment in which not only risk reduction among the youth can occur but the effects of the maturation of the epidemic can be dealt with at the school, household and community level. Recommendations are also made for the re-conceptualisation of social work practice in contemporary South Africa using the structural approach to social work.

PART TWO: LITERATURE REVIEW

CHAPTER TWO: HIV/AIDS GLOBALLY, IN AFRICA AND SOUTH AFRICA

Chapter one provided an outline of the rationale and background to the study. An overview of the purpose of the study, the objectives, context of the study and the value of the study was also discussed. Additionally, the choice of structural social work as the key conceptual framework guiding this study was outlined.

This chapter is divided into two key sections. Section one discusses the impact of the apartheid system and neo-liberal capitalism on the education system in South Africa. I point out that post 1994 schools in South Africa have not escaped the effects of neo-liberal capitalism. This claim is substantiated by the payment of school fees imposed top down by government, curriculum changes and increasing mass protests from educators regarding salary disputes. Furthermore, various locations of schools continue to reinforce the racial and class divisions evident in wider society. Section two presents an overview of the current status of HIV/AIDS globally, in Africa and South Africa. The discussion in this section of the chapter is based on the premise that even though HIV/AIDS is a biological disease, in line with the structural analysis of social problems, there is a need to take cognisance of macro socio-political, economic and cultural factors that the pandemic is rooted in. This is followed by a discussion of the socio-economic and political aspects of HIV/AIDS in the global, the African and South African contexts.

SECTION ONE: THE IMPACT OF NEOLIBERAL CAPITALISM ON THE EDUCATION SYSTEM IN SOUTH AFRICA

Defining Neoliberalism

Since the 1990s the word neoliberalism has been used interchangeably with globalisation and has become synonymous with market liberalism. Over the past fifteen years, we have witnessed that the technological and economic

advances made globally has benefitted mainly the developed nations and has also meant that government programmes have focused on the reduction of taxes on imported goods, privatisation and cuts in spending for welfare programmes, education, health and social security. While the globalisation of people has produced gains in terms of cultural, communication and technological advancement, Sewpaul (2006:419) maintains that the “globalisation of capital has created a world of unbridled consumerism, individualism and greed with the maintenance of a capitalist ideological hegemony that precludes our search and indeed limits our very ability to think outside the system”. Sewpaul and Holscher (2004) indicate that neoliberalism emerged during the 1960s when a global recession took place and which led to decisions to open up national economies, which had previously been relatively closed. Consequently with increased capital movement between national economies, societal power balances shifted drastically in favour of corporate capital. Hence, government programmes throughout the world focused on the reduction of taxes on imported goods, privatisation and cuts in government spending for welfare programmes, education, health and social security. Adelzadeh (1996:9) noted “during the 1980’s the adoption of neo-liberal policies in the USA and the UK led to an increase in their budget deficits, deterioration of social services and increase in unemployment”. De Beer and Swanepoel (2002) added that the underlying philosophy of neoliberalism is individualism which has translated into self-centredness, expediency and a pre-occupation with the accumulation of material wealth. Sewpaul (2005a:105) contends that “economic globalisation with its dominant neoliberal capitalist orientation has had its most profound effects on women and children in developing countries”.

Twelve years into the new democracy, South Africa remains a world of sharp contrasts and duality. We witness progress in human and economic development and where information flows more freely than ever before. At the same time though, as a consequence of economic globalisation and neo-liberal policies there are deep-seated imbalances that threaten socio-political sustainability and the gap between the rich and poor is wider than ever before. Sewpaul (2005b:106) maintains that South Africa is a country with one of the highest rates of inequality in the world with an individual based Gini Co-efficient

of 0.73. South Africa's overall Gini co-efficient (employed to measure levels of equality and inequality within countries or groups of people within a country. A value of 0 represents perfect equality while a value of 1 perfect inequality) changed only slightly from 0.68 in 1991 to 0.80 in 1998 (cited from Sewpaul 2005a). According to Statistics South Africa (2002) in real terms the average African household income declined by 19% between the period 1995 to 2000 while white household income was up 15% (cited in Sewpaul 2005:108). A crucial contributory factor for this scenario is the ANC government's macro-economic policy, Growth, Employment and Redistribution (GEAR 1996), which 'pays homage to neoliberalism. As a justification of this ideological stance the National Minister of Finance, Trevor Manuel stated: "GEAR takes into account South Africa's position in the world" (Business Day 20 September 1996).

Writers such as Adelzedah (1996), Bond (2005), Sewpaul (1997, 2001, 2004, 2005) and Desai (2002) acknowledge that GEAR represents an adoption of the neo-liberal framework advocated by the IMF and its Structural Adjustment Programmes. Padayachee (1994:86) adds that: "the ANC's GEAR policy has steadily and significantly moved to protect the sovereignty of domestic economic policy formulation, with respect to the IMF and World Bank as well as foreign investors of all kinds". Sewpaul (2005:313) in her critique of the draft National Family Policy reveals that "the very premises of GEAR are based on individualism, corporate competitiveness and profit making that does not augur well for a country with a professed commitment to social justice and a developmental welfare approach". Writers such as Padayachee (1994), Desai (2002), Bond (2005), Sewpaul (2003, 2004, 2005a, 2005b), Sewpaul and Holscher, (2004) and Raniga (2005) have criticised the GEAR policy as being an inconsistent economic strategy to promote growth and employment and that South Africa's problems cannot be effectively addressed by the kind of neo-liberal, free market policies to which the IMF and the World Bank adhere.

Additionally, GEAR sadly lacks a human development component and fails to integrate the Reconstruction and Development Programme's main objectives. Minister Manuel (20 September 1998) admitted "government is aware that an overall Septmeber of GEAR as an integrated programme is missing". Yet

government has resisted calls by progressive social movements in South Africa to review GEAR. Rather we witness in policies such as NEPAD a call for even greater integration of Africa and South Africa into what Sewpaul (2004) stated, ideologically represents the capitalist superpowers of the IMF, the World Bank, the World Trade Organisation and the G8. Such policies as GEAR and NEPAD in Sewpaul's (2005:107) words " holds the possibility for further marginalisation of the poor, for entrenching inequality, and for worsening the plight of the most vulnerable of our society".

One of GEAR's primary concerns is to increase investor confidence in the country. The South African Foundation ('Growth for All' 1996) document revealed that low investment has been one of the main factors slowing growth to only 1% p.a since the early 1990s. The Foundation suggested that if the trend of the GDP growth rate is to rise to a mere 3.5% per annum, then the investment to GDP ratio needs to leap to around 27% . We have thus witnessed over the past twelve years that the notion of foreign investment has become a kind of mantra as this is perceived as a major strategy for job creation. Bond (2005) however notes in his book *Fanon's Warning* that during the first five years of democracy there was a net outflow of direct foreign investment from SA.

Contextualising the South African Education System within a Neo-liberal Framework

South Africa's democratic government inherited a racially divided and unequal education system. Under apartheid, South Africa had nineteen different educational departments separated by race, geography and ideology. This education system prepared learners in different ways for positions that they were expected to occupy in social, political and economic life within wider society under apartheid. In many ways the curriculum acted as a profoundly powerful tool for reinforcing racial divisions and inequality. Curriculum changes in post-apartheid South Africa in 1994 prioritised the rationalisation and consolidation of existing syllabi which culminated in the *Lifelong Learning through a National Curriculum framework* document (Department of Education

1996). It was informed by principles derived from the White Paper on Education and Training (Department of Education 1995), the South African Qualifications Act (Act no 58 of 1995) and the National Education Policy Act (no 27 of 1996). In terms of the White Paper it emphasised the need for a move away from the rote system of learning to the implementation of outcomes based education which advocates skills training and learner-centred education. It promoted a vision of:

A prosperous, truly united, democratic and internationally competitive country with literate, creative and critical citizens leading productive, self-fulfilled lives in a country free of violence, discrimination and prejudice.

(Department of Education 1995:112)

Twelve years into the new dispensation, schools, like other public institutions in South Africa, have not escaped the impact of globalisation and neoliberal capitalist policies that claim to provide the revolutionary solutions to social problems in a country still heavily stained by the legacy of apartheid. Young (cited in Sayed and Jansen 2001) indicated that these global forces are leading to new forms of social divisions and increasing doubts about the capacity of nation states to overcome these divisions. Stromquist (2002) poignantly adds that education has become the key institution to support the ideological framework of globalisation and neoliberalism. She further asserts that globally this is perceived in the adoption of economistic values in schools and universities as well as an over-emphasis on science and technology as priority subject matters. A more recent survey of demand and supply of educators in South African public schools conducted by the HSRC and MRC (<http://www.hsrc.ac.za/media/> 2005) revealed that the average number of educators employed has declined over the last seven years from 386 735 to 368 548 in 2003/4 due to contract termination of temporary appointments, resignation and mortality. Additionally, the survey revealed that the proportion of educators who resigned accounted for 53% of all terminations (excluding contracts) by 2003/4 which emphasises the loss of skilled educators and capacity in the system. In his writing about the *corporatisation of higher*

education in South Africa, which has relevance for the school system, Baatjes (2005) argues that these public institutions are being transformed according to the “dreams of the global market utopia”. Consequently, schools are disintegrating into a crisis of its own and this is reflected in funding cuts, educator protests, lack of adequate training of educators, low morale among educators and curriculum changes.

The different locations of schools in KwaZulu-Natal continue to fuel racial, gender and class divisions, so evident in wider society. Rural schools are attended by Black learners and the schools are characterised by a lack of basic services such as electricity, water, inadequate number of classrooms, little or no access to recreational facilities, poor roads and minimal access to health and welfare services in the wider community. Schools in the urban formal areas were traditionally white or Indian schools and are characterised as well-resourced and well equipped with access to social services, such as health, welfare, housing, water, roads, electricity and recreation. Similar to the schools in the rural areas, schools located in the urban informal areas are generally under-resourced, poorly equipped and attended by mainly Black learners. Dr Cyril Naidoo, chairman of the Parents Association of KwaZulu-Natal stated that “historically advantaged schools that benefited from huge handouts by the previous government continue to enjoy healthy bank balances and expertise provided by fully capacitated governing body members” (*Sunday Tribune Herald*, 18 January 2004). Bunwaree (1994) conducted case studies in two schools in order to understand the relationship between the schooling system and national development in Mauritius. By examining the lives of learners, educators and parents as they related to two distinctly different schools in Mauritius, she revealed that the school system reflects the political ideology and stratification of wider Mauritian society where much emphasis is placed on economic development and very little on cultural development. These conclusions may be linked to the schools in South Africa.

The Global Campaign for Education in South Africa (www.campaignforeducation.org/news.html – accessed October 2005) stated that the best strategy for instilling a culture of non-racism and nation-building in

people would be for public schooling to be entirely free. This meant that parents would be exempted from payment of school fees, purchasing of text books and stationery and school uniforms. However, post 1994 promises made by the ANC during their election campaign in April 1994 were negated with the subsequent introduction of the payment of school fees at both primary and secondary school levels. Stromquist (2002) reveals as a consequence of globalisation the privatisation of education serves to link the goals of profit and knowledge. In South Africa, policies relating to school fees have forced schools to function in a competitive education market with some public schools in the urban formal areas charging exorbitant fees. School governing bodies have the decision making power to take legal action against parents who fail to pay compulsory school fees even though the Constitution's Bill of rights and anti-discrimination clauses state otherwise. In response to this contradiction of policy and practice, government issued the *Regulations relating to the exemption of parents from the payment of school fees* (Department of Education 1998).

A further major regulatory policy intended to address this blatant contradiction is the *National norms and standards for school funding* (Department of Education 1998a). Jenni Karlsson of The Education Policy Unity in KwaZulu-Natal (2000:9) indicated that "the very thorough and measured process followed in negotiating school funding norms and standards points to the Department of Education's caution in handling this contentious funding equity issue". Although there has been an unequivocal commitment to fund schools in mainly the rural and urban informal communities, the policy promises no immediate revolutionary change and instead provides a rationale for school subsidies according to 'objective, transparent and verifiable criteria'. Baatjes (2005) comments that such language has become the standard form being used by government officials when dealing with the public and that this reflects neoliberal militancy.

Another reflection of this neoliberal ideology is perceived in the National Minister of Finance, Trevor Manuel's *Medium Term Expenditure Review of 1998* which reported a slowing down in increased education expenditure (Chisholm

and Petersen 1999). Since then the policy mantra for public sector financing such as welfare and education has become efficiency and cost-effectiveness (Sewpaul and Holscher 2004, Stromquist, 2002). The overall effect of this emphasis on fiscal cut-backs and economic efficiency in school management is a reflection of the corporatisation and bureaucracy of the education system in South Africa. A vicious attack on public institutions such as schools is deepening where the perceptions created is that “these spaces are sucking the financial life out of society and should therefore not be supported (Apple, cited in Baatjes 2005). For example the National HIV/AIDS School Policy (Department of Education 1999:4) mentions that “public funds should be made available to ensure the application of universal precautions and the supply of adequate information and education on HIV transmission”. This call for community-based contributions was perceived by educators in the preliminary study (Sewpaul and Raniga 2005) as yet another tactic “to pass the buck on” to communities with regard to the much needed funds to operationalise the National HIV/AIDS School Policy. It also substantiates the non-interventionist role of the state in relation to service delivery within neoliberal ideology. Stromquist (2002) argues that such reductions in government support of public education ends up placing responsibility (and thus blame) on parents, learners, educators, schools and the wider community.

Minimal salaries, drastic curriculum changes and increased workloads are some of the major issues taking their toll on teachers’ morale. Currently teachers earn between R3 600 and R7100 per month (translates to an estimated 480 – 947 US dollars), depending on their qualifications and the deductions for medical aid, housing and pension. Figures published in the South African Democratic Teachers Union (SADTU) newspaper, *Educators Voice*, indicate that teacher salaries increased by 17 percent since 1998 – “not much when compared to increasing medical aid and housing costs”, stated SADTU researcher John Lewis (14 March 2003). State assertions that South African teachers were among the highest paid in relation to other countries with similar economic levels resulted in mass protests from the largest teacher union in the country, South African Democratic Teachers Union (Daily News 27 September 2002). These mass protests observed over the past few years ‘forced’

education departments to become transparent and thus included teacher union representatives in the budget development process (Department of Education 1998). Bond (2005) notes that these mass protests from various public sectors witnessed in South Africa are demonstrations against corporate globalisation and neo-liberalism. Sewpaul (2006) in her response to the mass staff protests at the University of KwaZulu-Natal contextualises that there are larger issues at stake than salaries and working conditions. Instead such protests exemplify the “growing concern about the impact of neo-liberalism in institutions of higher learning”.

Additionally curriculum changes introduced in 1997 which called for the implementation of outcomes based education has posed a major challenge for educators in mainly poorly resourced urban informal and rural schools. Makgoba of the National Professional Teachers Organisation of South Africa (Naptosa) added that a lack of substitute educators at mainly rural schools has resulted in overcrowding in classrooms. The Education Ministry introduced in 2004 (operational from 2006) the Further Education and Training Certificates curriculum which “is to make high school graduates’ certificate more relevant to the market” (Provincial FET Director, Dlamini 10 October 2004) . Moreover, the department also announced plans to include maths as a compulsory subject for all learners in order to develop “a more technologically responsive nation” (Department of Education Spokesperson, Qekena, Lotus fm News, 14 February 2005). It is perceived that learners should be given the requisite forms of knowledge, skills and dispositions to compete efficiently and effectively in a global economy. Baatjes (2005) adds that education policy operates from the premise that education is primarily a sub-sector of the economy, though he writes in the context of higher education, he quotes Giroux (2001) in saying that “there is increasingly less trust and faith in the public education system and educators have become a generation of suspects alongside our youth”. Sewpaul (2006) writing within the context of tertiary public institutions asserts that “models for assessing academic effectiveness are based on irrelevant criteria that in no way considers quality and teaching”. Such models she argues are based on a pure economic rationality. Evidently, we witness education being commodified into pre-packaged curricula based on predetermined exit-

level outcomes and integrated with the discourse of improving competitiveness, standards and efficiency in an increasingly globalising world.

Inadequate education and training of teachers to meet curriculum changes is a further major challenge faced by schools in South Africa. Currently there are about 350 000 educators employed in South Africa. A survey undertaken by the HSRC concluded that 27 percent of maths pupils and 38 percent of science pupils in the country are taught by educators with no qualification in those subjects. An audit of the implementation of the National HIV/AIDS School Policy (Sewpaul and Raniga 2005) also revealed that educators lack the necessary skills to teach sexuality and HIV/AIDS programmes in the classroom (Chapter Seven of this thesis discusses this challenge further). Karlsson (2000) indicated that at school level educators have been overwhelmed by the volume of policies and curriculum changes pushed down from national and provincial departments and began to show signs of confusion, resentment, denial and rebellion against excessive bureaucracy.

Clearly, schools in contemporary South Africa remain a site of major struggles, contradictions and compromise. Mullaly (1993) in his book *Structural Social Work* discusses the neo-conservative and liberal paradigm which he calls the 'order perspective' of understanding the nature of people, social problems, institutional culture (such as schools) and society. He maintains that the basic goal of the 'order perspective' is to maintain order and that public institutions (such as government departments, communities, schools, the family) are '*meant*' to regulate human interaction. In this way all systems of society can be co-ordinated so that members of society and society's public institutions all contribute to the maintenance of the social system such as the neoliberal capitalist regime. Since this system fuels individualistic thinking, it is believed that the source of social problems lies within the individual. In this sense a person living with HIV/AIDS is perceived as having some personal defect and the problem is personalised. The structural factors influencing such problems are ignored. Baatjes (2005) states that "the neoliberal attack assaults all public spaces and wants us to believe that what is private is good and what is public is

necessarily bad". Chapters Five, Six and Seven of this thesis illustrate that this crisis is compounded by the HIV/AIDS related problems in the school context.

Bearing the above in mind, the section below focuses on the socio-economic and political aspects of HIV/AIDS in the global, African and South African context.

SECTION TWO: THE GLOBAL CONTEXT: SOCIO-ECONOMIC AND POLITICAL ASPECTS OF HIV/AIDS

At the onset of the new millennium, humanity faces a dire global challenge: HIV/AIDS. The responses to the pandemic both by the international community and nation states have exacerbated a 3-fold crisis that we have witnessed in the world: they have widened the gap between the rich and poor within societies, between the rich and poor nations and they have pushed stigmatised groups to the margins of society.

The discussion here examines the HIV/AIDS agenda in the context of globalisation. Responses by the dominant players in the global economy have resulted in marginalising persons living with HIV/AIDS who form part of the already stigmatised groups in society and reinforces the divisions between the rich and poor nations. The discussion argues that even though HIV/AIDS is a biological, and in most instances a sexually transmitted disease there is a need to take cognisance of macro level socio-political, economic and cultural factors that the pandemic is deeply rooted in. This view accords with the structural analysis which forms the conceptual framework for this study (discussed in Chapter One).

HIV/AIDS - A Grim Picture Globally

At the start of the new millennium HIV/AIDS has been reported in every continent and every country in the world. In 2003, approximately 37.8 million people were living with HIV- the virus that causes AIDS (UN AIDS Global Report 2004). Since the onset of the disease in 1981 over 20 million people have died globally. The epidemic in Asia, more specifically the region of China, Indonesia and Vietnam is expanding rapidly, with approximately 7.4 million AIDS cases (UNAIDS Global Report 2004). India has the highest number of people infected outside of South Africa – estimated at 5.1 million people (UN Global Report, 2004). In Eastern Europe recent estimates of HIV prevalence in the region have found approximately 1.3 million people aged 15-49 to be infected (UNAIDS Global Report 2004).

In some countries of South-East Asia, such as Indonesia, Nepal and Vietnam, the epidemic has exploded among drug users and commercial sex workers, the majority of whom are under the age of 25 (UNAIDS June 2002, 2004). The Caribbean is one of the worst affected regions in the world with the worst affected countries being the Bahamas, Trinidad and Haiti (UNAIDS 2004). Since the first clinical evidence of the epidemic more than two decades ago, approximately 25 million people worldwide have died of the disease. Of the total of 37.8 million people living with HIV/AIDS in the world, it is estimated that six out of every ten men, eight out of every ten women and nine out of every ten children live in Sub-Saharan Africa (UNAIDS 2002, 2004). Sub-Saharan Africa, which has 10% of the world's population is clearly the region most affected by HIV/AIDS as it is home to 25 million people who are living with HIV/AIDS (Barnett and Whiteside, 2002, UNAIDS Report, 2004). Barnett and Whiteside (2002) indicated that these areas are called the 'main AIDS belt' of Africa as it contains two-thirds of the world's population living with HIV/AIDS. Barnett and Whiteside (2002) give three key reasons for this scenario. First, traders, truckers and migrant workers together with the co-existence of other major STIs have led to a rapid expansion of HIV/AIDS in this region. Second, a considerable proportion of these men have relations with commercial sex workers who in turn have many clients. Third, that there is a high level of

susceptibility associated with population movements between urban and rural areas due to labour migration. Furthermore, with the development of a good road network in this region there has been an increased mobility of people as well as the transport of goods from South Africa to its neighbours. Globalisation has increased the risk of spread of disease as people travel across regions and nations.

In Southern Africa, at least one adult in five is living with HIV and 80% of all the deaths in young adults aged 25-45 is associated with HIV (UNAIDS 2001). In Africa, HIV/AIDS now kills ten times more people a year than civil strife and war. In 2003, an estimated three million people became newly infected and 2.2 million died (UNAIDS Report 2004). Barnett and Whiteside (2002) maintain that there is tremendous diversity across the different countries in Africa, regarding the levels and trends of HIV infection. In Swaziland the average prevalence rate among women was 39% in 2002, up from 34% in 2000. In Botswana there has been sustained increase in prevalence rates from 35% in 2002 to 37% in 2003 (UNAIDS Report, 2004). In parts of East and Central Africa, countries such as Uganda, Kampala, Kenya reveal a decline in infection rates among pregnant women (UNAIDS 2004). In West Africa, countries such as Senegal prevalence rates among sex workers rose from 8% in 1992 to 23% in 2002 (UNAIDS 2004).

Writers such as Sewpaul (2002), Barnett and Whiteside (2002, 2006), Van Rensburg et al (2002) all refer to the uniqueness in South Africa in terms of low levels of social cohesion and high levels of unequal income distributions. The Jaipur-paradigm contends that societies with high levels of social cohesion and high to medium levels of wealth (such as France, Japan, Germany, Sweden and the UK) will not experience a serious epidemic and will be in a better position to deal with the effects of the virus. On the other hand, societies with high levels of social cohesion but low levels of wealth (such as Brazil, Mexico and many North African countries) will witness a slowly growing epidemic with little resources to deal with its effects. Those countries such as India and Rwanda with low levels of income and low levels of social cohesion will suffer a serious epidemic, but it takes time to develop (Van Rensburg et al 2002). The

argument follows then that, societies such as South Africa, that depict high levels of inequality in terms of race, ethnicity and income distribution and low levels of social cohesion, face the highest rate of infections of HIV/AIDS.

In the industrialised nations, there are more men infected with the virus and dying of AIDS than women (UNAIDS 2001). In these high income nations, since the syndrome was first identified in the 1980s, popular perceptions which remained impervious to challenge was that HIV/AIDS was concentrated among gay men and drug users. The AIDS crisis was acknowledged as a form of 'moral panic', which resulted in millions spent by governments in the developed world on prevention campaigns targeted at "disadvantaged and ostracised people and communities, including people who inject drugs, those involved in the sex trade, children living on the street, school drop-outs, children orphaned by AIDS and gay men, in order to protect them from getting infected and to prevent spread of HIV to the wider population" (The Joint United Nations Programme on HIV/AIDS, 2001: 24). The social groups presented here as the most vulnerable to HIV have been the already-stigmatised groups in society even prior to the onset of the pandemic. Watney (1994:48) stated that: "in this manner a terrible ongoing human catastrophe has been ruthlessly denied the status of tragedy or even natural disaster". HIV/AIDS has been largely linked to the powerful institutionalised voices of racism, familialism, nationalism, capitalism and a range of deeply-seated anxieties concerning sexual behaviour in general.

Popular perceptions of all aspects of HIV/AIDS remain all but exclusively informed by a socio-cultural agenda that seriously impedes any attempt to understand and separate individual perceptions of risk with amplified fears concerning the 'threat of spread'. The British and American public AIDS information campaign reveal much about the media industry and the ideological thinking of these governments, as messages are only concerned with containing the virus within an essentially modernist universalising discourse of 'standards of decency', 'good family values' and so on. Watney (1994:26) stated that: "what is at stake here is the capacity of particular ideological configurations to activate deep psychic anxieties that run far beneath the

tangible divisions of social structures and formation". It is discourses such as these that provide the imperative to view social development from a structural perspective, rather than from a narrow reductionist view that links social development to economic development only.

In attempts to curb the rate of new infections, tens of thousands of people have been exposed to HIV/AIDS information with the hope of producing attitudinal and behavioural changes at a micro level. Yet even the most fundamental facts concerning HIV and AIDS remain universally misunderstood and debated. The dominant Western, bio-medical view that HIV/AIDS is a problem of the body only, has been in question by social scientists. Watney (1994:49) says that: "the entire subject continues to be framed by a cultural agenda that is as medically misinformed as it is socially misleading and politically motivated". Taking into account radical structuralism, we can understand that the ways that people behave and above all the patterns of sexual behaviour are products of the uniqueness of the historical, cultural, political and economic climate of a society. The uniqueness of the HIV/AIDS pandemic in relation to other diseases is that it reveals the difference in the patterns of the epidemic across countries and continents and that the pandemic is but presenting a symptom of the inequalities evident within and between societies. Barnett and Whiteside (2002:73) cogently indicated: "HIV/AIDS is but a symptom of the way we organise our social and economic relations".

It is important to recognise that susceptibility to the risk of HIV/AIDS differs between both the rich and poor in societies and rich and poor nations. The industrialised countries of North America, Europe, Australia and New Zealand have less than 5% of the global population of those infected with the virus (Barnett and Whiteside, 2002). In addition, the relationship between the spread of HIV/AIDS and social and economic well-being can be demonstrated by noting that, in the United States, deaths due to HIV/AIDS dropped by 47% in 2002 (<http://www.sacp.org.za/umsebenzi/1998> – accessed 19 May 2003). Barnett and Whiteside (2002:7) indicate that with the development of anti-retroviral drugs and its distribution across the continents, it is the global powers that "define who is saved and who is left to die from the disease and its

impacts". The unscrupulous growing power of multinational corporations in the global economy has led to greater divisions between the rich and poor within societies and across rich and poor nations. A key reason for reduced infections in the developed world is that the introduction and access to new treatments has improved survival of those living with the virus and thus reduced mortality rates (Cameron 2005). Barnett and Whiteside (2002) add that people who are able to eat nutritious food, who lead relatively stress-free lives and who are not exposed to multiple infections will stay healthy and thus live longer. Following from this argument, the assumption follows that people in the developing world who face more challenges to their immune system through multiple infections, poor nutrition and less access to health care, progress to symptomatic AIDS and death faster. One of the key consequences of neoliberal policies that dominate the world economic order is that this disease exacerbates the gap between the rich and poor within and between societies.

Complexities in the African Context

A key point made by Barnett and Whiteside (2002) is that epidemics in Africa are the product of a history that has left the continent 'unhealthy'. In this light, Adebayo Adedeji (1990) stated that: "if we are to understand the African condition of social deprivation and general underdevelopment, we must have a long historical perspective". He indicates that colonialism left nation states in Africa not only with difficult socio-economic and political turmoil but with a sense of helplessness and lack of self confidence among Africa's people. Furthermore, within the context of capitalist globalisation, after more than two decades of political independence, African countries still find it very difficult to free themselves from dependency on the former colonial powers. This has had direct and serious implications in the spread of HIV/AIDS in the African continent.

The spiralling debt trap that Africa still finds itself, places the global powers of the International Monetary Fund (hereinafter referred to as IMF), World Bank and the G8 countries in a very strategic position to impose neo-liberal policies on nation states. The imposition of Structural Adjustment Programmes of the

IMF and policies linked to the World Trade Organisation have frequently led to the intrusion of multinational corporations at the expense of local companies which have collapsed in Africa. This has exacerbated the poverty problem in the continent and has reduced the chance to strengthen nation state economies. The Global Policy Forum contends that many countries in Africa spend four times as much on servicing debts than on basic health (<http://www.globalpolicy.org/socecon/develop> – accessed 17 November 2003). It is therefore no coincidence that the impact of the debt over the past two decades has resulted in a diversion of resources from health, education and welfare. Consequently, South Africa witnessed mass protests against water and electricity cutoffs, evictions due to poverty and privatisation of basic services in communities such as Soweto, Chatsworth, Mpumalanga and other sites (Desai, 2002; Bond, 2005). Sewpaul (2005:109) asserts that what is of concern is that policies such as NEPAD “fail to call for debt cancellation of poor African countries and for the removal of structural adjustment conditions attached to debt relief”.

Moreover, as part of the global commitment to fight the pandemic, African civil society groups urged the UN Assembly at a specialised session in June 2001 to implement the ‘Heavily Indebted Poor Country’ (HIPC) debt relief initiative to cancel all bilateral claims against the poorest nations. The declaration also urged the wealthy nations to increase development assistance for HIV/AIDS to poorer ones. Moustapha Gueye, director of the African Council of Aids Services Organisations (AFRICASO) said at the UN General Assembly that “all governments must be held accountable and aspire to reduce HIV prevalence among 15-24 year olds by 25% by 2005 and to halve the incidence of infection among infants by 2010 (<http://www.afrol.com/categories/Health> – accessed 15 May 2003). Gueye went on to add that these international development targets are questionable in terms of how they will be achieved without explicit commitments and actions from the G8 countries. He added that he had every reason to be concerned as many African countries have strategies to deal with the disease but lack the resources to make a serious impact. This would not have been the case had donor countries honoured a UN commitment made more than 30 years ago to raise development assistance spending to 0.7

percent of the Gross National Product (<http://www.afrol.com/categories/Health> – accessed 15 May 2003). Barnett and Whiteside quote Frank (2002) in saying that the HIV/AIDS epidemic has forced the world to question how we value other human beings and whether “such humanistic valuing has been replaced by the market”.

The dominance of the multinational pharmaceutical industry in determining access to drugs for people living with the virus has exacerbated inequality and contributed to differential mortality patterns across the developed North and South. In 2001, there were approximately 360 000 deaths from AIDS in South Africa (up from 200 000 in 1999) (UNAIDS 2000; UNAIDS 2002). In the same year the *cumulative* number of AIDS deaths in the United States since 1981 was 467 910 (UNAIDS 2002). At present, people living with the disease in the developing world are not ‘entitled’ to proper treatment merely on humanitarian ground or in recognition of their basic human rights. In fact, as evident in the South African context where access to antiretroviral treatment is still unavailable to the majority of people living with HIV/AIDS, the credibility of prevention and VCT programmes is seriously undermined. Sewpaul (2002:404) stated in her article ‘*Citizens Against Government: The Enigma of Anti-Retroviral therapy*’ that the lack of access to medical treatment only serves to reinforce the South African government’s “pervasive denial around HIV/AIDS and denial is certainly the antithesis of HIV/AIDS prevention”. The pharmaceutical industry has systematically refused to grant poorer countries preferential prices to purchase anti-retroviral medication. Barnett and Whiteside (2002) indicated that multinational companies are by definition not democratic and primarily concerned with business and profits. Bond (2005) poignantly describes President Mbeki’s *excuses* (alleged toxicity of anti-retrovirals and budgetary constraints) for the importation of generic drugs as ‘genocidal’.

The Global AIDS Alliance (GAA) group are an international lobby group in solidarity with other lobbying groups such as the Treatment Action Campaign (TAC) that are ‘fighting’ for access to cheap anti-AIDS drugs in South Africa. The TAC took the South African government to the High Court in March 2001 over the Medicines Amendment Act of 1997, which permits the importation of

cheap generic anti-AIDS drugs into South Africa. After much protest and campaigning, it was a welcome decision in November 2003 when government announced the allocations made by the National treasury in the 2003 Medium Term Budget Policy Statement for the rollout of an HIV/AIDS treatment plan. However, the greatest challenge to launch the ARV programme is the massive infrastructure, human resources and training requirements in the public health sector. Hospitals in KwaZulu-Natal have come under the scrutiny and attack from community-based organisations and the Treatment Action Committee for the roll-out of ARV treatment being too slow (*Sunday Tribune Herald*, 26 September 2004). According to an up-dated report on the State's implementation of the Operational Plan for Comprehensive HIV/AIDS Care compiled by the TAC and the AIDS Law project in July 2004, 120 patients were receiving ARV treatment at eight accredited hospitals in KwaZulu-Natal (*Sunday Tribune Herald* September 2004). This is grossly inadequate in the light of KwaZulu-Natal having very high numbers of people infected in the country. One cannot but question the authorities at these provincial hospitals and their commitment to assist people living with the virus and their sincerity about delivering on the Provincial Department of Health's promises.

The delay and inaccessibility of medical treatment for people living with the virus is but one example of the effects of the dominant neo-liberal policies in the global economy. Dr Mathilde Krim, the National Chairperson of the American Foundation for AIDS Research (cited in Watney 1994:31) criticises the arrogance of many people in the biochemical industry: "to me it is cold-blooded and totally morally unacceptable to deny experimental treatment to people who have no time to wait until the end of a trial experiment". Krim also pointed out that the American insurance industry does not exist for public good but for private profit. Watney (1994) indicated that in the USA and Britain, there will be millions of people that are uninsured and in need of medical services. It is, in short, the consequences of the commercialisation of drugs by both governments and the pharmaceutical industry in relation to privatisation and profit-making of neo-liberal globalisation.

The discussion below focuses on the HIV/AIDS epidemic in the context of South Africa.

HIV/AIDS in the South African Context

One of the most daunting development challenges facing our young democracy in South Africa is the HIV/AIDS epidemic. It threatens to reverse progress in social development and the promotion of a representative and participatory democracy. According to Dorrington and Johnson (2002) an estimated 5.3 million South Africans are HIV+ and the impact on adult mortality is expected to increase by 150% by 2010, implying that without a proper framework for action, half the adult population can be expected to contract the virus during their life time. By the end of 2003 there were 5.3 million people infected in South Africa and daily an estimated 1700 people are becoming infected with the virus (Abdool Karim and Abdool Karim 2005). Figures released by the Actuarial Society indicate that about 40% of all deaths in South Africa in 2000 were due to AIDS. In 1998, a cross sectional survey of the in-patient population in the medical wards at King Edward VIII Hospital measured HIV prevalence and AIDS-related diseases. Individuals with HIV occupied 54% of the beds, and many of the infected patients were significantly younger than the uninfected (34,9 vs 47.1 years). The Health Systems Trust Report (1998:6) indicated that "projections of the path of the epidemic suggest that the overall prevalence of HIV will reach almost 25% of the general population by the year 2010". The implications here, is that by 2010, life expectancy is projected to fall from 68 years to 48 years.

Gender Inequality and its Links to HIV/AIDS

Table 1 below illustrates the annual breakdown of HIV prevalence among women attending antenatal clinics in KwaZulu-Natal:

Table 1 : HIV+ Women as a Percentage of all women attending antenatal clinics, KwaZulu-Natal, South Africa

Year	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
%HIV+	1.6	2.9	4.8	9.6	14.4	18.2	19.9	26.9	32.5	32.5

(Source: Whiteside and Sunter 2000:51)

One can assume that many of the men who are partners to these women are also HIV+. Many writers have contended that gender inequities are a primary force behind the high HIV infection rate among women (Sewpaul 2005; van Rensburg et al 2002; Moletsane et al 2002; LeClerc-Madlala 2001). In her article *Feminism and Globalisation: The Promise of Beijing and Neoliberal Capitalism in Africa*, Sewpaul (2005a) criticises the GEAR and NEPAD policies as exacerbating the already marginalised plight of young African women and their vulnerability to HIV/AIDS. Sewpaul (2005a) maintains that high HIV/AIDS rates in South Africa coupled with skewed inequality in the country places African women in a vulnerable position to contracting the disease.

Ten years into the new democracy, even though policy makers have acknowledged the need for gender equality, South Africa remains primarily a patriarchal society. The different roles and functions that societies attribute to males and females profoundly affect women's ability to protect themselves from contracting the virus. UNAIDS (2004) indicated that an estimated 55% of all infected adults in Sub-Saharan Africa are women. The table above also reveals the progressive increase in HIV+ women attending antenatal clinics in KwaZulu-Natal (Whiteside and Sunter 2000). It is within this context that Van Rensburg et al (2002:29) added that socio-cultural norms and practices that prevent women from controlling their bodies and negotiating terms for safe sex practices (use of condoms), increases the vulnerability of females to HIV infection.

Another factor that increases women's vulnerability to HIV/AIDS is sexual abuse. South Africa has the highest reported rape incidence in the world – an estimated 1 million rape cases occur in a year (Rape Crisis Cape Town 2001). Furthermore, within the context of marriages, where domestic violence and sexual abuse is rife, the number of marital rape cases remains under-reported (Gow and Desmond 2002). The South African National Youth Survey (Kaiser Family Foundation 2001) found that 39% of sexually experienced girls were

coerced into having sex. In accordance with other studies conducted in South Africa on the opinions that men and women hold on which one of the two genders is more responsible for spreading the virus, LeClerc-Madlala (2001) found in her ethnographic study of a community in KwaZulu-Natal that AIDS was strongly symbolised with women as both the source of HIV infection and the disseminators of AIDS illness and death. She suggested that this reflected male control within a patriarchal society and she concluded: "women and AIDS are simply not linked constructions but are really one construction. Women is AIDS" (LeClerc-Madlala 2001:43). Sewpaul (2005:104) proposes radical structural changes and consciousness-raising among both men and women so that they understand the complex dynamics of power imbalances and how macro structural factors impact their lives.

The high rate of child abuse cases, including sexual and physical is another factor that is perceived as an extremely potent method in the spread of HIV/AIDS in South Africa. The Alliance for Children's Entitlement to Social Security (ACCESS 2001) reported that in 1998 there were approximately 34 000 crimes against children, which included rape, incest and kidnapping. Additionally, the myth that an HIV+ adult having sex with a virgin cleanses one of AIDS exists in South Africa and this has also been a major motivating factor in the increase of child rape statistics. A survey of teenagers between the ages of 12 and 17 conducted by the Kaiser Family Foundation (2001) found that seven percent of respondents said they believed that one could be cured of AIDS by having sex with a virgin. Jewkes (cited in Richter et al 2004) adds that factors such as the political violence in the country's past, the disruption of families and communities, high levels of poverty and the marked gender inequalities in society is to blame for such high levels of child sexual abuse. Clearly the prevalence and incidence of HIV and the complex interplay of socio-political and cultural factors mean that sexually abused children face a high risk of being infected. Additionally Ewing (2002:84) reveals that "apart from the trauma of abuse, the poorest children face the highest risk of HIV infection and the least possibility of access to preventative or life-saving medication". Hence unless there are radical structural changes on the part of government and civil society which prevents all forms of violence against women and children, the

alleviation of poverty and a climate of gender equality where respect for women and girl children are promoted, the future will remain bleak and daunting for children either infected and or affected by HIV/AIDS.

HIV/AIDS: A Development Crisis in South Africa

The HIV/AIDS epidemic in South Africa threatens to set back years of progress and achievement in human development. The gains of the past decade, particularly with respect to life expectancy and educational attainment, will inevitably be eroded by the impact of current high rates of HIV and the rise in AIDS related illnesses and deaths in both urban and rural areas. In the education system, both school going children and educators will bear the brunt of increased pressures.

Additionally, it is clear that the impacts of AIDS we see today are the result of HIV infections in the mid 1990s. The full impact of the maturation of the disease is being seen today, and it is becoming clear that the impact of AIDS on human and social development is getting worse. HIV/AIDS is changing South Africa's population structures. The MRC Report released in October 2001 revealed that there was a steady increase in adult mortality rate in the 1990s (Prendergast and Manji 2001). The mortality rate of adult women in the 25-29 year age range in 1999/2000 was 3.5 times higher than in 1985, while mortality in the 30-39 year age range was nearly twice as high than in 1985. The report further indicates that 40% of all deaths in the 15-49 age group in South Africa are now AIDS related and predicts that if left unchecked, the total number of deaths in the country will rise to between five and seven million by 2010. Analysts indicate that the population pyramid will change to a population chimney. This means that there will be relatively fewer people in their prime years, with relatively more children and elderly. The effects on the economy and human development are serious.

President Thabo Mbeki, known for his controversial views on the causes, magnitude and impact of HIV/AIDS caused an outcry both nationally and internationally when he questioned the relationship between HIV and AIDS. He

claimed at the June 2000 AIDS Conference, that external causes, such as poverty kills more South Africans than AIDS. Against this background the discussion below focuses on the relationship between poverty and AIDS.

Poverty and HIV/AIDS in South Africa

The Human Development Report (cited in Barnett and Whiteside 2002: 44) holds the view that “the real wealth of a nation is its people”. If this simple but powerful statement, is true in contemporary society then it implies that South Africa is a poor nation.

Barnett and Whiteside (2002) contended that South Africa is a nation characterised by high wealth, high inequality and low social cohesion. The extent of poverty and inequality amongst its people shows that income has not been invested equitably for social development. As indicated in the discussion earlier, the epidemic is more deeply seated as it reflects many of the stresses and strains in societies. It must be considered in relation to the structural questions of distribution under neo-liberal capitalism. In the ANC document ‘Castro Hlongwane’ (*Sunday Tribune: Perspectives*, 14 April 2002), the AIDS epidemic is perceived as the product of poverty and racism. There is great concern among policy makers, community leaders and academics about the role of poverty as a co-factor in the aetiology of HIV/AIDS. The international community acknowledges that poverty is inextricably linked to the pandemic. Deprivation, in terms of lack of access to basic social services and economic opportunities, increases vulnerability to HIV and AIDS. Furthermore, poverty and inequality do limit the capacity of millions of people in Africa to translate awareness into effective behaviour change. Gender inequality and abuse of women, with its roots in the multiple social burdens imposed on women and their lack of power in a patriarchal society, are major contributions to the spread of HIV infection. Sewpaul (2005a:106) poignantly states that “given the entrenched patriarchal nature of society, the extent of poverty and its structural causes, it is not surprising that with programmatic interventions directed at individuals and families *without attention to the structural barriers in women’s*

lives, no sooner does one woman move out of abuse and poverty, than another moves in to fill her place”.

However, the argument put forward by Thabo Mbeki at the June 2000 AIDS conference that “poverty is the root cause of AIDS” is limiting for three major reasons. First, there is evidence of HIV/AIDS in the developed world as well as in Botswana and South Africa, which are the two richest countries in Africa. Barnett and Whiteside (2002) indicate that these two ‘wealthy’ African countries have the highest levels of adult prevalence: 35.8% of adults are believed to be infected in Botswana and 26.5% of adults are infected in South Africa. Second, poor people both in developed countries and in developing countries are more vulnerable to HIV infection as they are more prone to ill health and nutritional deficiencies which leads to exacerbation of the disease. This is true of many other serious diseases such as TB, malnutrition, pneumonia and other sexually transmitted diseases.

Clearly the distribution of illness and disease tells of the distribution of poverty within societies and across nations in the world. There is nothing new in this saying, but “the shame is that it continues to need repeating” (Barnett and Whiteside, 2002: 66). Third, it can be said that poverty is a factor determining prostitution, exposure to transactional sex, lack of information on protective measures, forced migrations, migrant labour, drug abuse and changing community and family values. However, as pointed out by Coovadia in his motivation for access to anti-retroviral treatment all these social problems are inadequate to *cause* infection – “the virus is necessary and sufficient to cause HIV and AIDS in an individual “(Coovadia cited in *Sunday Tribune: Perspectives*, 14 April 2002). The motivation for the stance taken by the ANC in the Castro Hlongwane document that contends that poverty is the cause of HIV/AIDS is distasteful and embarrassing. It points to a measure of denial by the South African government about the impact of the epidemic and an unwillingness at that time for the provision of antiretroviral treatment for people living with the virus.

Effects of HIV/AIDS on the Household System

The crippling effect of HIV/AIDS on the human and economic fabric of South Africa is only now beginning to be taken seriously amongst government policy makers and community leaders. The most severe impact of the epidemic is experienced at the household level. It is here that the impact of low resources, inadequate social services, limited access to basic nutrition and lack of opportunities combine to create a disabling environment for those who are infected. The epidemic often leads to stigmatisation, discrimination and isolation from traditionally socially supportive networks in society. The secrecy that surrounds HIV/AIDS in many communities compounds efforts to deal with the infection. The poorest households are the hardest hit while at the same time it strikes at breadwinners, educators and carers in the household. The disproportionate impact of HIV/AIDS on those who are traditionally the most economically productive household members increase the burden on those, generally the young and old, who are themselves in need of care. In rural communities, a growing number of households are dependent on the modest income of pensions, grants and the unpaid labour of children and women. Clearly the social and economic impact of the epidemic is devastating not just on a micro (individual) level but, on a mezzo level (household and communities) and on a macro level (regions and country).

To date, official responses to the epidemic have been limited largely due to lack of access to proper medical treatment for those living with the virus. As indicated earlier, the pharmaceutical multinationals prioritise monetary interests rather than the well-being of people. The rise in HIV/AIDS infections globally threatens to overwhelm health care systems, the education system, destroy families and impoverish communities. No response can be effective if National HIV/AIDS policy does not take into account the gross global inequalities that exist in the world and those are continuing to increase (Barnett and Whiteside 2002).

The following section of this chapter provides insight into the implications of the epidemic for the education and welfare systems.

HIV/AIDS and its Implications for the Education System

The provision of quality education in a country is directly linked to positive economic and social development. On the contrary, the explosion of HIV/AIDS in a country may lead to the dysfunction and collapse of educational systems. In Southern Africa, about 10% of school children are infected with HIV (UNAIDS 2004). While the potential impact of the pandemic on the education sector is devastating, in general, it is in a context such as KwaZulu-Natal that the extent of the problem looms the largest. Evidence from the Department of Health (1998) revealed that among black women between 25-29 years of age in KwaZulu-Natal, with grades 8-10 education and attending antenatal clinics for their second pregnancies, the HIV prevalence rate was almost 40%. However, positive lessons learnt in this province may have a profound impact on the containment of the epidemic in other provinces of the country, the continent of Africa and the global context. Badcock-Walters (2002) stated that about twenty percent of the world's population is enrolled in the education system and this leaves little doubt that the education sector constitutes a primary site for containment or disaster of the HIV/AIDS pandemic, or both.

Declining school enrolment in many developing countries is already evident. Van Rensburg et al (2002) indicate that as the impact of HIV/AIDS increases, girls tend to drop out of school in order to cope with the tasks of caring for siblings and sick parents. There is also evidence that a large percentage of new cases of HIV infection are due to gender-based violence, the sexual abuse and rape of young girls in schools, home and other social spheres. This may be linked to the myth in communities that 'sex with a virgin will cure AIDS'. Research conducted at two Durban township schools by Thorpe (2002) revealed that boys' dominance and control over sexual relationships and their predominant ways of resolving conflict through violence, exacerbates the spread of HIV. Moreover, educators having affairs with pupils, is stated by some parents and pupils as one of the problems in the higher grades of secondary education. In a socio-cultural context of patriarchal dominance, it is not surprising that some educators, learners and parents are perpetrators of

gender-based violence. Khoza (2002) stated that often gender-based violence is seen as a natural part of sexual relationships. Khoza (2002) added that educators are generally reluctant to engage with this issue and often deny that violence against school-going girls occurs.

Moreover, sexual relationships between older men and teenage girls play a significant role in the high HIV infection rate among young women in Sub-Saharan Africa. According to a Population Services International study of cross-generational relationships, between 12 percent and 25 percent of young women's partners in sub-Saharan Africa were 10 or more years their senior (<http://www.hivan.org.za/arttemp.asp?id> – accessed 30 July 2003). Furthermore studies have found that HIV infection in women aged 15-24 is significantly higher than for men in the same age group (<http://www.hivan.org.za/arttemp.asp?id> – accessed 30 July 2003). The study also found that for the people involved in these transactional sexual relationships, the risk of HIV/AIDS is not a priority. Instead, for the young schoolgirls it is the materialistic benefits that are more appealing. As Shardia Nania, a volunteer counsellor for the Family Life Centre stated: "school girls see older wealthier men with the 'three Cs' – a car, a cellular phone and cash" (<http://www.hivan.org.za/arttemp.asp?id> – 30 July 2003). In the Love-Life youth survey, sexually experienced youth, identified teachers (18%) as the second major source of sex, apart from friends (37%) (cited from van Rensburg et al 2002:16). Rose Gaway, regional gender advisor for OXFAM added that "these girls are not necessarily poor and the original concept of the sugar daddy came from a middle class setting" (July, 2003: <http://www.hivan.org.za/arttemp.asp?id> – 30 July 2003).

Zambuko and Mturi (2005) note from their survey of sexual risk behaviour among young people that there has been an increase in the proportion of young males having sexual relations with older women thereby exposing them to higher sexual risk behaviour. Gaway stressed that this is all about power and authority, with teenage boys and girls involved in these relationships on an unequal footing. It is important to note that these cross-generational relationships are often not addressed in HIV/AIDS prevention programmes,

despite a growing awareness in society that they are exacerbating the risks of HIV infection.

An additional point made by Badcock-Walters (2000:22) is that in South Africa “over-aged learners are a common feature of the school system from the first grade”. Children who have either failed or entered the school system late at both primary and secondary school levels tend to be above the ‘normal’ age of their classmates. This disparity of age among learners is cause for concern as the older children would be in a different life phase compared to their classmates. Badcock-Walters (2000:2) indicate that “the gravity of the situation may be illustrated by the rise in HIV sero-prevalence among girls in South Africa, aged between 15 and 19 years, from 12.7% in 1997 to 21% in 1998”. Clearly the organisation of children in an education system poses a level of risk. In the SADC region of Southern Africa, based on available age/grade data, these infection rates (extrapolate) conservatively to a probable 7% to 8% level over the total enrolment of the region’s combined education systems. It is predicted that HIV/AIDS induced changes in the demography will lead to a reduced growth in the number of new enrolment of learners at schools (Gow and Desmond 2002).

In Zambia mortality rates among educators in 1998 was 70% higher than the annual teacher training colleges output (UNAIDS 2004). This figure equals to two-thirds of the total number of educators trained in Zambia over one year and in 2005 the number of losses exceeded the number of educators trained. Following anecdotal reports that indicated that educators are leaving the profession in large numbers a research study was commissioned by the Education Labour Relations Council and conducted by the HSRC and MRC in 2005 on HIV prevalence among South African educators in public schools. The study revealed that 12.7% of 17 088 participants were HIV+. Moreover, the prevalence was highest among the 25-34 age group (<http://www.hsrc.ac.za/media/2005> - accessed 20 July 2006). As such more than a fifth (22%) of the HIV+ educator population would at some time need antiretroviral therapy (translates to more than 10 000 educators).

The Health Economics and HIV/AIDS Research Division (HEARD) of University of Natal revealed that over 680 teachers in KwaZulu-Natal died in-service in the year 2000. This constitutes around 1% of the total teacher population in the region. The study further revealed a massive 70% increase in deaths of female teachers between the ages of 30 and 34. The study indicated that over 80% of these deaths are due to 'unspecified illnesses'. However, Badcock-Walters (2000:22) said: "the teachers' mortality pattern in terms of age and gender is consistent with what we know of the impact of AIDS on the general population". Clearly if these trends continue, projections suggest that over 60 000 new teachers will be needed by 2010 to fill the gaps in the educational system. Badcock-Walters (2000:26) warned that "unless the department of education trains and recruits large numbers of teachers by the end of the decade, it may not be able to meet KwaZulu-Natal's educational needs".

The implications of an eroded educator base are profound. The role model of the educator in communities will be devalued through community views of educators contributing to the spread of the disease and ultimately, the value of the education system as a primary institution to contain the infection rate among learners may be compromised. Additionally the fiscal impact in terms of the cost of replacement of educators to cover sick-leave absences in the school context and the cost of re-training those who die undoubtedly has serious consequences for the Education department. It is estimated that it costs around R100 000 to train a new teacher (HEARD 2000). Additionally, educational budgets will be adversely affected through 'double payment' of off-duty sick teachers and temporary replacements and training of additional teachers. On the whole, management, administration and financial control of the educational system are likely to deteriorate through loss of human resources. At the very least in pragmatic terms, "school effectiveness will decline where 30-40% of educators, management officials and learners are ill, lacking morale and unable to concentrate optimally on learning, teaching and professional matters" (UNAIDS 2004).

While HIV/AIDS appears to threaten the very foundation of the education system, the school, at the same time, is a prime site for containment of the

epidemic's disaster. Education is undoubtedly a unique tool for increasing HIV/AIDS awareness and the most logical ground on which to counter the spread of the disease. It is against this background that the ex- Minister of Education, Kader Asmal introduced the National HIV/AIDS Schools Policy in August 1999.

HIV/AIDS and its Implications for the Welfare System

The White Paper on Social Welfare (1997) commits the Department of Social Development to assess, monitor and enhance the capacity of existing mechanisms to meet the needs of children infected and affected by HIV/AIDS. The Department of Social Development's National Strategic Framework for Children Infected and Affected by HIV/AIDS (Department of Social Development 1999) has two core objectives. First the policy aims to deliver an effective and appropriate care system and second, to identify and build family and community strengths to care for vulnerable children. The National Integrated Plan (Departments of Education, Health and Social Development 2000) stipulates that the responsibility of the Department of Social Development is "developing strategies for the care of orphans and home-based models of care for people living with HIV". These policy documents have a clear reliance upon the family and community with regard to the care of children and the prevention of child poverty. Sewpaul (2005b:315) in her critique of the Draft National Family Policy contends that "the burden of coping with South Africa's huge problems is reduced to the level of individuals and families, without recognition of the structural sources of unemployment, economic oppression and exclusion, inequality and poverty on people's lives". Driven by a neo-liberal agenda, one may argue that this is another strategy to reduce the cost of care by government while increasing the burden on the family and community in terms of energy, social, emotional and material resources.

A survey undertaken in KwaZulu-Natal estimated that the province has 202 277 children orphaned as a result of HIV/AIDS (KwaZulu-Natal Department of Welfare and Population Development HIV/AIDS Strategic Plan 2003). The Thandanani AIDS orphans community care programme in Pietermaritzburg

warns that the number of children orphaned as a result of HIV/AIDS is increasing while the community capacity to care for the children without adequate support is shrinking (Gow and Desmond, 2002). Currently, the social security system in South Africa fails to take into account the increasing numbers of children living in dire poverty and orphaned as a result of HIV/AIDS and who are in need of social assistance (Raniga 2005). The partial means-tested grants, according to the Economic Policy Research Institute (EPRI, 2001,2002) close the poverty gap by 23% and they exclude those poorest households that do not have members receiving UIF, state old age pensions, disability grants or children qualifying for grants (cited in Sewpaul, 2005b:318).

The means testing of social grants is symptomatic of the macro-economic policy of GEAR within the neo-liberal framework that dominates the global economy (Raniga 2005). The practice of means testing is residual in nature. The whole process expects the applicant to prove his or her worthiness to receive the grant. This is totally contrary to the 'developmental welfare' paradigm that professes social security as a basic human right to children. Samson et al (cited in Sewpaul, 2005b:319) provides important evidence to substantiate that the provision of social security is an investment in people rather than a drain on the state. Samson et al maintains that "people in households receiving social grants have increased both their labour force, participation and employment rates faster than those who live in households that do not receive social grants. In addition workers in households receiving social grants have realised more rapid wage increases. These findings do not support the hypothesis that South Africa's system of social grants negatively affects employment creation (cited in Sewpaul, 2005b:318).

Evidently then, the objectives set out in the National HIV/AIDS School Policy (Department of Education 1999), the National Integrated Plan (Departments of Education, health and Social Development 2000) as well as the National Strategic Framework for Children Infected and Affected by HIV/AIDS (Department of Social Development 1999) are flawed. All these policy documents identify family and community strengths as a core aim to care for vulnerable children. In response to this, Aadnesgaard cited in Gow and

Desmond (2002: 83) warns that if government continues to transfer all responsibility for the care of children orphaned as a result of HIV/AIDS to the family and to communities, that already experience strained access to resources, without adjusting social spending to take account of the burden, the future when the community and family strengths are burnt out is “too scary to think about”.

The Alliance for Children’s Entitlement to Social Security (ACCESS 2001) and welfare organisations in South Africa propose that access to existing social assistance benefits such as the child support grant, foster care grant as well as implementing a Basic Income Grant (targeting special assistance to vulnerable children) is an urgent strategy to help offset some of the devastating effects of HIV/AIDS on children and the household system. A basic income grant might constitute one component of a holistic, integrated approach to the care of children and families affected and infected by HIV/AIDS. Sewpaul (2005b:320) adds that “with universal coverage a Basic Income Grant, most of which could be recovered through a system of progressive taxation and thus constitute a non-threatening means of re-distribution, would close the poverty gap by about 74%.

Conclusion

Section one of this chapter contextualised the education system in South Africa within a neoliberal framework. Section two provided an overview of HIV/AIDS globally, in Africa and South Africa. The above discussion illustrates that even though HIV/AIDS is a biological disease, there is a need to take cognisance of macro level socio-political, economic and cultural factors that impact on the pandemic.

The following chapter discusses the susceptibility of youth to HIV infection and provides an overview of programmes and an appraisal of the National HIV/AIDS Schools Policy (Department of Education 1999) and the Life-skills and HIV/AIDS Programme (National Integrated Plan 2000), which are two key policy documents that formed the basis of this study.

CHAPTER THREE: ADDRESSING THE SUSCEPTIBILITY OF YOUTH TO HIV INFECTION: PROGRAMMES AND POLICY AS A FRAMEWORK FOR ACTION

The chapter is divided into two sections. The first section explores the impact of HIV/AIDS on young adults and argues that while young people are at the front line of the epidemic's advance, it is young people that offer the greatest hope to contain the epidemic. In addition, this section provides an overview of HIV/AIDS prevention programmes and gives some detail of other research conducted with youth in the school context.

Section two begins with a review and appraisal of two key policy documents, which are central for the purpose of this study; namely the National HIV/AIDS School Policy (Department of Education 1999) and the National Integrated Plan for affected and infected children of HIV/AIDS (Departments of Education, Health and Social Development 2000). The discussion is based on the premise that both the National HIV/AIDS Schools Policy as well as the NIP document are in themselves flawed as both documents fail to take cognisance of the broader socio-structural (macro) factors that impact on the school system (mezzo level).

SECTION ONE: YOUNG PEOPLE AND HIV/AIDS

Young people are at the centre of the HIV/AIDS epidemic. Kiragu (2001:23) referred to today's young people as the 'AIDS generation' as the youth today are people who have not known a world without HIV/AIDS. The youth themselves are extremely susceptible to contracting the virus as a result of their subordinate socio-economic status and because of risky sexual behaviour, their susceptibility to experiment with drugs and alcohol during the adolescent phase of life, and their lack of access to detailed and accurate HIV information and prevention services. The extent to which their rights are protected and the services and information they receive can help determine the quality of life of millions of people.

Around the world an estimated 10.3 million people aged 15-24 are living with HIV/AIDS (UNAIDS 2001). Sub-Saharan Africa bears the brunt of the epidemic and its effect on young people. It is home to over 70% of young people living with the virus and up to 90% of children orphaned as a result of AIDS in the world (UNAIDS 2001). If current infections continue and there is no large scale treatment, care and support provided to young people infected, then up to 60% of 15-year olds will not reach the age of 60 (UNAIDS 2004). In countries such as South Africa and Zimbabwe, where a fifth of the adult population is infected, AIDS is set to claim the lives of around half of all 15 year olds. In Botswana, where about one in three adults are infected, no fewer than two-thirds of 15 year old boys will die prematurely of AIDS. These findings are contained in a United Nations Report (2004) that shows that current trends of infection will increasingly have an impact on demographics such as rates of infant, child and adult mortality, life expectancy and economic growth in many developing countries.

Although prevention is the foundational response to AIDS, ignorance about the epidemic remains pervasive among young people, many of whom do not know how to protect themselves from HIV. In Sub-Saharan Africa, only 8% of young people have access to education on prevention (UNAIDS Report 2004). Additionally, many young people have an attitude of invincibility and do not believe that HIV is a threat to them. More than two-thirds of sexually active girls aged 15-19 in Haiti and more than half of girls in the same age group in Zimbabwe do not believe that they run the risk of HIV infection (UNAIDS Report 2001). Young people exposed to sexual abuse and exploitation are especially vulnerable to infection. In Cambodia, 30% of sex workers aged 13-19 are infected with the virus. Of the estimated 2 million sex workers in India, 20% are under the age of 15 and nearly 50% under age 18. In South Africa young people under the age of 20 constitute 44% of the national population and socio-structural factors such as high unemployment rates, poverty and violence have increased their vulnerability to HIV. Over 20% in the age group 15-19 are infected (van Rensburg et al 2002). There is also evidence that a prevalence of infections among young girls is due to gender-based violence in homes, schools, the work place and other social spheres. Forced sex can damage the

genital tract thereby increasing the susceptibility of acquiring HIV and other sexually transmitted infections.

The South African Demographic and Health Survey (Department of Health 1998) found that 35% of all teenagers in South Africa had either been pregnant or had a child by age 19. The high rate of teenage pregnancies has far-reaching effects especially on communities that are the poorest and most disadvantaged in the country. There are several reasons for these high teenage pregnancy statistics. First, although public health services are legally obliged to provide contraceptives to young people from aged 14, the unfriendly, judgemental and insensitive attitudes of health workers towards adolescents have deterred them from using these services (Van Rensburg et al 2002). Second, the problem of teenage pregnancies should be seen in the context of structural problems such as high unemployment and poverty conditions. UNAIDS (2004) stipulates that economic hardship and poverty are conditions that constitute the breeding ground for sexual violence against women and high rates of teenage pregnancies.

The complexity of the social dynamics underpinning teenage pregnancies in South Africa means that the situation is not simply a matter of improving access to reproductive counseling and health services, but within a structural analysis, cognisance needs to be taken of the broader macro socio-structural factors such as the impact of policies such as GEAR and NEPAD which exacerbate poverty, unemployment and gender inequality (Sewpaul 2005a). It is thus acknowledged throughout the world that contextually relevant sexual health education programmes is fundamental to delay the onset of sexual activity and protect sexually active young people from HIV and early pregnancy. Furthermore what is needed is a multi-sectoral strategy involving holistic understanding and responses to young people's health as well as their psycho-social needs.

An Insight into a Sense of Hope

While the overall picture is a morbid one, the UNAIDS Report (June 2000) presents information showing that the world is not helpless against the epidemic. Countries that tackled the epidemic with sound prevention programmes a decade ago are reaping the rewards in the form of low and stable HIV rates, greater inclusivity of people living with the virus and diminished stigma and suffering. A case in point is that of Uganda where the success in confronting the epidemic may be attributed to the governments' commitment and frankness in dealing with the epidemic. In the 2000 Report on the Global HIV/AIDS epidemic it is recorded that the HIV prevalence rate among 13-19 year old girls had fallen significantly over an eight- year period in Uganda. President Yoweri Museveni took active steps very early on in the epidemic to fight its spread through a broad-based intervention and commitment by government and civil society groups. As a result of this national commitment by the government of Uganda through massive AIDS education and information campaigns, there is an encouraging increase in the number of young people using the prevention approaches, from delaying their sexual debut to having fewer casual partners and engaging in protected sex.

The UNAIDS Report (2000) reveal that Uganda's nationwide rate of adult HIV prevalence has now fallen to just over 8% from a peak of close to 14% in the early 1990s. Similarly, condom use for first intercourse has become relatively high in Brazil where the government has taken an active lead in HIV prevention, care and protection of the rights of people affected and or infected by HIV/AIDS. In 1986 less than 5% of young men reported using a condom for the first time they had sex. The figure in 1999 rose to 50% and among men with higher education it was over 70% (UN Report 2000). In Zambia, data from the capital Lusaka show that the proportion of pregnant girls aged 15-19 infected with HIV dropped by almost half over the past six years (UN Report 2000).

Developing countries and donor agencies are therefore increasingly supporting AIDS-related prevention and care programmes as a good investment, having direct benefits for people with HIV/AIDS and indirect spin-offs for AIDS

prevention among young people and the wider community. Evidence such as these keep hope alive that the world is not powerless against the pandemic. Dr Peter Piot of United Nations however indicated: “up to now the gains have been scattered and not systematic. We need an all-out effort to turn the tide of the epidemic everywhere, with a massive increase in resources from domestic budgets and international development assistance” (UNAIDS June 2000: 5).

Schools are one prime institution in society that can make an immeasurable impact on the containment of the HIV epidemic among young people through programmes such as the life-skills, sexuality and HIV/AIDS programme (Department of Education 1999). The programme recognises that learners at schools offer a unique opportunity in which HIV/AIDS prevention and education can be provided to a large audience in a disciplined and highly organised setting. The preliminary study demonstrated that social work intervention in one pilot school was effective not just in the marketing of the National HIV/AIDS policy but the operationalisation of the Policy with educators (Sewpaul and Raniga 2005). Additionally Australia has shown much innovation in dealing with the complex issues of youth sexuality and HIV/AIDS through the Health Promoting Schools (HPS) model. This model encourages a holistic approach to health issues with young people in schools. Its usefulness in secondary schools has been seen in relation to HIV and STD prevention in a few programmes developed at a local level. The HPS model recognises that local community action remains critical to the success of dealing with the complexity of HIV/AIDS related problems in the school context. The model emphasises the importance of state and national commitment towards this HPS approach.

Noddings (2006) in her writing on *caring and social policy* added that schools must serve as social agencies to integrate wider needs of communities. Speaking about people who are homeless, she stated that we should move away from fragmenting services and instead advocate for ‘one stop service centres’ at schools where services such as dental clinics, social workers, legal aid, child care services and parenting classes are offered. A programme, *taking the fight to the schoolyards*, implemented in the North West Province serves as a prime example for other schools in the country through the

establishment of youth health centres. These youth centres are accessible to all the youth including those who have completed or dropped out of school. The Centres make sexual health services (mainly prevention) more accessible and user friendly to young people as part of the long-term strategy to prevent new infections. Key elements of the programme include the integration of life-skills programme as a compulsory part of the curriculum and peer education as well as a partnership approach (including school personnel, health personnel, social workers and parents). The experiences of youth at these Centres in the North West Province illustrate that HIV/AIDS programmes that respect and that involve young people while being culturally sensitive are more likely to succeed (<http://www.afrol.com> – 15 May 2003). Dr Molefi Sefularo, the ex- MEC for Health in the North West Province acknowledged that such integrated programmes on HIV/AIDS “can only succeed if they are based on the collective knowledge, commitment, skills and action of people across all sectors” (www.afrol.com – 15 May 2003).

Chapter Eight of this thesis expands on the HPS model and Noddings's (2006) suggestion for schools to serve as social agencies. The chapter recommends the need for the establishment of schools as 'one stop Care centres' which would serve as a multidisciplinary response to the needs of learners, their families and educators who are infected and or affected by HIV/AIDS.

HIV/AIDS Prevention Programmes for Young People

Currently the task of understanding the factors to adequately prevent new infections among the youth is one that is not unique to social work but incorporates a range of academic disciplines such as education, health and housing. The dialectical analysis of the structural approach to social work recognises the use of free will by individuals in the creation of human circumstances, but also acknowledges that socio-economic and political factors affect life choices and shape individuals' consciousness. Considering this dialectical analysis, at a micro level, much has been written about the complexities of sexual choices in the adolescent phase of life (van Dyk 2001; Campbell and Foulis 2003; Campbell 2003; Moletsane et al 2002; Taylor et al

2002; Sewpaul and Raniga 2005; Sathiparsad and Taylor 2005). At a macro level, Barnett and Whiteside (2002, 2006) and Sewpaul (2005a) draw attention to factors such as poverty, gender inequalities and globalisation and how these shape the context which fuels the rising infection rates of the virus. These writers contend that as a result of the poor and marginalised positions that women hold in society and the blatant inequality that exists within and between societies, the epidemic has spread rapidly.

A review of literature on HIV prevention and young people (Aggleton and Rivers 1999; Campbell 2003, Harper and DiCarlo 1999; Morrow 1999) indicate that there are six core components that offer the basis for a holistic, coherent and structured response to programmes for young people and HIV/AIDS. These interrelated components are: promoting meaningful and active participation in prevention programmes, the reduction of risk through prevention and awareness programmes, promoting gender equity, the promotion of responsible living, the reduction of vulnerability through macro structural factors such as socio-cultural and economic change, and provision of treatment, care and support to youth affected and or infected by the disease. Each of these components forms the basis of the discussion below.

Promoting Meaningful and Active Participation of Young People in Prevention Programmes

One of the principles central to successful HIV/AIDS prevention is that of youth participation. As with other social development programmes, community participation is a key factor in successful implementation of development projects. Young peoples' participation in the identification of needs and in HIV/AIDS programme design and development leads to greater acceptability and appropriateness. The UNAIDS Global Report (2004:42) indicated that: "through meaningful participation, young people become a potential resource in addressing the global epidemic".

Furthermore, high levels of 'social capital' – that is, community trust, reciprocal help and support, a positive local identity and high levels of community and civic

engagement have been associated with the health and well-being of young people (Rivers and Aggleton 1999; Campbell and Foulis 2003). When young people feel that their needs and views are respected and valued and when they have channels to participate in decision-making, then HIV/AIDS prevention programmes would prove meaningful and effective (Van Dyk 2001, 2005). One of the key rationales for the participation and active involvement of young people in HIV/AIDS programming stems from the United Nations Conventions on the Rights of the Child. This document assigns to children and young people the right to freely express their views and opinions and have them considered in relation to many walks of life. This together with the South African Constitution (1996) should be the cornerstone of any coherent HIV/AIDS social and health policy.

Morrow (1999) asserts that young people often feel excluded from wider societal decision-making and are skeptical about their tokenistic representation on learner representative councils at schools and other community bodies. The challenge therefore lies in developing policy frameworks and HIV/AIDS programmes that are relevant to young people's needs and are perceived as valuable by young people. In so doing, learners need to be included as a key stakeholder in the planning of HIV/AIDS programmes in the school context.

The Reduction of Risk through Prevention and Awareness Programmes

Van Rensburg et al (2002:59) stated that the year 1998 marked the time when the South African government instituted a national strategy for HIV/AIDS. The key component of this National HIV/AIDS Strategic Plan (Department of Health 2000) was education and awareness programmes. Subsequently, government established the AIDS Unit within the Department of Health. The AIDS Unit's role was to engage in a number of prevention programmes. These included AIDS awareness campaigns, distributing free condoms, co-ordinating HIV surveys among women attending antenatal clinics and it established the AIDS Training and Information Centres. Research shows that there was some success in improving the nation's awareness of the epidemic in respect of the use of condoms as a key 'safety' method to curb infection rates (van Rensburg

et al 2000; McKerrow 2002). The distribution of free condoms became an important milestone in the preventive strategy. Clearly then the focus of the majority of government's HIV/AIDS policies in the late 1990s was on reducing the number of new infections especially among the youth (National HIV/AIDS and STD Strategic Plan 2000; National HIV/AIDS Schools Policy 1999 and the National Integrated Plan 2000). Chapter Six of this thesis addresses the limitation of current policy and proposes that with the maturation of the disease, there is a dire need to expand existing prevention and awareness programmes to include treatment, care and support at a micro and mezzo level to learners, families, school personnel and communities.

Much has been written about certain behaviours among the youth that enhance and perpetuate infection (Whiteside and Sunter 2000; Barnett and Whiteside 2002; Campbell 2003, Sewpaul 1997; Sewpaul and Rollins 1999). They include unprotected sex with an infected partner, multiple unprotected sexual partnerships and sharing equipment for injecting drug use. Globally, early responses to HIV/AIDS aimed mainly at reductions in risk-taking behaviour which included mass awareness campaigns through media, life-skills education, drug risk education and programmes to enhance women's and young people's capacity to ask for and 'negotiate' protection (Burns 2002; Moletsane et al 2002; Harrison 2002; Taylor et al, 2002; Gernholtz and Richter 2002). However, even though AIDS awareness and prevention programmes have increased in South Africa in the past decade, there continues to be a significant gap between increased awareness and knowledge and levels of preventive practice (Moletsane et al, 2002; Harrison, 2002; Taylor et al 2002, Sathiparsad and Taylor 2006). It has also been increasingly clear that young people do not automatically convert 'knowledge' into behaviour change (Burns 2002, Khoza 2002, Moletsane et al 2002). It is therefore clear that the transmission of HIV/AIDS information and prevention programmes is not enough to halt the spread of the epidemic among young people. Researchers such as Moletsane et al (2002) indicated that for prevention strategies to be more effective, there is a need to successfully link gender equality and HIV prevention strategies.

Promoting Gender Equity

Young men and women are socialised very differently from birth and the complexity of sexuality is that they receive very different messages about sex. Masculine values are constructed and reinforced by socio-cultural factors where masculinity has become associated with physical and psychological strength. Abdool Karim (2005) reveals that such cultural prescriptions also significantly affects their sexual behaviours and attitudes but their respective access to services, information and ability to cope especially when they are ill. Globally half of all HIV infections worldwide occur in women in Africa and in sub-Saharan Africa the HIV infection rates are up to five times higher than the rates for teenage men (UNAIDS 2002). The MRC 2004 prevalence study revealed that among 20-24 year olds, 24.5% of women were HIV+ as compared to 7.6% of men (cited from Sewpaul 2005a:107).

Promoting sexual responsibility among men is thus central to curbing the infection rates among women. Until recently, gender based programmes on sexual and reproductive health have focused on empowering women to assert themselves and redress the balance through their increased knowledge and ability to take control (Aggleton and Campbell 2000). This approach is limiting for a number of reasons. First, it tends to redress the balance through women's increased knowledge and thus the onus is on the women and their ability to take control. Second, it supports a stereotypical notion of men and their desires and assumes that all men aspire to the same expressions of masculinity. Writers such as Moletsane et al 2002; Selikow et al 2002; Pattman 2002; Harrison 2002; Welbourn 2002; Thorpe 2002 argued that school based HIV interventions offer an opportunity to transform gender inequality within the school context and the wider community.

There is a pressing need for Life-skills, sexuality education programmes taught in the school context to address the complex and multiple ideologies of gender that exist in society and its structural relationship with race, class and sexuality. At present the Life-skills, HIV/AIDS education programme as well as the National HIV/AIDS School Policy (Department of Education 1999) does not

address this adequately. Burns (2002) proposes that for sustainable development of gender equity and youth sexuality programmes to take place, there should be an engagement of teachers and wider communities around gender equality issues. Rao Gupta et al (2002) asserted that in order to challenge the very foundations of the HIV epidemic, there is a need for socially transformative and empowering programmes to be gender-sensitive. A limitation evident in the current life-skills, HIV/AIDS education programme facilitated by the Department of Education does not adequately address the issue of gender equity.

The Reduction of Vulnerability through Macro Structural Factors such as Socio-Cultural and Economic Change

From a structural approach, it is clear that in order to be successful HIV/AIDS prevention programmes should focus not only on risk-taking behaviours (micro level) but also on the macro, societal and environmental factors. Broader macro socio-structural factors influencing vulnerability include political decisions, economic inequities, laws, access to resources and cultural norms that act as barriers or facilitators to prevention and curbing infection rates (Campbell 2003, Barnett and Whiteside 2002, Gow and Desmond 2002, Sewpaul 2001). Among the macro forces structuring young people's vulnerability are inequalities of age, gender, sexuality, poverty and social exclusion. Chapter Two of this thesis provided a comprehensive overview of the need to take cognisance of macro socio-structural factors that the pandemic is deeply rooted in. Awareness and prevention as well as treatment programmes are deeply influenced by these macro factors. In section two of this Chapter I argue that both the National HIV/AIDS School Policy (Department of Education 1999) and the National Integrated Plan (Departments of Education, Health and Social Development 2000) are in themselves flawed as both documents fail to take heed of these factors.

The Promotion of Responsible Living

Researchers Campbell and Foulis (2003) conducted a study which reflected the growing and negative perception of youth from the Ekuthuleni community in

KwaZulu-Natal as having 'failed' in demonstrating behaviour changes despite the on-going and numerous HIV/AIDS awareness and prevention programmes. The study explored the factors that make it difficult for young people to engage in safe sex and "the extent to which material, symbolic and institutional circumstances both in and beyond the community either help or hinder the work of NGOs and other development agencies" (Campbell and Foulis 2003:12). The findings of the study revealed that key elements such as strong supportive relationships within the community, which she refers to as 'bonding social capital', and the links between local communities and external agencies which she refers to as 'bridging social capital' have the power to either enhance or undermine the achievement of HIV/AIDS prevention programme goals. Campbell and Foulis (2003) concluded from their study that it is vital to view behaviour change among young people as a process not just revolving around a health issue. Within a community context there are multifaceted problems such as social and economic obstacles that impact on behaviour change. A "multi-sectoral, multi-level and participatory approach" to HIV/AIDS programme development for young people was advocated from this study (Campbell and Foulis 2003: 14).

Campbell and MacPhail (2002) conducted a case study of a schools-based peer education and condom distribution programme. The study identified various obstacles to the development of youth empowerment and critical thinking that the authors argued were essential preconditions for programme success. These were the highly regulated school environment and rigid teacher control of the programme. Additionally youth peer education activities tended to be male dominated and there were limited opportunities for communication about sex with peers and sexual partners as well as parental denial of youth sexuality.

Jameson and Glover (1993) conducted a study on HIV/AIDS education in schools in Grahamstown. These researchers investigated the attitudes, opinions and HIV/AIDS awareness among educators, health professionals and theology students. A pre-test questionnaire was administered to the participants followed by an HIV/AIDS education programme. After a period of

six weeks, the participants were subjected to a post-test questionnaire. The findings of this study revealed that there was a marked improvement in factual knowledge about HIV/AIDS, which confirmed the value of HIV/AIDS awareness and prevention programmes.

Malaka (2003) designed a primary intervention programme on substance abuse and HIV/AIDS for Grade 7 learners in three selected rural schools in the Limpopo province. The main aim of the study was to educate both the learners and their teachers about the misuse and abuse of substances and HIV/AIDS. The study also provided the learners with opportunities to talk to counsellors about their fears, experiences and the myths they harbour on sexual matters. The findings of the study revealed that while a substantial number of learners had used alcohol on an experimental basis, some learners who were older than 13 years were occasional or regular users of the substance. With regard to sexuality, more than one third (36%) of the learners admitted to being sexually active. What was interesting was that some of the 13 year old male learners believed that they were already *men* as they had graduated from initiation and that they could indulge in pleasures such as alcohol consumption and sex, yet they were not yet mature enough to handle adult responsibilities.

A multi-disciplinary study called THUSA BANA (Transition, Health and Urbanisation in South Africa) was conducted by North-West University to gain insight into the level of knowledge regarding HIV/AIDS of 1295 schoolchildren aged 10 and 15 years in the North-West Province. Strydom and Strydom (2006) concluded from this study that there is a need for more information on HIV/AIDS for schoolchildren as the majority of the participants acknowledged that their knowledge base was fragmentary and inadequate. The researchers poignantly add that the age and level of development of learners need to be taken account when planning HIV/AIDS education programmes at schools as the physical and emotional levels of 10 and 15 year olds are different from each other.

Researchers Buseh, Glass and McElmurry (2002) conducted a study on adolescents in Swaziland. The purpose of this study was to investigate the

sources of HIV/AIDS and sexual risk behaviour information on the part of adolescents. The findings reveal that the media was the primary source of information. Adolescents in this study also revealed that they preferred health care workers as another primary source of sexual risk information. Strydom (2003) conducted a survey of high school students in the North West Province and concluded that there is an urgent need among adolescents for more knowledge and information on sexuality and HIV/AIDS in general. It was recommended that programmes be developed to educate adolescents about HIV/AIDS in an objective and factual manner. Adolescents in the study had supported the idea of using condoms as an important HIV/AIDS prevention strategy. Two additional interesting findings of this study were that information should preferably be given by an outside person rather than a school teacher on regular occasions and that adolescents preferred mixed boys and girls groups for sessions on sexuality and HIV/AIDS.

A review of international literature identified six international studies that were significantly related to programmes on HIV/AIDS education that had a bearing on this study. First an evaluative study conducted by Coyle, Kirby and Parcel (1999) in California, Texas, on the implementation of the 'safer choices programme' (a two-year educational programme) aimed at improving HIV/AIDS knowledge, self efficacy of condom use and parent and youth communication. The findings of this study indicated positive increase in knowledge by the youth, increased communication between parents and the youth as well as reduced unprotected sex. The second study of significance, conducted by Lohrmann, Blake and Collins (2001) in New Jersey, was aimed at determining perceptions and practices of educators, principals and superintendents regarding HIV policy, curriculum and staff development. The findings revealed that educators, principals and superintendents had positive perceptions about HIV/AIDS educational programmes taught at schools but felt that they lacked the skills for developing HIV/AIDS programmes and intervention plans appropriate to the school context. This concurred with the findings of the preliminary study conducted by Sewpaul and Raniga (2005).

The third study was conducted in Hungary by Gyarmathy, Thomas and Mikl (2002) to determine the knowledge, attitude and behaviour of adolescents regarding HIV/AIDS. The study concluded that there was a correlation between the adolescents' fear of contracting HIV/AIDS and the use of condoms. The fourth study was conducted in the USA by Smith, Dane and Archer (2000) which engaged youth in a 36 hour, experientially based peer education training programme. The study revealed that participatory involvement of youth in intervention design and implementation through the peer education programme served as an effective method for improving sexuality education and attitudes among the youth. A comparative study of significance was conducted by Vogels, Brugman and van Zessen (1999) in the Netherlands with Dutch high school students and students who had dropped out of school to determine the difference in knowledge, behaviour and attitudes regarding HI/AIDS programmes. The study concluded that there was no significant difference in the knowledge and attitudes of HIV/AIDS between the two groups. The study questioned the effectiveness of school –based programmes. A final study of significance to this study was conducted by Smith Cox (2000) in Wisconsin, USA. This qualitative study was aimed at building the capacity of HIV peer educators and to increase their awareness of HIV/AIDS and foster risk reduction behaviour. The study's findings revealed that the implementation of the peer education programme had contributed to increased self awareness and empowerment among the participants and an increased understanding of the contextual factors influencing HIV/AIDS.

The Provision of Treatment, Care and Support to Youth Infected and Affected by the Virus

Providing treatment, care and support for young people living with HIV/AIDS is not just a fundamental human right but it is also essential for successful prevention programmes. The HIV/AIDS epidemic cannot be defeated where treatment, care and support are lacking. A qualitative, exploratory study conducted by Strydom and Raath (2005) with 25 adolescents and 25 parents that were infected with HIV revealed that the youth experienced feelings of isolation, loneliness, aggressiveness towards their parents, friends and society

at large. According to the parents, adolescents had the greatest need for physical care, family support, information on HIV/AIDS and acceptance of parents' illness and their impending death. UNAIDS (2004) thus affirms that it is only when people do not fear losing their social standing, their jobs, families and friends because they are HIV+ and when they can access confidential, voluntary counselling and testing and medical treatment without fear, that prevention efforts can be successful. In Chapter Two I discussed the lack of political will on the part of the South African government and pharmaceutical multinationals that had denied access to proper medical treatment for those living with the virus.

However, in November 2003 it was a milestone when the South African government announced the allocation of R1.9 billion for the possible roll-out of medication for a projected 1.4 million people in need of treatment (Sunday Tribune, 30 November 2003). An additional R3.3 billion was made available to fund existing government programmes (Informer, volume 1, No 3). However, the ARV roll-out programme only effectively started in 2004 and an estimated 134 000 people in the country now benefit from treatment. Nonkosi Khumalo of the Treatment Action Campaign however indicated that this outreach is grossly inadequate and that "state controls on access to ARVs has made them unavailable for most people living with HIV/AIDS" (*Daily News*, 8 August 2006). Judge Edwin Cameron (2005) in his book *Witness as AIDS* states that the South African government should take a cue from the example set by Botswana where free antiretroviral treatment is provided through the public health sector to everyone living with the epidemic and who attends public health services. In South Africa where people living with HIV/AIDS are only able to access ARVs when their CD4 count is less than 200, testing does little to counter problems such as stigma and discrimination. At the Toronto International AIDS Conference 2006 the Minister of Health Manto Shabalala Msimang endured much embarrassment for her promotion of garlic, lemon and beetroot as a good treatment measure for people living with the epidemic. Special Envoy on HIV/AIDS in Africa, Stephen Lewis responded with a leering attack on the South African government's handling of the HIV/AIDS pandemic (*Sunday Tribune Herald*, 20 August 2006). He indicated that when between 600 to 800 people

die daily in a country of AIDS, "it is not my job to be silenced by a government when I know that what it is doing is wrong, immoral and indefensible".

To exacerbate this morbid scenario, Liz Clarke and Charlene Smith (*Sunday Tribune, Herald*, 10 September 2006) reported that an extremely virulent form of tuberculosis killed 52 people in KwaZulu-Natal. Dr Tony Moll of Scotland Hospital in Tugela Ferry was the first to alert society when HIV+ people who had initially appeared to adjust well to antiretroviral treatment, were dying of a virulent form of TB – frighteningly fast. In South Africa many people living with HIV experience TB as a secondary infection. As a response to this emerging human crisis, Health Minister Manto Shabalala Msimang was reported to be "furious that news of the extent of South Africa's lethal strain of TB problem has leaked" (*Tribune Herald*, 10 September 2006). Clarke and Smith added that officials from the Minister's department had telephoned 28 hospitals in KwaZulu-Natal which had treated Extreme Drug Resistant TB patients and threatened that if they spoke to the media, they would risk losing their jobs. Such bullying tactics employed by the National Health Minister has caused an uproar from medical professionals and advocacy groups such as the TAC have subsequently called for the resignation of the Minister Manto Shabalala Msimang. It is discourses such as these that lead me to agree with Mullaly's (1993) suggestion that there needs to be changes in the social structures in society which perpetuates such gross injustices for people living with the epidemic.

Bearing the above deliberations in mind, the National HIV/AIDS School Policy (Department of Education 1999) which places an emphasis on prevention and awareness through the integration of the life-skills, sexuality and HIV/AIDS education programme in the school curriculum is limited in that it does not address elements that are needed to provide meaningful treatment, care and support to learners, their families and educators who are either infected and or affected by the epidemic.

Together, these six core components outlined above – promoting meaningful and active participation in prevention programmes, the reduction of risk through

prevention and awareness programmes, the promotion of responsible living, the reduction of vulnerability through macro structural factors such as socio-cultural and economic change, promoting gender equity and provision of treatment, care and support to youth affected and or infected by the disease offer the basis for a coherent and structured response to young people and HIV/AIDS. The diagram below illustrates these six components as a holistic and integrated approach to HIV/AIDS prevention and success.

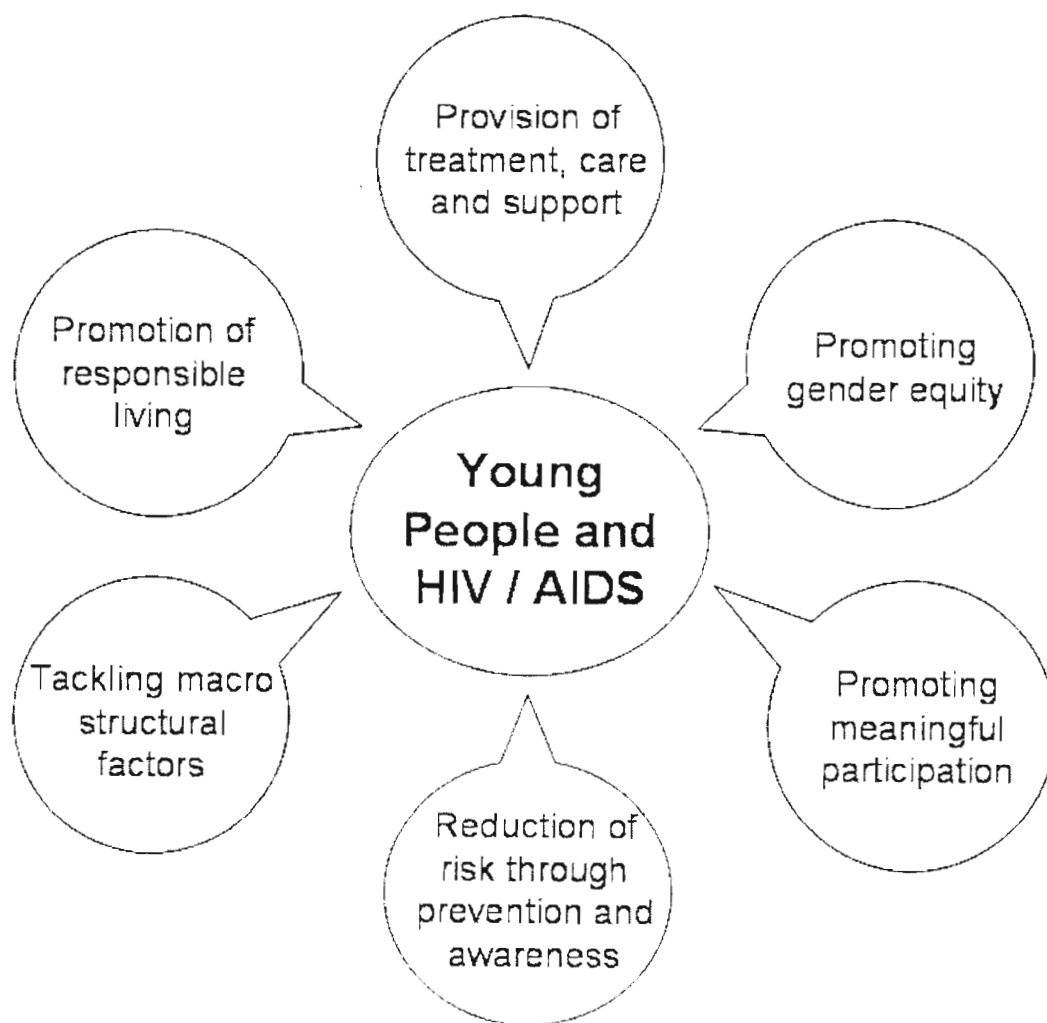


Figure 1 : An interrelated, holistic response for HIV/AIDS prevention programmes

SECTION TWO: POLICY ANALYSIS OF THE NATIONAL HIV/AIDS SCHOOLS POLICY AND THE NATIONAL INTEGRATED PLAN'S LIFE-SKILLS AND HIV/AIDS EDUCATION PROGRAMME

There has always been a disparity between policy ideals and policy implementation in the arena of HIV/AIDS. As a consequence of globalisation and neoliberal capitalism, we witness differences that exist between people across the globe with respect to wealth, gender, sexuality and culture. Furthermore, intertwined with these global challenges are socio-economic, political and legal factors. Social inequality, social exclusion and lack of access to proper health and social services are just a few of the contextual and structural influences known to fuel the transmission of HIV (Barnett and Whiteside 2002; Campbell 2003; Van Rensburg et al 2002; Sewpaul 1997, 2003, 2005a, 2005b). The previous chapter discusses responses to the epidemic both by the international community and nation states and how this has exacerbated a 3-fold crisis that we have witnessed in the world: it has widened the gap between the rich and poor in society, between the rich and poor nations and has pushed already-stigmatised groups to the margins of society. The HIV/AIDS pandemic must be seen against the context of globalisation, international politics, economics and social relations. It is in this arena that social policy decisions and curriculum changes are being proposed, debated and implemented from central government level. One way to engage with social policy is to describe and critically analyse policies and those institutions that make up social services, as the ultimate objective of all HIV/AIDS policies should be to strengthen central, provincial, local government and civil society responses to the HIV/AIDS epidemic.

An Appraisal and Overview of the Policy Documents

In August 1999, the Ministry of Education released the National Policy on HIV/AIDS for learners and educators in public schools, and students and educators in further education and training institutions (Department of Education 1999). One key component included in the Policy is that of 'Education on HIV/AIDS' which stipulates that "a continuing life-skills and HIV/AIDS education

programme must be implemented at all schools for all learners, students, educators and other staff members (Department of Education 1999). The new education policy, Curriculum 2005 includes life-skills, sexuality and HIV/AIDS education as part of the eight learning areas that constitute the Life Orientation Programme. Furthermore, in November 1999 the National Inter-Ministerial Committee received funding from the European Union to the amount of R450 million over a three year period: R75 million in 2000/2001; R125 million in 2001/2002 and R250 million in 2002/2003 in order to put a plan in place for children infected and affected by the epidemic. On 2 December 1999 the National Ministerial Committee decided to form a Social Cluster with the Department of Education, Department of Health and Department of Social Development in order to develop an integrated strategy to address the epidemic and its effect among children and youth. The responsibility of the Department of Education according to the National Integrated Plan for children affected and infected with HIV/AIDS (Departments of Education, Health and Social Development 2000) is to implement the life-skills, sexuality and HIV/AIDS education programmes at schools in order to prevent new infections among the youth. Clearly then, life-skills and HIV/AIDS education implemented at schools is a tangible outcome of both the Policy and the NIP document. The NIP project is based on the premise that it "intends to augment current provincial activities and not replace current initiatives" (Departments of Education, Health and Social Development 2000:3). In other words, the NIP programme is meant to strengthen the implementation of the life-skills, sexuality and HIV/AIDS education programme which forms part of the Life Orientation Programme of Curriculum 2005.

Implementation of both the National Policy and the Life-skills and HIV/AIDS programme is a provincial responsibility.

The National HIV/AIDS Schools Policy (Department of Education 1999) focuses on three key areas: HIV/AIDS-related discrimination and stigma, maintaining a safe school environment and HIV/AIDS and sexuality education. Compulsory HIV testing of learners and educators is prohibited. Equally, no learner or educator is compelled to disclose his or her status to the school or employer.

Life-skills education that is implemented at schools is a tangible outcome of the Policy.

The National HIV/AIDS School Policy has good intentions to provide broad guidelines for the implementation of HIV/AIDS programmes in the school context and hopes to make a positive difference to learners, students and educators. The Policy is consistent with the National Education Policy Act, 1996 (No. 27 of 1996) the Constitution of South Africa and the *Trisano* plan (Department of Education 2000a, 2000b, 2000c). The Policy starts with a preamble, which provides a context for understanding the HIV/AIDS epidemic. Two key points are made that have implications for implementation of the Policy within schools. Firstly, "it is imperative that each school must have a planned strategy to cope with the epidemic" (Department of Education 1999:4).

Secondly, it is envisaged that the primary responsibility for the implementation of the Policy is the School Governing Bodies. This is based on the assumption that governing bodies already have the skills and expertise to develop such an implementation plan. In the preliminary study conducted by Professor Sewpaul and myself, educators were of the opinion that this is an unrealistic responsibility for parents and school governing bodies as parents are rarely involved in developing HIV/AIDS implementation plans at schools (Sewpaul and Raniga 2005). It was therefore one of the objectives of this extended study to investigate the extent to which parents are involved in HIV/AIDS education at schools.

Upon close scrutiny of the Policy, it is evident that there is a contradictory statement made in the document. The Policy indicates (Department of Education 1999:2) that the Ministry of Education is committed to provide leadership to implement the HIV/AIDS Policy and that "this policy seeks to contribute towards promoting effective prevention and care within the context of the public education system" (Department of Education 1999:2). In point 2.11 of the Policy it is then stipulated that this national policy is intended as broad principles only and that the operational responsibility of the Policy lies with the school governing bodies of schools. Such contradictory policy goals imply a

shift of responsibility of government in the provision of key social services such as education, health, welfare and housing to the private sector and communities. Within a neoliberal, capitalist ideology this substantiates the non-interventionist role of government in the provision of social services. Writers such as Bond (2005), Sewpaul (2004, 2005a, 2005b), Desai (2002), have aptly criticised the GEAR policy as being an inconsistent economic strategy to promote growth and employment and that South Africa's problems cannot be effectively addressed by the kind of neo-liberal, free market policies to which the IMF and the World Bank adhere. Sewpaul and Raniga (2005) found that educators were of the view that this is another strategy of government to "pass the buck back to the schools".

The National School-based policy requires integration of life-skills education with sexuality and HIV/AIDS education into the school curriculum. Curriculum 2005, implementing Outcome Based Education (Department of Education 1997) includes life-skills, sexuality and HIV/AIDS as one of the eight learning areas of Life Orientation. Further scrutiny of both the National Policy and the NIP document reveal an important missing element: lack of a monitoring and evaluation system. This study is based on the premise that Provincial HIV/AIDS programmes as well as National policy should be monitored and evaluated on an on-going basis in order to render the effectiveness of implementation at 'grassroots' level truly effective.

The document advocates for a "district based approach" to be followed (Departments of Education, Health and Social Development 2000). This approach entails the mobilisation of community resources in order to address the epidemic at a mezzo level. The urgent need is to develop comprehensive intervention strategies to ensure that the rights of learners who are affected and infected with HIV/AIDS are protected. Unless the institutional (adequate resources and support) capacity in the school is strengthened to deal with and cope with the devastation of HIV/AIDS, the problems of learners will be treated in a vacuum. As Ife (1995, 2002) indicated that the limitation of the institutional-reformist perspective is that it locates the problem within the institutional structures of society. However, he adds that unless changes are made to the

structural forces of oppression, any social justice strategy will be limited. Taking into account this structural analysis, in Chapter Six of this thesis I argue that unless the present institutional capacity (human resources, regular training, proper district based support systems) is strengthened by the Department of Education, then the life-skills education programme targeted at youth within the formal education sector will be ineffective.

Additionally, the Policy recommends that each school should establish its own Health Advisory Committee that should consist of the parents of learners at the school, representatives of the learners and representatives from the health care professions. The committee will be responsible for “developing and promoting an implementation plan on HIV/AIDS and thus “advise the governing body on all health matters, including HIV/AIDS” (Department of Education 1999:13). The findings from the preliminary study (Sewpaul and Raniga 2005) confirmed that the majority of the schools in the North of Durban (Phoenix) region experienced problems with the practical implementation of this Policy. Seventeen of the eighteen principals interviewed in the preliminary study indicated that they did not have a Health Advisory Committee in place. Research conducted by Khoza (2002), Taylor et al (2002) and the preliminary study conducted by Sewpaul and Raniga (2005) confirm that there is a lack of institutional capacity at school level to deal with the problem of HIV/AIDS. The findings illustrated in Chapter Five of this extended study confirm this.

The NIP document indicates that the Secondary School Life-skills and HIV/AIDS education programme was initiated in all provinces in 1999, with the training of 840 master trainers and 9 034 educators (2 educators from each secondary school). The National Integrated Plan document, of which Life-skills is but one component, acknowledges that the extent of the implementation of the Life skills programme and training of educators has been limited. A personal discussion held with the National Life skills Co-ordinator in KwaZulu-Natal on 24 April 2003 revealed that the Department of Education has experienced difficulty in monitoring, supporting and assisting the implementation of the programme. The views of officials involved in the co-ordination of the NIP programme confirmed (see Chapter Six) that the KwaZulu-Natal Department of

Education had not conducted an internal audit with regard to monitoring, supporting and assisting the implementation of the Programme at schools.

The document advocates for the use of the cascading model with regard to the training of educators from schools. The document supports the use of this training model for the following reasons: the scarcity of human and financial resources, the potential negative impact that large full-time training could have on the effective functioning of schools, and in view of the urgent need to reach learners quickly, a phased approach is envisaged. The preliminary study (Sewpaul and Raniga 2005) outlines the limitations of the use of this cascading model. This is documented in more detail in Chapter Six of this thesis.

The National HIV/AIDS School Policy (Department of Education 1999) and the NIP document (Departments of Education, Health and Social Development 2000) both emphasise the need to create an enabling environment in order to curb infection rates among young people. It is therefore vital that HIV/AIDS Policy and prevention programmes take cognisance of macro factors such as poverty, inequality and social exclusion and the profound effect that these factors have on people's lives in society. It is disappointing to note that both the NIP document and the National HIV/AIDS School Policy (Department of Education 1999) fail to take cognisance of such socio-structural factors that impact on the creation of an enabling environment to deal with the HIV/AIDS epidemic. I discussed in Chapter One the dialectical approach embedded in the structural approach to practice (Mullaly 1993) and that there is an inter-systemic relationship between individual learners, the family context, the schools system and the broader socio-structural issues that impact on institutional capacity of schools to deal with the problem of HIV/AIDS. Through this study, I illustrate that schools and communities are deeply embedded in and influenced by the broader economic and gendered relations of the wider society in which they are located and that structural factors such as poverty and a lack of infrastructure and basic services (water and sanitation) profoundly impact the institutional capacity at the schools in their endeavours to operationalise the National Life-skills and HIV/AIDS School Policy.

Conclusion

This chapter began with an overview of the impact of HIV/AIDS and on HIV/AIDS prevention programmes for the youth. Here six core components were discussed as the basis for a holistic, structural response to youth and HIV/AIDS. These were: promoting meaningful and active participation in prevention programmes, the reduction of risk through prevention and awareness programmes, the promotion of responsible living, the reduction of vulnerability through macro structural factors such as socio-cultural and economic change, promoting gender equity and provision of treatment, care and support to youth affected and or infected by the disease.

Section two began with a review and appraisal of two key documents, which, were central for the purpose of this study; namely the National HIV/AIDS Schools Policy (Department of Education 1999) and the National Integrated Plan for affected and infected children of HIV/AIDS (2000). The discussion highlights that the Policy as well as the NIP document are in themselves flawed as both documents fail to take cognisance of the broader socio-structural factors that impact the school system.

The chapter that follows provides an overview of the research process, which was conducted using a triangulated research design. The three key phases within the triangulated research is described together with the sampling strategies and the methods of data collection in relation to the objectives of the study. The process of data analysis and issues relating to ethical considerations and limitations of the study are examined.

PART THREE: THE RESEARCH STRATEGY

CHAPTER FOUR: RESEARCH METHODOLOGY

This chapter begins with an overview of the triangulated research design and the various phases in the research process. It describes the objectives of the research, the research participants and the methods of data collection relevant to each phase of the study. An overview is presented in Table 1. The ways in which the data were analysed and how the data are presented are also outlined. The final section of this chapter provides insight into ethical issues and the limitations of the study.

RESEARCH DESIGN

22/08
A multiphase research design, incorporating both qualitative and quantitative methods, was utilised in this study. These two research methods are underpinned in fundamentally different philosophies. Quantitative research is based both on "logical positivism and radical behaviourism while qualitative methods are humanistic, phenomenological and existential paradigms" (Pernice 1996: 339). Given their contrasting roots, both these research paradigms are concerned with different aspects of a research topic. The choice of triangulation for this particular study was to enhance the process of empirical research through a combination of quantitative and qualitative approaches. ✓

Triangulation
Terre Blanche and Durrheim (1999:128) noted that: "triangulation entails collecting data in as many different ways and from as many different sources as possible". The triangulation design applicable to this study is referred to as 'methodological triangulation' (Terre Blanche and Durrheim 1999; Sim and Sharp 1998). This entailed the use of more than one method of data collection. Sim and Sharp (1998: 24) indicate that there are two types of methodological triangulation. The one is 'within-method triangulation' and the other is 'between-method triangulation'. Both these methods of triangulation are applicable to this study as "it involved the use of two or more, methodological approaches to data collection" (Sim and Sharp 1998:24). In this study I used structured interview

schedules administered to principals, in-depth interviews with educators, a focus group with government officials (district co-ordinators) and interactive workshops with learners and parents. The multiple data sources and multiple data collection strategies used in the three phases of the research process served to enhance the validity and reliability of the study.

The overall purpose of this study was to investigate how schools have responded to the problems of HIV/AIDS, the challenges faced by educators in the implementation of the National HIV/AIDS Schools Policy and the Life skills programme and to evaluate the Life-skills, HIV/AIDS education programme implemented in schools. The triangulated design helped the researcher through the use of multiple data collection sources (principals, educators, learners, parents, government officials) and strategies (structured interview schedule, in-depth interviews, focus group and interactive workshops, review of policy documents) to attain a comprehensive view of how schools have responded to the problem of HIV/AIDS. More importantly a basic assumption of the programme evaluation design for this study was that the different stakeholders involved in the life-skills, HIV/AIDS education intervention programmes in the school context were likely to have different perspectives (educators, learners, parents and government officials) on the programme, its implementation and development and that these differences may be indicative of their different role functions, value positions and ideologies. Hence, understanding of the various stakeholder perspectives was essential to understanding how the Policy and the life-skills and HIV/AIDS education programme were implemented in schools.

PHASE ONE

A quantitative audit of 74 secondary schools was undertaken in this phase.

The survey method through the use of a structured interview schedule was conducted with principals from 74 (20% of 370) secondary schools in the eThekweni region to investigate the following:

- The extent to which the Department of Education's life-skills and HIV/AIDS education programme and the National HIV/AIDS Schools Policy was implemented in the school.
- The extent to which HIV/AIDS awareness programmes are implemented in the school context.
- The institutional capacities (time, human resource, finance and expertise) that exist in the school to implement the Policy and HIV/AIDS programmes.

Sampling Plan 1

One of the key concepts of sampling is the extent to which the sample is representative of the population. Marlow (1998:135) stated: "a representative sample means that the sample has the same distribution of characteristics from which it is selected."

By adopting the positivist approach in this phase, the probability sampling allowed me to select a sampling strategy where each element in the population had a known chance of being selected for the sample. The systematic random sampling method was used here. The sampling frame in this study consisted of a list of 370 secondary schools in the Durban Metro Region. Subsequently, due to contemporary re-structuring and changes of municipal boundaries in the Province, Durban became known as eThekweni region. The comprehensive list of secondary schools was structured in terms of district, circuit and ward.

Marlow (1998:138) stated that: "one potential problem with systematic random sampling arises when the ordering of elements in the list being sampled follows a particular pattern". This limitation however was not applicable as the list of the schools in the total sampling frame (370 schools) was divided into categories of district, circuit and ward. The intended size of the sample for the study was 20% of the total sampling frame, which equals to 74. Every fifth school was selected from the list for this study.

In Chapter Two I discussed how schools in the South African context have largely been based in racially divided areas due to the effects of the apartheid era, pre-1994. Even though South Africa has, in the past decade, undergone a dramatic socio-political shift, many of the apartheid distortions with regard to the distribution and access to resources in health, education and social services continue to exist. I argued that schools and communities in South Africa have not escaped the effects of globalisation and neoliberal capitalism and that the different locations of schools in KwaZulu-Natal continue to fuel racial, gender and class divisions, so evident in wider society. Moreover, as a consequence of current macro-economic policies such as GEAR, structural problems such as poverty, inequality and access to funding, access to basic services (water and sanitation) profoundly impact on the institutional capacity at the school to deal adequately with the effects of the HIV/AIDS epidemic. Following from this, I was mindful about the choice of schools for this study and in order to obtain a racially mixed profile of the participants (learners, educators and principals) at the schools, I needed to have a fairly even distribution of schools. Fortunately, through the use of the systematic random sampling method I was able to obtain a fairly evenly distributed mix of schools. In Chapter One I clarified the definition of the **concepts**: urban formal, urban informal and rural as they have a bearing on the analysis of the data and location of schools mentioned throughout the chapters in this thesis.

Data Collection Method

Structured interview schedules (see appendix 1) were administered to principals from the 74 selected secondary schools in the eThekweni region. In some of the schools, the principal invited the life-skills educator to be present during the administering of the interview schedule. This was done to provide detail on the life-skills, HIV/AIDS education programme taught at the school. The structured interview schedule was utilised with mainly closed-ended questions and some open ended questions. Marlow (1998:163) stated that structured interviews can be thought of as verbally administered questionnaires. The advantage of the personally administered interview schedule was that I was able to clarify any misunderstandings of questions. With regard to neutrality, Marlow (1998) noted

that structured interview schedules are more neutral than unstructured interviews as asking specific questions for a quantitative audit minimises some bias on the part of the researcher. Additionally, since the interview schedules were personally administered at each school within the sample frame, there was a response rate of 100%. I also took cognisance of the length of the interview schedule and the structure of the questions in order to counter response problems in the data collection process. It was here that I followed the process proposed by Malaka (cited in Terre Blanche and Durrheim 1999) when developing the structured interview schedule which included: 1) clarifying the reason for the study, 2) determining the information required from the respondents, 3) listing the research questions and 4) identifying any additional demographic information needed to address the research questions.

Reliability and Validity

Marlow (1998) says that before a measuring instrument is used in the research process, it is fundamental to assess both its reliability and validity. Reliability refers to the extent to which a measure reveals actual differences in the phenomenon measured and the consistency of a measure (Marlow 1998). The triangulation in respect of the multiple data sources and multiple data collection strategies served to enhance the validity and reliability of the study. The face to face interview schedules administered with principals, in-depth interviews conducted with educators, the interactive workshops held with grade nine learners and their parents from three selected schools, the focus group held with district co-ordinators and an in-depth interview held with the national co-ordinator assisted the researcher to ensure reliability and validity of the data collected. Table 2 gives an overview of the relationship between the phases of the study, the objectives, data collection sources and data collection strategies.

Table 2 : Relationship between the phases of the study, objectives, data collection sources and data collection strategies

PHASES OF THE STUDY	OBJECTIVES OF STUDY	DATA COLLECTION SOURCES	DATA COLLECTION STRATEGIES
Phase One	<ul style="list-style-type: none"> * Investigate the extent to which 74 secondary schools were aware of the National HIV/AIDS School Policy * Examine the extent to which the Policy and the Life-skills HIV/AIDS education programme were implemented in these schools. * Examine the institutional capacities existing within these schools to implement the Policy and the life-skills HIV/AIDS Programme 	<u>Sample 1</u> Principals from 74 secondary schools in the Durban region	Administered interview schedule
Phase Two	<ul style="list-style-type: none"> * Gain an understanding of the challenges faced by educators in implementing the Life-skills HIV/AIDS Programme. * Evaluate the extent to which parents are involved in HIV/AIDS education at three secondary schools. * Explore and describe Grade 9 learners' experiences of the Life-skills HIV/AIDS programmes taught at three secondary schools. 	<u>Sample 2</u> Educators who were teaching the life-skills programmes at three selected schools <u>Sample 3</u> Parents of one class of Grade Nine learners at the three selected schools. <u>Sample 4</u> Learners from Grade Nine at the three selected schools.	In-depth Interviews with educators Workshop with the parents Workshop with Grade Nine learners Observation
Phase Three	<ul style="list-style-type: none"> * Understand the challenges faced by officials of the Provincial Department of Education involved in the co-ordination of Life-skills HIV/AIDS Programme for secondary schools in the eThekweni region. 	<u>Sample 5</u> District co-ordinators from the KwaZulu-Natal Department of Education <u>Sample 6</u> National Co-ordinator of the NIP	Focus group In-depth interview

In respect of the quantitative audit undertaken at the 74 schools (Phase One of the study), it was important to assess the extent to which the structured interview schedule was reliable. Marlow (1998) indicated that one of the major ways to assess the instrument's reliability is by assessing the degree to which

the instrument's reliability has actually been tested. Pre-testing is vital to ensure an instrument's reliability.

Pre-testing the Interview Schedule

There were many inter-related processes involved in planning the survey conducted in Phase One of the study. Planning the structured interview schedule served as one of the most critical stages in the survey development process. The American Statistical Association (1998) contended: "questionnaire construction has elements that often appear to be just plain common sense, but when they are implemented, may involve some subtlety". The structured interview schedule contained mainly close-ended questions with some open-ended questions. The questions were stated clearly and simply to avoid ambiguities and any biases. When constructing the interview schedule, I was guided by the various sections contained within the National HIV/AIDS Schools Policy (Department of Education 1999) and the questions were formulated in line with the key objectives set for Phase One of the study. The questions were divided into seven sections namely, awareness and implementation of the National HIV/AIDS School Policy, non-discrimination and equality, safety in the school environment – universal precautions, life-skills and HIV/AIDS education programme, training of educators by the Department of Education, institutional implementation of the HIV/AIDS Policy and the life-skills and HIV/AIDS programme and status of HIV/AIDS in the school context (see Annexure 1). Gillham (2000:21) indicated that: "questions that are distinct throw up material which is distinctive in its content and eases the task of analysis".

The systematic pre-testing of the interview schedule was central to planning the quantitative survey at the secondary schools (American Statistical Association 1998). This thus formed the second critical stage of the process. Here I selected four secondary schools from the total sample frame and visited principals from schools in Central Durban, Inanda, Phoenix and Chatsworth. This was critical for both the interviewer and the respondents regarding the interview schedule content and formatting. There are two key types of pre-testing techniques – pre-field and field (American Statistical Association 1998).

The pre-field techniques are used during the preliminary stages of questionnaire development. They include respondent focus groups and cognitive laboratory interviews. I utilised the pre-testing technique of cognitive laboratory interview. This consisted of one to one interviews with principals from four secondary schools using a structured interview schedule. This technique served as an important tool for finding out directly from the respondents what their problems were with the questionnaire. After these interviews were completed, I was able to revise the questionnaire. Subsequently, I added two sections to the structured interview schedule: demographic details and section G - HIV/AIDS status at schools. This was important, as I was then able to obtain demographic details on the race profile of learners at the schools. This information helped to gain an understanding of the location of the school, which, is linked to the institutional (access to services and resources available) capacity at the school to deal with the problem of HIV/AIDS. Additionally during this initial pre-test of the questionnaire, principals spoke of incidence of HIV/AIDS encountered in their respective schools. The section on 'HIV/AIDS status at schools' was thus added to the final structured interview schedule.

Since the sample size for pre-testing was not large, repeated pre-testing of the questionnaire was possible. Marlow (1998:185) indicates here that "test-retest involves repeatedly administering the instrument, in this case the questionnaire to the same set of people on separate occasions". Additionally, the choice to pre-test schools from within the sample frame allowed me to utilise the important data collected from these schools. Once amendments were made after the first pre-test, a further four schools were taken from within the larger sample frame to re-test the questionnaire. The results of the repeated administration of the questionnaire at the four schools were then compared. I found that the results from the first pre-test were similar to the second pre-test. Marlow (1998) indicated that if the results are similar, reliability of the instrument is high.

I informed the participants in the pre-testing phase of the process and obtained voluntary consent and a commitment from the principals regarding participation in this process. The one-on-one administration of the structured interview

schedule was conducted in the schools by myself and two research assistants. The two assistants were extensively trained with regard to administering the interview schedule. Appointments were made telephonically with all the principals prior to administering the interview schedule in order to secure their availability and commitment to the study in advance.

All of the above mentioned strategies helped me to ensure high reliability of the data collected for the study.

Validity

Bradley (cited in Sim and Sharp 1998:25) stated that 'methodological triangulation' offers the researcher greater confidence in the validity of the results. There were two key areas in which validity was applicable in this research study. Firstly, external validity, refers to the generalisability of the findings. Phase one of this study comprised a quantitative audit in 74 (20% of 370) secondary schools in the eThekweni region. I was able to obtain a good representation of the sample using the systematic random sampling method. Moreover, since the structured interview schedules were administered personally to the principals the response rate was 100%. Secondly, measurement validity in triangulation refers to an instrument which measures what it purports to measure and thus allows meaningful inferences to be made from the data which it produces (Sim and Sharp 1998). The whole notion of measurement validity encompasses criterion, construct and content validity of research instruments. During the construction of the data collection instruments (structured interview schedule, interview guide for the workshops and focus group, semi- structured interview guide for in-depth interviews), I was guided by the overall purpose and objectives of the study. The fact that I was able to obtain similar findings in the different phases of the study about how schools have responded to the problems of HIV/AIDS, the challenges faced by the different stakeholders (educators, department officials, principals, learners and parents) in the implementation of the National HIV/AIDS School Policy and the Life skills programme, from a number of data collection sources and strategies, increased the content validity and the scope of the study's findings. It allowed me to obtain a more complete, holistic and contextual understanding of the

complexities regarding the implementation of the Policy and the life-skills, HIV/AIDS programme in schools.

However, the writers Sim and Sharp (1998) claim that as a result of the philosophical and methodological processes involved in the use of triangulation, securing criterion related validity (ie the accuracy of the findings) is more complex. I did get a sense of this complexity in Phases Two and Three of the study as the performance of the data collection instruments used (in-depth interviews, focus group and interactive workshops) were not matched against some other standard of measurement that was justifiably valid. Sim and Sharp (1998:25) suggested for criterion validity to be attained, one of the various methods used "must be given some form of prior, privileged status as a criterion measure". The complexity of this process was experienced in this study when I was faced with the dilemma of deciding whether the data collected through the structured interview schedule during the quantitative audit in Phase One was more intrinsically valid than the data collected using qualitative strategies in Phases Two and Three. Bryman (cited in Sim and Sharp 1998:25) noted: "privileging interview data over questionnaire data on the basis that the former somehow is more 'insightful' is liable to be a dubious and arbitrary process". I found that the use of the various data collection strategies and data collection sources within the various phases of the research process served to validate one another as the findings produced in the combined use of these methods were similar. It is here, that I embraced the view of Robson (cited in Sim and Sharp, 1998:25) that "if the two methods produced similar findings, it might be said that one can be taken as a criterion measure to confirm the validity of the other".

Data Analysis Strategy for Phase One

Once the data were collected from the 74 schools, each completed interview schedule was numbered to ensure that I was able to go back to it to verify queries. I created the variables for quantitative data using the SPSS statistical package version 11.0. Responses were then coded, sorted and captured on the SPSS. The use of univariate analysis methods, which entailed analysing

one variable through simple frequency distributions either graphically or in table form was employed in order to obtain answers to the research questions. The data are presented, analysed and interpreted in Chapters Five, Six and Seven of this thesis.

PHASE TWO

A formative, qualitative program evaluation was undertaken in three schools as the main objectives here were to:

- Explore and describe the experiences of Grade Nine learners of the life-skills education programme at three secondary schools.
- Gain understanding of the challenges experienced by educators in implementing the programme.
- Gain understanding of the level of involvement of parents in HIV/AIDS intervention at school

Formative evaluations are meant to be very descriptive and provide rich detail about the programmes' strengths and weaknesses (Marlow 1998; Terre Blanche and Durrheim 1999). It was not the intention of this study to make any claim that the life-skills programme resulted in specific outcomes. Instead the focus of the study was on an in-depth description and analysis of the life-skills programme with the aim of improving and strengthening the implementation of the programme. Marlow (1998) stated that much of the emphasis in a formative programme evaluation is on assessing quality and no attempt is made to generalise the findings. Additionally, a basic assumption of the programme evaluation design for this study was that the different stakeholders involved in HIV/AIDS intervention programmes in the school context were likely to have different perspectives on the programme, its implementation and development and that these differences may be indicative of different role functions, value positions and ideologies. This understanding of the various stakeholder perspectives was essential to understanding the complexities embedded in implementing the life-skills and HIV/AIDS education programme. For this reason, the qualitative, formative programme evaluation conducted concurrently

comprised Phases Two and Three of the study, which involved contact between myself as the principal researcher and the different stakeholders (learners, parents, educators, district co-ordinators and provincial co-ordinator) that were involved in the life-skills and HIV/AIDS education programme.

In Phase Two of the study this process involved numerous telephonic discussions with the principal and HIV/AIDS educator co-ordinating the life-skills and HIV/AIDS education programme in the three respective schools. Additionally a total of eight site visits were undertaken at the target schools followed by interviews with the educators, a workshop with learners and parents in a rural school, an urban informal school and an urban formal school. Terre Blanche and Durrheim (1999) indicated that the evaluation design is conceptualised as responsive to the needs of different programme stakeholders. It is here that the position of the researcher was perceived as an outsider to the events in the programme, but I had the mandate to collect information concerning the implementation of the programme, to interpret this information and to share the information and the interpretations with all programme stakeholders. As Marlow (1998) so rightly noted, that programme evaluation can enhance practice and help direct and inform those involved in the programme implementation and co-ordination in the enhancement of their practice.

Sampling Plan 2

The sampling plan for this phase was a non-probability, purposive sampling method and comprised educators, parents and learners. Marlow (1998:22) says that: "purposive sampling allows the researcher to intentionally select those elements that are information rich which is relevant for qualitative research". Two key purposive sampling methods were utilised in this phase of the research. Firstly, the criterion sampling method was used to select the three schools in which the evaluation took place. Criterion sampling involves selecting cases that meet some criteria (Marlow 1998). The following criteria were used to select the schools after the completion of Phase One of the study:

- The school must be implementing the life-skills education programme with learners in grades 8 and 9 as this is stipulated in the Department of Education's National Integrated Plan (2000) document.
- Educators must have received training on the implementation of the life-skills programme by the Provincial Department of Education.
- Location of the school: one urban formal school, one urban informal school and one rural school was chosen.
- Willingness on the part of principals to allow learners and educators to participate in the study.

For the purpose of this study, it was important for the researcher to investigate the institutional capacities within different school contexts to deal with the problem of HIV/AIDS. Marlow (1998:128) reiterates here that programme evaluation provides a vital opportunity for "exploring the richness of human diversity". Three secondary schools were selected from the quantitative audit of Phase One of the study as case studies to examine the implementation of the life-skills education and HIV/AIDS programme. It was important to select one urban formal school, one urban informal school and one rural school in order to gain insight into the varied experiences of learners regarding the life-skills education programme at three secondary schools. The urban formal school was selected on the basis of having a learner population represented of all races. This was fundamental as twelve years into the new democracy in South Africa, not all schools have racially mixed learner populations (discussed in detail in Chapter Two). I also wanted to understand the challenges experienced by educators in implementing the Life-skills, HIV/AIDS programme and to understand the level of involvement of parents in HIV/AIDS intervention at these respective schools.

The second method of purposive sampling used in this phase was that of key informants. Firstly, one class of Grade Nine learners was selected from the three represented schools to be part of the sample. Secondly, key informants also comprised the life-skills educators teaching the life-skills and HIV/AIDS programme. The third sample comprised the parents of the class of the Grade Nine learners. It was believed that these respondents were able to provide

valuable insight into the challenges experienced in the school context in the implementation of the life-skills and HIV/AIDS education programme.

Data Collection Methods used in Phase Two

Smith (1990:5) contended that program evaluation is the application of a research methodology that will help the researcher answer questions about the operations and impact of social programmes. The focus of this phase of the study was to assess the perceived value of the Life-skills, HIV/AIDS education programme for learners at the respective schools. Smith (1990:19) added that the field of programme evaluation included “program monitoring studies which is used to assess how the program intervention is operating”. The emphasis of this study was on gaining insight through documenting and describing the operations of the Life-skills, HIV/AIDS education programme rather than on whether programme goals were achieved. In so doing, the Department of Education’s life-skills training manuals, the National Integrated Plan (2000) document and the National HIV/AIDS School Policy (Department of Education 1999) were reviewed in order to obtain a comprehensive understanding of the life-skills programme. This study utilised what Dimock (1997) categorises as self reports by both learners and parents, direct observation and review of the relevant policy documents.

Five data collection methods were utilised here .

1. Workshops with Grade Nine learners were conducted to understand their experiences and perceptions of the Life-skills, HIV/AIDS education programme.
2. Interactive workshops were conducted with the parents of the Grade Nine learners regarding the extent of their involvement in the planning of an HIV/AIDS implementation plan with the principal and educators at the three schools.
3. In-depth interviews with educators (who had attended the Department of Education training workshops) at the three schools to gain an insight into their experiences and challenges in implementing the programme.

4. Direct Observation
5. Secondary sources of data – government documents and life-skills training manuals.

Furthermore, in order to standardise the information gathering process at the three schools, training was held with the research assistant over two sessions. The first training entailed a demonstration session on facilitation of the learner workshops. The second training session entailed a demonstration session on facilitation of the parent workshops. The main aim of the workshops was focused on gathering information about the life-skills, HIV/AIDS education programme, and to this end the workshops were preceded by several preparatory telephonic contacts and visits to the schools. These entailed negotiating with the principal and management committee members and the life orientation co-ordinator at each school to obtain commitment and participation in this phase of the study. All the schools chosen for the life-skills, HIV/AIDS programme evaluation were part of the broader sample in Phase One of the study. This made negotiation between the researcher, the assistant and the school personnel easier as there was an established relationship with the personnel (Principal, deputy principal and life orientation educator) at these schools. Furthermore, prior to both the implementation of the learner and parent workshops at the three schools, the objectives of this phase of the study were shared with the school personnel mentioned above.

Workshop Sessions with Learners

For the workshop with the learners, I collaborated with the life-skills, HIV/AIDS co-ordinator at each of the schools in order to decide on a suitable date for the implementation of the workshop and to select a Grade Nine class. The co-operation and support of the management members and the HIV/AIDS coordinator at the three selected schools was excellent. In all schools the research assistant and I conducted the workshops alone with the learners so that the presence of the educator would not affect their responses.

The rural school was located in Ndwedwe East. There were 30 Black learners that participated in the workshop. Here, pupils were broken up into 6 groups of 5 learners per group. The duration of the workshop was 2 hours and 45 minutes. The resources at this school were very poor, with windows broken and the classroom having been too small for 30 learners.

The urban informal school was located in Amoati, in Inanda. There were 53 Black learners that participated in the workshop. Pupils were broken up into 8 groups of 7 learners per group and one group had 4 learners. The resources at this school were also poor. The classroom was too small for 53 learners and windows were broken with no door to the classroom. The duration of the workshop was 1 hour and 15 minutes.

The third, better -resourced school was located South of Durban in Amanzimtoti, a well developed formal community. There were 31 learners that participated in the workshop: 17 black learners, 13 white learners and 1 Indian learner. This school was chosen on the basis of it being a racially mixed school. The learners were requested to group themselves into 5 groups of 6 or 7 learners per group. The duration of the workshop at this school was 55 minutes.

Each group of learners was given a list of questions divided into 3 sections comprising a total of eight questions. The questions were based on the goals of the training material and the goals set in the NIP (Department of Education, Health and Social Development 2000) document. There was a section on content of programme, additional sources of information on sexuality and HIV/AIDS and general perceptions (see Appendix 2).

Learners were given time to discuss the questions in their small groups and write the responses to each of the questions onto the chart paper given to them by the facilitator. Each group subsequently gave feedback during a plenary on their deliberations and recommendations.

Workshop Sessions with Parents

When planning the workshop with the parents from the Ndwedwe East, Amanzimtoti and Inanda target schools, I networked closely with the life orientation co-ordinators in order to organise the meeting with the parents of the Grade Nine class who participated in the 'learner workshop sessions'.

At the rural school a total of 30 letters of invitation were given to the learners to pass on to the parents. Furthermore, a total of four visits were undertaken to organise the parent meeting. Initially the parent meeting was set for 7 September 2004, however none of the parents attended. A further meeting was set for the 12 September 2004, when six parents attended. The principal indicated that there was a culture of non-attendance by parents at school meetings.

At the urban formal school three visits were undertaken in order to organise the meeting. Thirty three letters were handed out to the learners to give to their parents inviting them to be part of the discussion. The meeting was held in a classroom at the school. The life orientation teacher was present at the meeting. The meeting was set for 6 October 2004 on a Wednesday evening in order to accommodate working parents. Despite these efforts only four parents attended the meeting.

At the urban informal school three visits were undertaken to the school. Fifty three letters were handed out to the learners to give to their parents, inviting them to participate in the workshop. The meeting was held in a classroom at the school. The life orientation teacher was present at the meeting. The meeting was set for 11 September 2004 on a Saturday in order to accommodate working parents. Here again only four parents attended the meeting.

During the implementation of the parent workshops one key limiting factor was experienced over which the facilitators had little control. This related to the poor attendance of parents at all the workshops. A total of 116 invitations were given

out to parents from the three selected schools (see Annexure 3). However, a total of 14 parents attended the sessions. It was possible that due to the sensitive nature of the topics for discussion (sexuality education and HIV/AIDS programmes taught at schools), that some of the learners did not pass on the invitations to their parents or caregivers. The life skills educators and principals at these schools indicated that this was a pattern experienced for all parent meetings organised by the school. Despite this, it became evident that the quality of information received from those parents that did attend and actively contributed to discussions on sexuality and HIV/AIDS programmes taught at schools was immensely valuable. More importantly, it reflected the concern that these parents had a dire need for information about dealing with the effects of HIV/AIDS in the wider community.

It was interesting to note that all the parents that were present revealed that they personally knew people in their lives that were HIV+. It is possible that this could have been a motivating factor for their attendance. On a further positive note, it was evident that as a consequence of the workshop, worthwhile networking did take place between the life-skills educator at the urban formal school and the parents as the need for increased communication and collaboration was identified during the workshop session. The life-skills educators from the three selected schools were present at the parent workshops to share their views about teaching on the life-skills, HIV/AIDS programme and discuss the content of the training material used with the learners in the classroom. Parents also commented on the value of this research study and expressed the need for assistance from social workers to organise parent education workshops and to provide support in dealing with the effects of HIV/AIDS related problems not just in the school context but with families and the wider community. This recommendation is explored further in Chapter Seven of this thesis.

Data Analysis for Phase Two

Content analysis applicable to the qualitative method was used to analyse the data. This involved organising the substantive content of the interviews with the

educators and the workshops with the parents and learners. Guided by the data collection process and the sequence of research questions posed, key themes and sub-themes were identified and categorised. The workshop agenda and pre-determined focus areas on the life-skills, HIV/AIDS education programme for both the learner and parent workshops and the in-depth interviews held with the educators facilitated this process (see Appendices 4 and 5). Gillham (2000: 59) stated that there are two key parts to the analysis: "identifying those key, substantive points and putting them into categories". The process of identifying substantive points and categorising the data had a disciplining effect on my own intellectual grasp of the material. Essentially I worked on two levels with the data analysis, namely the task of categorisation of major theme categories and theme clusters and the task of interpretation (Gillham 2000; Roberts and Cairns; 1999; Cohen and Omery 1994). The process enabled me to see the linkages between the themes and the focus on the number of superimposed contexts interacting with each other within the school context (Department of Education, parents, educators and learners) within the broader socio-economic and political context in contemporary South Africa.

PHASE THREE

A key objective of this study was to conduct a stakeholder analysis; to review the way in which those involved in the co-ordination of the Life-skills, HIV/AIDS programme in schools go about their work, the access (or lack) of resources available, issues and challenges they deal with and the manner in which they confront these issues. As Terre Blanche and Durrheim (1999:211) indicated: "the central goal of programme evaluation is not theoretical but is focused on answering specific practical questions about social programmes and their development". In this phase of the study I made contact with the district co-ordinators from the KwaZulu-Natal Department of Education as well as the national co-ordinator that were responsible for the co-ordination of HIV/AIDS education in secondary schools in the eThekweni region. The purpose of the focus group with the district co-ordinators and the in-depth interview held with the national co-ordinator was to:

- Explore the challenges faced by officials in the co-ordination and implementation of the Department of Education's life-skills and HIV/AIDS education programme.
- Explore the Department's rationale for the use of the cascade model in the training of educators in the arena of life-skills, sexuality and HIV/AIDS.
- Gain insight into the budget allocated for the implementation of this programme.

Taking into consideration the structural approach to understanding problems, in undertaking this phase of the study, I was acutely aware that implementation of social programmes and the analysis of national policies are essentially political endeavours. Smith (1990:20) indicated that: "programme evaluation by its very nature takes place in a political decision-making environment". Weiss (cited in Smith 1990:21) cites three major ways in which political influences are present. First, social programmes are created by political decisions. The conditional grant for the implementation of the National Integrated Plan was devolved to provinces from central government reflecting a top down approach as discussed more in detail in Chapter Six. Second, evaluation feeds into political decision-making as evaluation competes with other factors that carry weight in the political process. Third, evaluation itself is a political enterprise that takes political stances – details about the problematic location of the life-skills and HIV/AIDS education programme in the KwaZulu-Natal Department of Education's Psychological, Guidance, Special Education Services (PGSES) are discussed in Chapter Six of this thesis. Most programme decisions are political decisions made by central and provincial managers. Ife (1995), in his discourse on power over institutions maintains that a great deal of disempowerment comes from the effect of such social institutions.

Sampling Plan 3

Selecting the participants in this phase was purposive as government officials who were perceived as key informants, involved in the co-ordination of the Life-skills, HIV/AIDS programme were included in the study.

Data Collection Method Used

One focus group was held with five district co-ordinators of the HIV/AIDS and life-skills programme in the KwaZulu-Natal region. An interview guideline (see Appendix 6) was utilised to guide the focus group process. Questions were mainly open-ended in order to gain in-depth information from the district co-ordinators about their role in co-ordinating the HIV/AIDS intervention programme for secondary schools in the eThekweni Region. I sought permission from the district co-ordinators to tape record the focus group.

Additionally one in-depth interview was held with the national co-ordinator of the life-skills and HIV/AIDS education programme in schools. An interview guideline (see Appendix 7) was used to guide the interview and I also sought permission from the national co-ordinator to have the interview tape-recorded.

Data Analysis

Morgan (1988:64) illustrated two approaches to analysing focus group data. The one is an ethnographic summary and the other a systematic coding via content analysis. The researcher used a combination of these two approaches. Morgan (1988:65) contended that: "there is likely to be a cycling back and forth between the raw material in the transcripts and the more abstract determination of what topics will go into the ultimate report". The questions in the focus group guide served as a practical structure for organising the section-by-section analysis of the discussions. A similar process was used to analyse the in-depth interview held with the national co-ordinator. The fact that the interview guides had similar set of questions in the same order was an advantage to me during the analysis, because it facilitated the comparison between the data obtained in this phase of the research. The transcripts from both these tape-recorded interviews and thematic content analysis were used to analyse the data in this phase. Guided by Cohen and Omery (1994) as well as Roberts and Cairns (1999) format of content analysis, I used major theme categories and theme clusters to work through and interpret the data. This process enabled me to see

the linkages between the various themes and theme clusters and within a structural analysis, focus on the superimposed contexts interacting with each other within the school context and the Department of Education.

ETHICAL CONSIDERATIONS

The generally accepted standards of research ethics in terms of informed consent, voluntary participation by the respondents, confidentiality and anonymity in the reporting of data were adhered to throughout the study. I completed the form required by the previous University of Natal Research Ethics Committee. A copy of the research study will be lodged with the office of the Regional Senior Manager of the KwaZulu-Natal Department of Education. A summary of the research results will also be sent to the school principals who formed part of the sample for the study, the National HIV/AIDS co-ordinator and district co-ordinators on completion of the study.

Terre Blanche and Durrheim (1999:67) noted that there are three key ethical principles that any research should adhere to. One of these key ethical principles guiding research is that of autonomy. This principle requires the researcher to respect the autonomy of all research participants. I obtained written permission in July 2003 from the Regional Chief Director of the KwaZulu-Natal Department of Education to conduct the study in 74 secondary schools in the Durban Region (see Appendix 8). Telephonic discussions with the research participants prior to the interviews were held in order to obtain permission and their voluntary participation in the study. This process was also followed through with letters to all the participants (see Appendix 9). In Phase Three of the data collection, I obtained consent from the participants to tape record the interviews. Furthermore, participants were assured of their anonymity in reporting the findings in this thesis and any subsequent publication that may arise out of this research. There is however, one national co-ordinator employed by the National Department of Education to co-ordinate the life-skills, HIV/AIDS education programme and who is a public figure and may be identified. During my contact with her prior to the formal interview, she had

expressed a willingness to participate in the study and gave me permission to tape record her interview.

The second ethical principle proposed by Terre Blanche and Durrheim (1999) is nonmaleficence. This principle indicates that the research should do no harm to the participants of the research. Throughout the research process, I ensured that there were no physical, social or emotional forms of harm inflicted upon any of the research participants of this study. The third key principle stipulated by Terre Blanche and Durrheim (1999) is that of beneficence. This requires the researcher to design research such that will be of benefit to not just the research participants but to other researchers as well as to society at large. During the research process I informed all participants that the study sought to provide a deeper insight into some of the challenges faced in the school context in the implementation of the National Life-skills and HIV/AIDS School Policy and Programme. Additionally, the study was an attempt to engage educators and other stakeholders such as parents, learners and government officials of the Department of Education in information sharing about the effects of HIV/AIDS in schools and to consider whether programmes to address HIV/AIDS and sexuality among the youth are sustainable and effectively implemented. All the participants supported the overall purpose and objectives of the study.

LIMITATIONS OF THE STUDY

Even though I made every effort to conduct the study in an authentic and ethical manner, there were several limitations inherent in this study. These must be considered and the results interpreted in the light of these limitations.

Poor Attendance of Parents at the Workshops in Phase Two of the Study

A total of 114 letters of invitations were sent through the Grade Nine learners who participated in the learner workshops to their parents or caregivers. However, only 14 parents across all three targeted schools participated in the parent workshops. It is possible that some parents did not receive the

invitations. All the principals at the schools stated that there was a culture of non-attendance of parents at school meetings. Those parents that attended indicated that they personally knew people infected with HIV. It is possible that this might have influenced their views.

Workshops with Learners: Time Constraints due to the Use of School Time

The workshop sessions with the learners were held during school hours. The time frame to implement the workshops at the respective schools was negotiated with the principal and the life skills educator. At the urban formal school the duration of the workshop was 55 minutes (one period in the school timetable). This duration was shorter than the duration of the workshops held in the rural and urban informal schools, which was two hours and 45 minutes and one hour and 15 minutes respectively. It is possible that the quality of engagement with learners from the urban formal school was hindered as a result of the short time period.

Possibility of Respondent Bias

In administering interview schedules in Phase One of the study, although the purpose and objectives of the study were clearly outlined to the principals, it is possible that the respondents were of the view that the audit was conducted for the DoE and as such, there could have been some bias about the awareness and implementation of the National HIV/AIDS School Policy (Department of Education 1999). It is possible that the respondents believed that the information shared would have implications for the calibre of management and leadership at the school in terms of 'ensuring' the implementation of the Policy and the life-skills, HIV/AIDS education programmes in their respective schools.

Although this study concentrated on learners' experiences of the life-skills, HIV/AIDS education programme taught at three target schools, it is important to consider that in addition to being exposed to this programme, the learners have

other influences in their lives that may have had impacted on their experiences and their viewpoints.

In this study, all the participants (parents, learners, educators, principals, Department of Education officials) represented the diversity of racial, cultural, language and socio-economic backgrounds in the eThekweni region (KwaZulu-Natal Province). This limits the study in terms of generalisability of the findings to other provinces and contexts.

Language Barriers

In both the urban informal and rural schools, the parent and learner workshops were conducted by a research assistant in Zulu. It is possible that in translating field notes from these sessions from one language to another, some meaning may have been lost.

Conclusion

This chapter provided an overview of the research process, which was conducted using a triangulated research design. The three key phases within the triangulated research was described together with the sampling strategies and the methods of data collection in relation to the objectives of the study. The process of data analysis and issues relating to ethical considerations and limitations of the study were examined.

Part Four that follows discusses the analysis and results of this study. Chapter Five presents the findings obtained from the quantitative audit undertaken in 74 secondary schools in the eThekweni region. Chapter Six presents the data analysis of the challenges faced by officials of the Department of Education involved in the co-ordination of the life-skills, HIV/AIDS programme. Chapter Seven presents the views of parents and Grade Nine learners on their experiences of the life skills, HIV/AIDS programme taught at a rural school, an urban informal school and an urban formal school in the eThekweni region.

PART FOUR

CHAPTER FIVE: FINDINGS FROM THE QUANTITATIVE AUDIT UNDERTAKEN IN SCHOOLS

Introduction

General elections held in June 1999 marked a significant new era in the transformation of education in South Africa. Minister Kader Asmal¹ was appointed the national Education Minister and he put forth the '*Tirisano*' slogan, meaning 'working together' and emphasised a rousing 'call for action'. Public responses to the appointment and Minister Asmal's *Call to action: mobilising citizens to build a South African education and training system for the 21st century* (Asmal 1999) were positive. In its Annual Report (Department of Education 1998), the Department of Education asserted that it had turned its attention to issues of service, discipline, efficiency, productivity and effectiveness. The focus was to move beyond policy formulation to policy implementation as prime importance to national government. Subsequently, at the start of 2000 a set of three policy documents were published simultaneously to promote and enhance the *Tirisano* plan (Department of Education 2000a, 2000b, 2000c). These were the *Corporate plan January 2000 – December 2004*; *Implementation plan for Tirisano: January 2000- December 2004* and the *Quality education for all: statement of public service commitment January 2000*. Ota (1998) maintained that even though post- apartheid education policy goals focus on quality and implementation, the tension lies between promoting social goals within the limitations of the economic regime of GEAR. Ota's comments are in line with the structural approach which views policy formulation and practice as rooted in the limitations of neoliberal capitalist ideology. A detailed discussion of the limitations of the GEAR policy was presented in Chapter Two of this thesis.

In August 1999, as an acknowledgement of the social and economic implications of the HIV/AIDS epidemic on the educational sector and the need to reach youth urgently, the ex- Minister of Education, Professor Kader Asmal, published in Government Gazette, Notice 1926 of 1999 the National Policy on HIV/AIDS, for learners and educators in public schools, and students and

educators in further education and training institutions. The Minister acknowledged that young people are the key to controlling the epidemic as they have the right to knowledge and skills that reduce their vulnerability and enable them to protect themselves and each other against the epidemic. The Policy seeks to “contribute towards promoting effective prevention and care within the context of the public education system” (Department of Education 1999:2).

This chapter presents the findings obtained from the quantitative audit undertaken in 74 secondary schools in the eThekweni region. The objectives of this phase of the study were three-fold. First, to investigate the extent to which secondary schools in the eThekweni region were aware of the National HIV/AIDS Schools Policy. One of the findings of the preliminary study was that a gap existed in the school system regarding the awareness of the Policy and the implementation of the Policy (Sewpaul and Raniga 2005). Following from this finding, the second objective of this study was to investigate the extent to which the Policy and the Life-skills, HIV/AIDS education programme was implemented in these schools. Thirdly, to examine the institutional capacities (time, human resource, finance and expertise) that existed in these schools to implement the Policy and the Life-skills, HIV/AIDS education programmes.

The findings of the quantitative audit show that even though there has been a significant increase in the awareness of the National HIV/AIDS School Policy across different school locations within the eThekweni region, schools experience problems with the implementation of the Policy and the life-skills, HIV/AIDS education programme. This is primarily due to the lack of institutional capacity (lack of the Health Advisory Committee, lack of access to basic services such as water, lack of provision of support and material from the Department of Education) at schools to deal with the problem of HIV/AIDS. Additionally the findings reveal that a disparity exists between the institutional capacity of urban schools as compared to rural schools with regard to the implementation of the National HIV/AIDS School Policy and the life-skills, HIV/AIDS education programme. The National HIV/AIDS School Policy (Department of Education 1999) and the NIP document (Departments of Education, Health and Social Development 2000) both emphasise the need to

create an enabling environment in order to curb infection rates among young people. However, it is disappointing to note that both the NIP document and the Policy fail to take cognisance of the socio-structural factors that impact on the creation of an enabling environment to deal with the HIV/AIDS epidemic. Thus this chapter expands the argument put forth by the writers Levin (1997), Jansson (1999), Ramanathan and Link (1999) De Beer and Swanepoel (2002), Burns (2002), Molestsane et al (2002), Van Rensburg et al (2002) and Sewpaul and Raniga (2005) who maintain that a disparity exists between policy goals and the resources and mechanisms that are required to operationalise policy.

Demographic Details

Table 3 : Learner enrolments by school location and district

		Locations of Schools ^a			
		Urban Formal	Rural	Urban Informal	Group totals
Number of schools		36	29	9	74
Districts	Pinetown	12994	2341	6642	21977
	Umlazi	22907	6969	3336	33212
	Illembe	749	5986	.	6735
Totals by column, row total		36650	15296	9978	61924 ^b

a Showing number of schools per location under column heading

b Total number of enrollments for entire sample

Table 3 illustrates that the schools were based in three districts in the eThekweni region that of Pinetown, Umlazi and Illembe. This is in keeping with the structural boundaries demarcated by the eThekweni Municipality and the Department of Education. As per the locality type categories defined in Chapter One (urban formal, urban informal and rural) a total of 36 schools in the sample were classified as urban formal, 29 were rural schools and the remaining nine schools were classified as urban informal. The high number of rural schools in the eThekweni region is relevant as a large part of the province of KwaZulu-Natal is rural based. There were a total of 61 924 learners enrolled in the 74 schools that made up the sample for this study. The Umlazi district had the largest number (33 212) of learner enrolments. This is expected as Umlazi is

one of the largest populated communities in the eThekweni region. Illembe which is mainly a rural area, had a total of 6735 learners, with the minority (749) enrolled in the urban formal region.

The Durban Metro region has recently been re-structured to include the Illembe district, hence the region is now referred to as eThekweni. Bot (2000) of the Centre for Education Policy Development indicated that secondary learner enrolments increased by 42% since 1991. In line with the transitions in South Africa post 1994, it is not unusual that most of the growth has been in African learner enrolments. Bunwaree's (1994) study on the education system in Mauritius can be paralleled to the South African context when she stated that the vast majority of students attending the well resourced schools came from the middle to upper class homes while those accessing schools with poor resources came from poor socioeconomic backgrounds. Similarly in the South African context learners attending the well-resourced urban formal schools are mainly White and Indian while African learners from mainly poor socioeconomic backgrounds attend urban informal and rural schools which have poor resources. As concluded in Bunwaree's study in the context of Mauritius, the school system in South Africa reflects the stratification in wider society even though we are twelve years into the new dispensation (Bunwaree 1994).

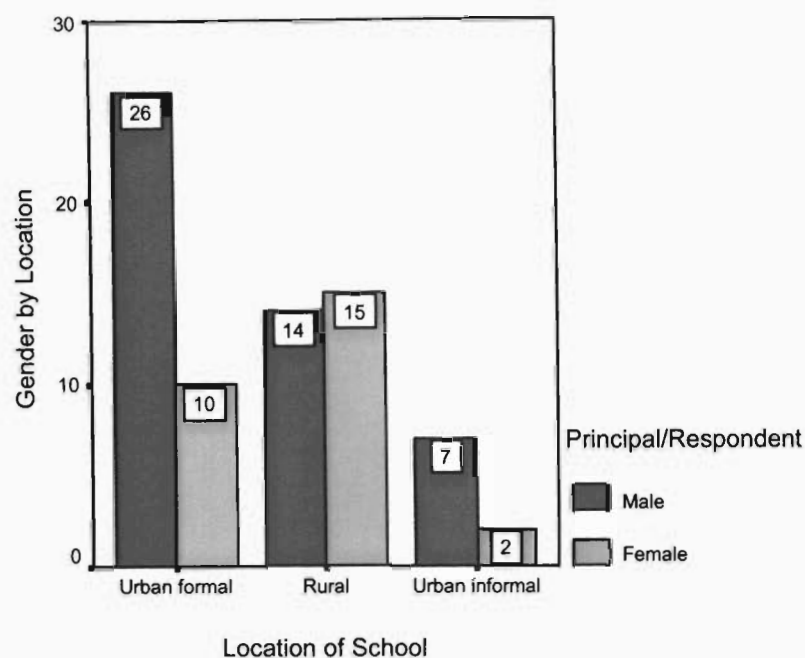


Figure 2 : Gender profile of respondents by location of school

The respondents in the sample were mainly principals. However, in some schools when the principal was not present, then the deputy principal or the life-skills educator formed part of this sample. Figure 2 illustrates that there was a total of 47 male educators that participated in the study as compared to 27 female educators. In the urban formal schools there was a significantly higher number (26) of males as compared to females (10). The Department of Education asserted that more female educators worked at primary school level while at secondary level, the majority of educators are men (52%) (Bot 2000). Moreover, figure 1 illustrates that there were almost an equal number of males (14) and female respondents (15) in the rural schools. According to the 1997 Department of Education statistics the national norm was that 63% of educators in the country were women while 37% were men (cited in Bot 2000). The fact that the majority of the principals in this study were males might reflect the gender bias in education and that men hold senior positions in the profession at secondary school level compared to women.

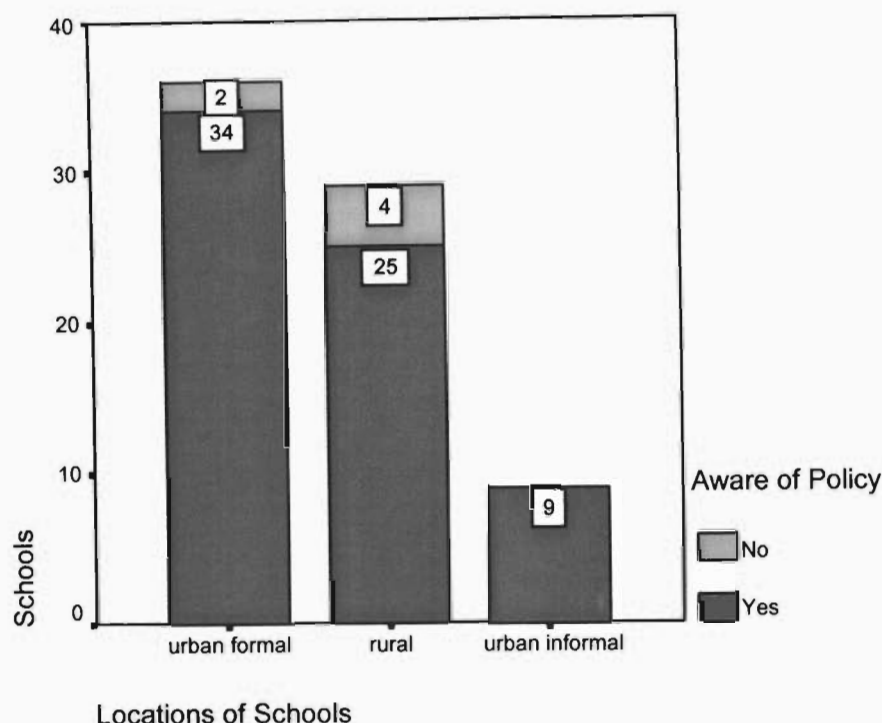


Figure 3 : Awareness of the National HIV/AIDS Schools Policy by Location

A key objective of this phase of the study was to investigate the extent to which schools were aware of the National HIV/AIDS School Policy and whether it was implemented in schools. Figure 3 illustrates that overall, 68 schools in the sample indicated that they were aware of the policy and six schools were unaware of the National HIV/AIDS School Policy. A total of six schools, four of which were in the rural areas revealed that they were unaware of the Policy. In the preliminary study undertaken in 2001, telephonic interviews with principals from 18 secondary schools in Phoenix (North of Durban) unanimously indicated that they had little awareness of the policy and limited implementation of HIV/AIDS awareness programmes in schools (Sewpaul and Raniga 2005). In this extended study, the findings reveal substantial increase in the awareness of the National HIV/AIDS School Policy. This finding may be attributed to two key factors. Firstly, the time frame since the legislation of the Policy in August 1999 to the present reflected that it takes time for policies developed at national (macro) level to filter down to the school (mezzo) level. Second, an interview with the national co-ordinator of the Life-skills, HIV/AIDS programme confirmed that the Department of Education had actively marketed the Policy at schools in the two years prior to this study. Jenni Karlsson of the Education Policy Unit

(2000) revealed that although the Department of Education actively marketed the HIV/AIDS Policy to schools throughout South Africa, very few implementation initiatives were evident in schools. This point is illustrated further in the discussion following figure 4.

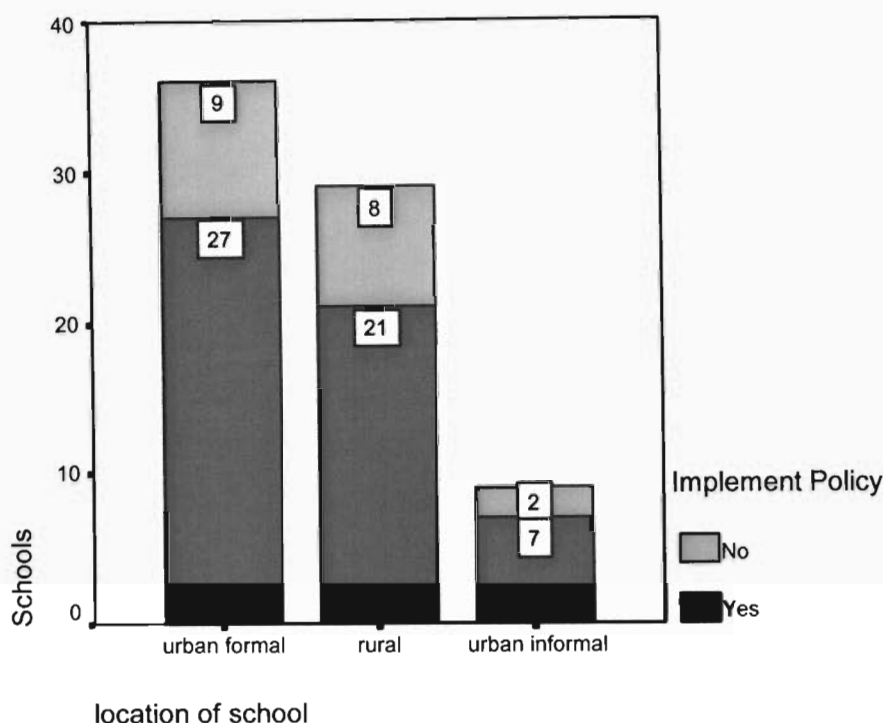


Figure 4 : Implementation of the National HIV/AIDS School Policy by Location

It was important to explore whether schools were just not aware of the policy but whether or not they were implementing the policy in the school context. Figure 4 illustrates that 55 schools (74%) in the sample were implementing the Policy while a total of 19 schools (26% of the sample) were not implementing the Policy. Given the extent of the problem of HIV/AIDS and the active marketing of the policy to schools by the Department of Education, it is discouraging that a quarter of the schools in this sample were not implementing the Policy. This is contrary to the '*Tirisano*' document's emphasis that policy implementation is fundamental to central government.

These findings need to be viewed in relation to the number of schools that experienced problems implementing the Policy and the reasons given by these

respondents. Figure 5 provides some insight into the problems experienced by schools (by location) in the implementation of the Policy.

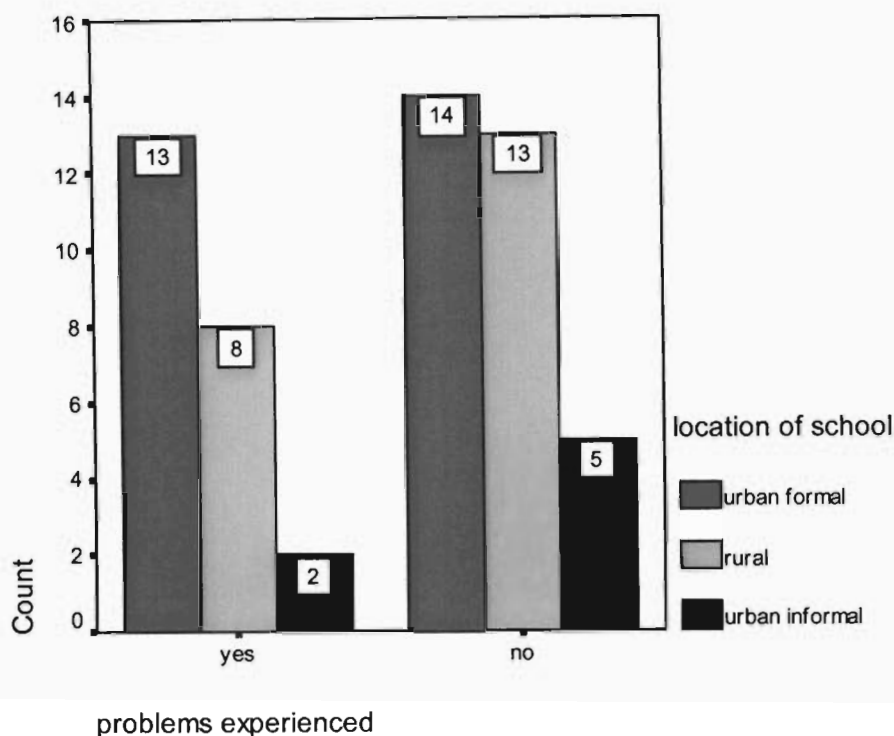


Figure 5 : Problems experienced by schools (by location) in the implementation of the Policy

Figure 5 reveals that of the total of 55 schools implementing the policy, 23 schools indicated that they experienced problems with implementation. There were several reasons given by the principals with regard to problems experienced. First, the training organised by the Department of Education was inadequate and that there was very little support and monitoring done after the training workshops, which were conducted in 2002. Second, space was a problem as one principal from a rural school stated: “we need enough space to keep material and teach the programme”. Third, another Principal spoke about insufficient support mechanisms to assist learners and educators who are either affected and/or infected by the disease. Fourth, a principal from an urban formal school asserted: “it is beyond the school to deal with the problem of HIV/AIDS and we need support services from government”. This finding is similar to the findings of the preliminary study (Sewpaul and Raniga 2005), where principals complained about the lack of institutional capacity (human resource, time, role of the Department of Education, time and finance) in

schools to deal with HIV/AIDS. This finding corroborates with the Education Policy Unit's (in KwaZulu-Natal) 1998 survey of 80 schools across the country, which found that the majority of schools received no guidance from education departments on how to proceed with the integration of policies (Karlsson 2000).

Some principals spoke about networking with other NGOs and the Love Life programme in order to supplement the Life-skills, HIV/AIDS education programme taught at the school. The findings from this extended study is similar to the pilot study, where one of the principals interviewed in the pilot study, reflecting the general views of other principals commented: "educators are over-loaded and dealing with HIV/AIDS problems in the school context needs a specialist person such as a social worker to provide supportive and counselling services to learners as HIV/AIDS is a reality and many learners are emotionally affected by parents that are terminally ill and dying" (Sewpaul and Raniga 2005). Some principals from the urban formal areas spoke about 'informal relations' that were developed with community social workers in order to provide supportive services to learners currently affected by the disease. Similar sentiments were shared when one group of learners from the rural community who participated in Phase Two of this study commented: "*we need social workers to provide counselling and support to us with regard to HIV/AIDS*"

Evidently the findings illustrated in Figure 5 concurs with one of the key assumptions underlying this study; that schools continue to experience problems operationalising the Policy and the life-skills, HIV/AIDS programme. This is as a result of a lack of institutional capacity (government support, low morale among educators, lack of training, lack of human resources) at school level to deal with the problem of HIV/AIDS which corroborates the findings of studies by Khoza (2002) and Sewpaul and Raniga (2005).

Safety in the School Environment

One of the tangible objectives of the National HIV/AIDS School Policy on HIV/AIDS (Department of Education 1999) was safety in the school environment. Section seven of the Policy outlines the universal precautions that schools should follow in order to ensure safety in the school environment. It was therefore important to find out the extent to which schools were adhering to these universal precautionary measures. The findings from the ordinal table show that maintaining safety and adhering to universal precautions are closely linked with the institutional capacity within schools (access to basic services and resources). Figures 6-8 illustrate this in detail.

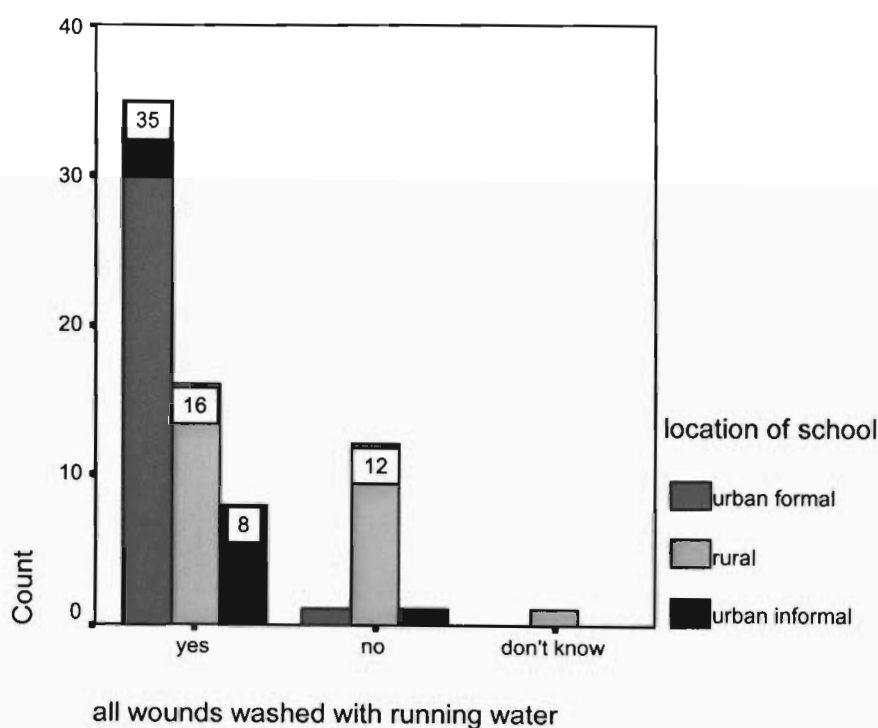


Figure 6 : All wounds washed with running water per location of school

One of the universal precautionary measures outlined in the National HIV/AIDS Schools Policy (Department of Education 1999) stipulates that “all wounds, sores, breaks in skin, skin grazes, lesions must be washed with running water for 3 minutes”. It is positive to note from figure 6 that 59 schools in the sample were adhering to this principle. However, of particular concern is the 12 schools in the rural area that indicated that they were not adhering to this principle. One

principal indicated: “we don’t have running water in this school so how can we fulfill what is stated in the Policy”. Another principal stated: “the Department of Education should concentrate on improving facilities in our schools, we don’t even have proper water and toilets for learners”. There is a definite relationship between maintaining safety in the school and access to basic services such as running water. It is important to consider that a major reason for this disparity is the previous apartheid system where preference was given to service delivery and resource allocation in urban areas at the expense of rural communities (De Beer and Swanepoel 2002; Jacobson 1980). However what is disappointing to note from the findings is that twelve years into the ‘new’ democracy huge disparities in resource allocations between urban areas and rural areas continue to exist. Even though the Department of Education has committed to improving facilities and infrastructure in schools (especially rural), delivery of such promises are slow and impact on the overall functioning at school. A national school register of needs survey conducted in 2000 revealed that 28% of schools in the country have no access to water (Available: <http://www.sadtu.org.za/pub.htm>. Reviewed 4 April 2006).

The national co-ordinator confirmed in her interview, the gross lack of resources at rural schools when she indicated: “there are quite a lot of gaps in sustaining the programme in these schools; for instance you see to run a life-skills, sexuality programme in schools and not take care of the environmental issues – for instance there are no water and toilets in some schools and the universal precautions – we talk about sexual and reproductive health in a vacuum in that sense – it is very frustrating to know that there are no proper facilities”. Mullaly (1993) is of the view that such disparities that exist in institutions such as schools illustrate the limitations of neoliberal capitalism as a satisfactory social system.

De Beer and Swanepoel (2002) noted further that policies that ignore the complex dynamics between urban and rural areas have always been beneficial to the urban areas at the detriment of rural areas. It reiterates the argument that both the National HIV/AIDS School Policy and the NIP document (Departments of Education, Health and Social Development 2000) are

flawed as both policy documents fail to take heed of the socio-structural forces impacting implementation at the mezzo (school) level. In her critical analysis of the South African draft Family Policy, I agree with Sewpaul (2005b:310) when she asserted that policies need to take cognisance of the way neoliberal capitalism and market-induced inequality intersect to influence people's lives at a micro level and in this case, the lives of learners at schools.

It is not only domestic consumers of water and electricity that have had these facilities cut-off on account of non payments. Schools in South Africa have also had these essential and basic facilities cut-off when they are unable to pay. In line with the increased commodification of education, the running and management of schools are devolved down to the level of schools and School Governing Bodies. With increasing privatisation and costs of basic services some schools especially in the urban informal and rural areas cannot afford them. Students from University of KwaZulu-Natal doing their field placements in a secondary school in Bhambayi (an urban informal area) experienced difficulties with electricity cut-offs. The students on one occasion, had to buy pre-paid electricity cards and get electricity connected from a neighbour at the school to undertake their community work project on account of the school's electricity being cut-off.

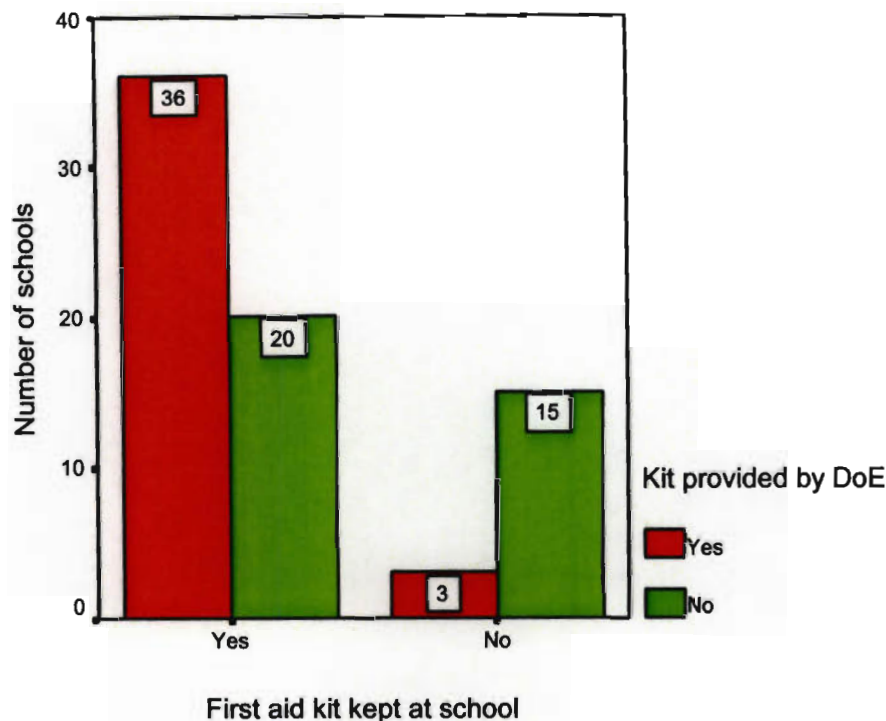


Figure 7 : First aid kit kept at school and First aid kit provided by DOE

One of the norms set by the National HIV/AIDS School Policy is that the provincial Department of Education is required to provide every school with a first aid kit in order to ensure safety in the school context. The above figure however reveals that this was not implemented adequately by the KZN Department of Education as, a total of 35 (42%) of the sample did not have a first aid kit kept at school. Furthermore, of the 39 (53%) schools in the sample that did have a first aid kit kept at school, a total of 15 (20%) purchased their own kit or received a sponsorship for the kit. This is of concern as it is the responsibility of the Provincial Department of Education to ensure that each school "has at least one first aid kit at the school" (Department of Education 1999: 4). Moreover, in point 2.6.4 of the Policy it is stated that: "public funds should be made available to ensure the application of universal precautions and the supply of adequate information and education on HIV transmission" (Department of Education 1999). The domination of neo-liberalism and the macro-economic policy of GEAR have devolved the responsibility to communities and schools to fundraise (mainly through the payment of exorbitant school fees) and provide for their own material and basic resources such as water and electricity. In June 2006 the Stanmore secondary school in

Phoenix (one of many others in the eThekweni region) faced a threatened closure as a result of no access to electricity, water, telephones and the loss of four teachers on their staff as a result of insufficient subsidy provided by the Department of Education and the poor payment of school fees by parents (*Sunday Tribune Herald* 25 June 2006).

The experience of Stanmore Secondary School is one of many schools facing a similar plight and provides evidence that a system that absolves the state of the responsibility to meet the educational and development goals of children is a clear indication of the limits of neoliberal capitalism as a satisfactory economic system.

The findings illustrated in figure 7 reveals that a lack of support and access to material such as the first aid kit and little or no access to water, sanitation and electricity services impacts the institutional capacity within schools to implement safety and universal precautions as stipulated in the Policy. The national schools register survey (2000) illustrated that 16.6% of learners (1.9 million) in the country were without sanitation facilities at schools. Moreover, 15% of the toilets in rural areas, at the time of the survey were not working. Additionally, many schools in KwaZulu-Natal have been forced to fundraise and seek financial assistance from private companies to improve their infrastructure because of slow responses from the province's Department of Education (*Kwana* 17 September 2004). In relation to this, de Beer and Swanepoel (2002:87) contend that: "without a national commitment reflected in national policy there is no basis for development and development will therefore at best be haphazard and *ad hoc*".

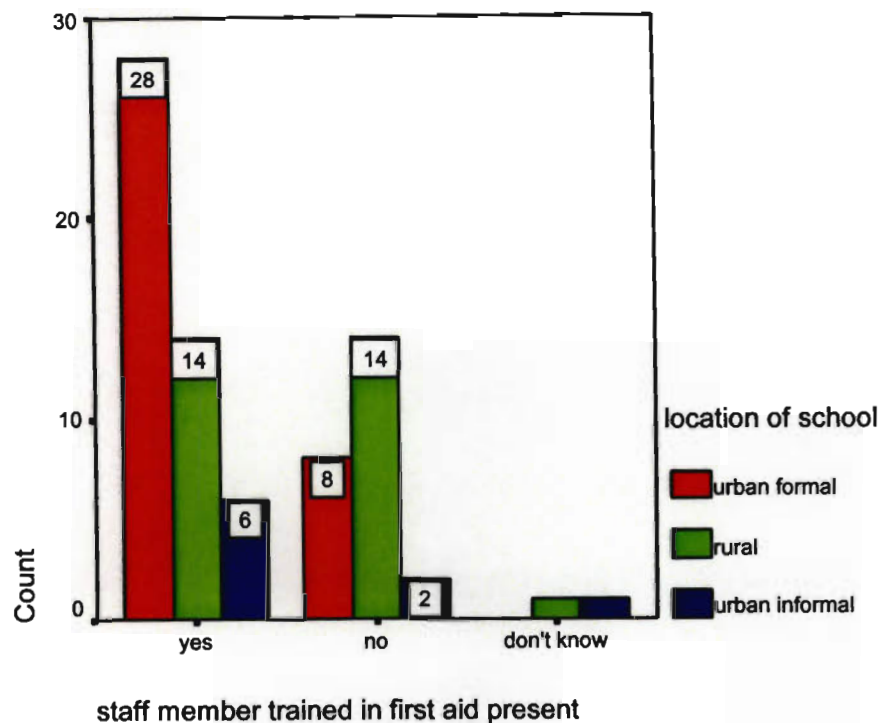


Figure 8 : Staff member trained in first aid per location

Kgobe and Mbele (2000:9) indicated in their report of casP studies undertaken in schools throughout the country that “one of the key policy pillars in post-apartheid South Africa is the redress of imbalances in resources across different schools”. Figure 8 illustrates that 48 (65%) of the 74 schools did have a staff member who had received training in first aid. Principals however indicated that the onus was on the school to send at least one of the staff members for first aid training. This meant paying for the training from the school budget. A total of 34 in the urban areas had at least one staff member trained in first aid, implying that these schools had the infrastructure to accommodate such a training. However, a total of 24 (34%) schools did not have a staff member trained in first aid. The majority (14) of these schools were based in rural communities. Principals at these schools indicated that they did not have a budget to send educators for first aid training. “This is a luxury at our schools”, stated one principal from a rural school. This concurs with figure 6 which illustrated that 12 (41%) of the total of 29 rural schools in the sample did not have access to running water. The Education 2000 Plus study undertaken by Kgobe and Mbele (2000) concurred that historically disadvantaged black schools remained largely under-resourced in terms of curricular materials. It is

of concern to note that the disparity between access to material and service resources at urban and rural schools such as training of educators in first aid continues to exist in the eThekweni region.

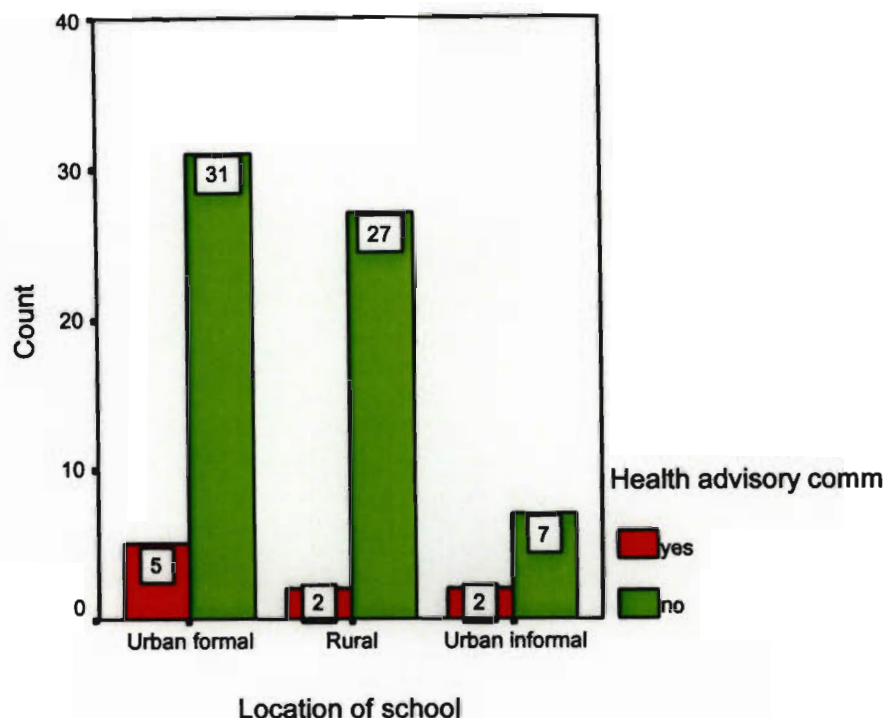


Figure 9 : Institutional implementation of the National HIV/AIDS School Policy

Figure 9 provides further insight into whether schools do have the institutional capacity to effectively operationalise and implement the Policy. A key point made that has implications for implementation of the Policy within schools, is that, "it is imperative that each school must have a planned strategy to cope with the epidemic" (Department of Education 1999:6). To achieve this an institutional system recommended by the National HIV/AIDS School Policy is that every school establish "its own Health Advisory Committee" in order to develop an appropriate implementation plan on HIV/AIDS for the school. According to the Policy, the Health Advisory Committee (HAC), drawing on expertise from within the school (learners, parents, educators and governing body members) and from the wider community (nurses, doctors, social workers,

psychologists etc) would be better able to enhance care and support for those learners, families and educators who are infected and or affected by HIV/AIDS.

A core purpose of this committee is to put together a comprehensive HIV/AIDS programme to be implemented in the school context (Department of Education 1999). In order to enhance care and support at the mezzo level (family, school and community level) it is important that family and community strengths are identified and built upon to maximise the potential of each community to care for the children affected and infected by HIV/AIDS. The above findings of the study show that this aspect is sadly lacking as only nine of the 74 schools (12% of the sample) had established the Health Advisory Committee. Sixty five schools of which 31 were mainly within the urban formal area did not establish the Health Advisory Committee, implying that care and support elements were being compromised. An interview with the national co-ordinator of the NIP at the DoE confirmed that: "it is a major gap that schools don't have the HAC. For care and support to be operationalised within the school context, you need the establishment of the HAC". She added that schools need the help of a 'specialised person' who would be able to work with all stakeholders that constitute the HAC. The current human resource capacity to deal with the problems of HIV/AIDS in the school context is grossly inadequate. She added in the interview that: "there is a gap now in the implementation of the Policy because where do you get the manpower to do it". The focus group with the district co-ordinators at the Department of Education further revealed that: "there are no support structures available for educators at the district level to help them cope with the challenges they face". Clearly then the findings of this study concur both with the assumption made in this study and the findings of the preliminary study that there is a lack of institutional capacity at the school level to deal with the problem of HIV/AIDS (Khoza 2002; Sewpaul and Raniga 2005).

Through the use of action research in the pilot study conducted by Prof Sewpaul and myself, which adopted a practitioner –researcher approach, educators were enabled to establish a Health Advisory Committee and to put together a comprehensive HIV/AIDS implementation plan as recommended by

the National HIV/AIDS School Policy (Department of Education 1999) in the context of the school (Sewpaul and Raniga 2005).

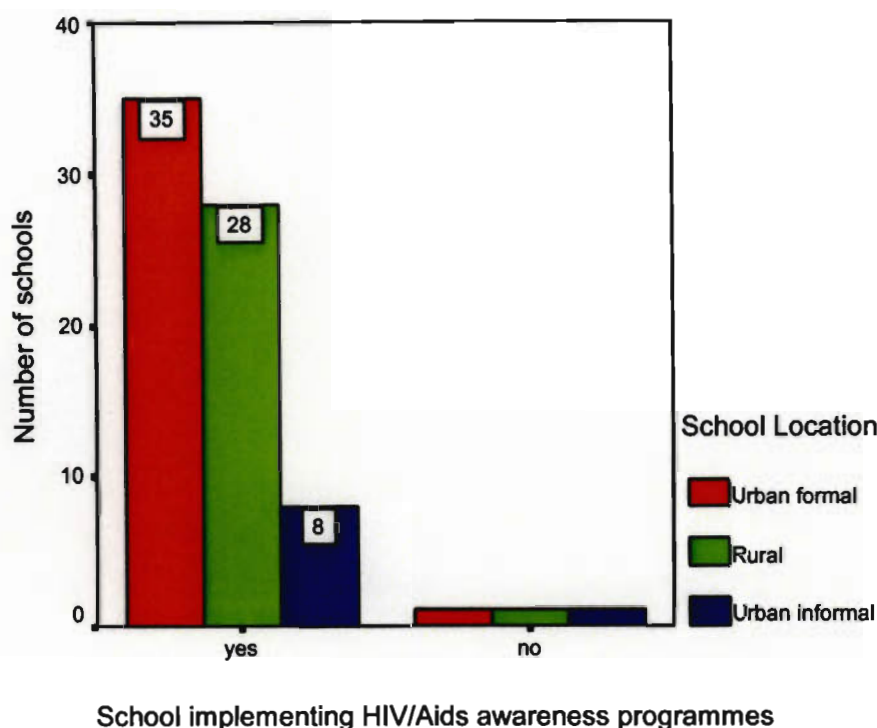


Figure 10 : Schools implementing HIV/AIDS awareness programmes as per location

It was vital for this study to investigate whether schools were implementing awareness programmes. It was positive to note that across all the locations: urban formal, rural and urban informal, a total of 71 (96%) schools in the sample implemented awareness programmes. It was significantly higher than the findings of the preliminary study undertaken in 2001 (Sewpaul and Raniga 2005). It is here that Van Rensburg et al (2002) aptly stated that policy formulated at central government level takes time to devolve to provinces.

The findings in figure 10 may be linked to the findings in figure 3 which revealed the substantial increase in the awareness of the National HIV/AIDS School Policy (Department of Education 1999). The contributory factors may be the mass increase since 1999 of HIV/AIDS awareness campaigns in the media as well as the active marketing of the integration of the Policy at schools by the KwaZulu-Natal Department of Education.

Table 4 : Integration of life-skills and HIV/AIDS education into curriculum
location of school

		School location			Total
		Urban formal	Rural	Urban informal	
Integration of lifeskills and HIV/AIDS education into curriculum	Yes	34	27	8	69
	No	1	2	1	4
	Don't know	1	0	0	1
	Total	36	29	9	74

In addition to HIV/AIDS awareness programmes (as illustrated in figure 9) the National Schools-based policy as well as Curriculum 2005, implementing Outcome Based Education (Department of Education 1997) requires integration of life-skills, HIV/AIDS education into the school curriculum. Additionally, the National Integrated Plan for children affected and or infected by HIV/AIDS (Departments of Education, Health and Social Development 2000) also provides the institutional framework for provincial Departments of Education to implement life-skills programmes at schools in order to prevent new infections among the youth at primary and secondary schools.

For the purposes of this study, the investigation focused on the audit of the life-skills, HIV/AIDS education programme at secondary schools. The findings illustrated in the above table reveal that 69 schools of the total sample integrated the life-skills, HIV/AIDS programme into their curriculum. This is interesting when reviewed in relation to Figure 4, which reflected that 55 schools were implementing the Policy (of which life-skills, HIV/AIDS education is an integral part). Considering this finding in relation to Table 4, it is clear that there were seven additional schools in the urban formal area that revealed that they had integrated the programme into the school and an additional six rural schools that integrated the programme into their curriculum and one additional urban informal school. There may be one possible reason for this scenario. The institutionalisation and active implementation of the NIP programme undertaken by the Psychological Guidance Special Education Services section of the KwaZulu-Natal Department of Education since 2000 in schools may be seen as

separate from the implementation of the National HIV/AIDS School Policy since life-skills and HIV/AIDS education forms just one part of the National HIV/AIDS School Policy. Table 5 below illustrates the number of schools that implemented the programme with Grades 8 and 9 learners as this was the requirement stipulated in the National Integrated Plan document (Departments of Education, Health and Social Development 2000) at secondary school level.

Table 5 : Programme taught to Grade 8 and 9 as per location of schools

		Programme taught to grades 8&9			Total
		Yes	No	Don't know	
School location	Urban formal	35		1	36
	Rural	26	2	1	29
	Urban informal	9			9
Total		70	2	2	74

The National Integrated Plan (Department of Education, Health and Social Development 2000) stipulates that the life-skills, HIV/AIDS education programme should be targeted at grade eight and nine learners in the secondary schools. A focus group conducted with district co-ordinators in the eThekweni region revealed that this was linked to the training of two educators per school to implement the programme. It is encouraging to note from Table 5 that a total of 70 schools had implemented the life-skills and HIV/AIDS programme into the curriculum of grades 8 and 9 learners. Yet at the same time, it is of concern that four schools in the sample had not integrated the programme in their curriculum as this is a compulsory requirement stipulated in the Policy and the NIP document.

Table 6 : Programme taught to grade 10-12 as per location of schools

		Programme taught to grades 10,11,12		Total
		Yes	No	
School location	Urban formal	6	30	36
	Rural	9	20	29
	Urban informal	1	8	9
Total		16	58	74

A total of 16 (22%) schools had extended the implementation of the life-skills programme to grades 10-12 at their schools. A particular concern is that a total of 74% (58) schools did not extend the programme. Some of the reasons provided by the respondents were that there was no space in the time-table to accommodate the programme into the curriculum and that educators had a high workload. It was further interesting to note that 20 of the 29 rural schools had not extended the programme to grades 10-12. It is possible that this was primarily due to the lack of institutional capacity (poor access to resources and facilities -lack of the Health Advisory Committee, lack of access to basic services such as water, lack of provision of support and material from the Department of Education) at the rural schools to deal with the problem of HIV/AIDS. It is of further concern that many of the principals from the rural schools claimed that there was a dire need for HIV/AIDS and sexuality education as there were very high numbers of teenage pregnancies in Grades 10-12. This also implies the possibility that, were such content not made compulsory by the NIP document, it might not receive attention at Grades 8 and 9. This reflects the importance for clear policy directives.

Table 7 : Problems experienced implementing the life-skills and HIV/AIDS education programmes in schools

		Problems experienced implementing life-skills and HIV/AIDS programmes		Total
		Yes	No	
School location	Urban formal	11	25	36
	Rural	7	22	29
	Urban informal	-	9	9
Total		18	56	74

Of the total of 74 schools implementing the life-skills and HIV/AIDS education programme in the schools, it was positive to note that 56 (76%) indicated that they were coping and had not experienced problems. However, 18 (24%) of schools indicated that they were experiencing problems with implementing the programme. Eleven of the 36 schools in the urban formal area and seven of the twenty nine rural schools in the sample experienced problems. Some of the

reasons provided by the respondents were: "Educators have a high workload and they don't have the time to get involved in implementing the programme". Another principal stated: "we don't have enough funds to employ additional teachers to co-ordinate this programme". "The Department of Education trains teachers and does not give us support to implement the programme". This finding is similar to the findings of the preliminary study, where principals complained about the lack of institutional capacity (human resource, time, role of the Department of Education, low morale of educators and finance) in schools to deal with HIV/AIDS (Sewpaul and Raniga 2005). A further point to consider is made by Coombe (2000) an educational consultant, who projected that with an increase in AIDS fatalities among educators, South Africa will shortly be in need of many new educators. The 2005 study of demand and supply of educators in South African Public Schools conducted by the HSRC and MRC revealed that of the 17088 educators that participated in the study, 12.7% were HIV+ which is similar to the prevalence among the general population (<http://www.hsrc.ac.za/media/2005/3/20050331FactSheet6.html> - accessed 20 July 2006).

Table 8 : Status of HIV/AIDS cases as per location of schools

		Cases of HIV / AIDS amongst Educators at schools			Cases of HIV / AIDS amongst learners at schools			Cases of HIV / AIDS amongst support staff at schools		
		Yes	No	Total	Yes	No	Total	Yes	No	Total
School location	Urban formal	8	28	36	16	20	36	4	30	34
	Rural	5	24	29	8	21	29	1	23	24
	Urban informal	1	8	9	5	4	9	1	8	9
Totals		14	60	74	29	45	74	6	61	67

It was imperative to explore the impact of HIV/AIDS on different personnel (educators and support staff) as well as learners in the school context. Table 8 reveals that a total of 14 schools in the sample indicated that they knew of cases within their schools where educators were HIV+. One principal from the urban formal school stated: "two educators in the school applied for medical boarding because of persistent illness". The HSRC and MRC survey on the

demand and supply of educators in public schools conducted in 2005 indicated that of a sample of 17 088 educators, 12.7% tested HIV+. The findings are consistent with other African countries such as Malawi and Uganda where about 40% of educators have been reported as HIV+ (Coombe 2000). The KwaZulu-Natal Budget Statement (2004:151) revealed: "the impact of HIV/AIDS on learners and educators is so large that the department might witness drastic decline in learner enrolment numbers as well as high levels of attrition and morbidity among educators". Ndlovu (2004) added that in KwaZulu-Natal "HIV/AIDS is having a severe impact on the department as a 'significant percentage' of educators were granted prolonged sick leave that include HIV/AIDS related illnesses". Many of the principals in the sample however indicated that as a result of stigma and discrimination associated with the disease, the status of these educators remained unknown. One principal from the rural school stated a key challenge is that: *"schools are unable to provide any support or help to educators that are HIV+ so this discourages educators from disclosing their status to us"*. Clearly this implies that mechanisms such as access to ARV treatment, professional counselling and support, the establishment of support groups in the school context would assist those educators that are either affected and/or infected to cope with and manage the effects of the disease on their lives. This is a gap evident in the National HIV/AIDS School Policy as the policy fails to adequately address the needs of educators that are infected and or affected by the disease. Ndlovu (2004) maintains that in order to mitigate the impact of HIV/AIDS on the education system there is a need for the allocation of adequate resources both by national and provincial governments.

Table 8 reveals that twenty nine schools indicated that they had experiences where learners were infected. Of the 29 schools 16 schools were located in the urban formal area, while eight schools were located in the rural areas and a total of five schools were located in the urban informal areas. Table 8 reveals that the majority of the principals who reported cases of learners being infected were concentrated in the urban formal areas. Research conducted in rural areas in the province of KwaZulu-Natal (eThekweni is one part of the province) revealed that more than 76% of youth claim to be sexually active by 16,

accounting for more than 50% of new infections daily (Selikow et al 2002, Moletsane et al 2002, Zambuko and Mturi 2005). A survey among youth aged 16-20 in urban townships further revealed that 40% of women and 60% of men had more than one sexual partner (Coombe 2000). It is clear that these findings illustrate the complexity of the spread of the disease irrespective of the location of communities.

Nevertheless, what is of concern is that more than 400 000 learners attending schools in KwaZulu-Natal are orphaned on account of HIV/AIDS. Mike Lotter, chief director for education management stated that the number of HIV+ learners in schools is also increasing (Informer, vol 1, edition 3).

With regard to support staff, six schools revealed that they experienced support staff (administrators or cleaners) who were infected with the disease. Of the six schools, four of the cases were concentrated in the urban formal areas. It is possible that the number of cases of HIV/AIDS amongst educators, learners and support staff is much higher than the findings in this study. However, as a result of the stigma and discrimination linked to the HI virus, disclosure within the school context might be minimal.

Conclusion

The findings from the quantitative audit undertaken at 74 secondary schools in the eThekweni region indicate that even though there has been a substantial increase in the awareness of the National HIV/AIDS School Policy implementation of both the Policy and the life-skills, HIV/AIDS education programme remain a challenge. This is primarily due to the lack of institutional capacity (lack of the Health Advisory Committee, lack of access to basic services such as water, lack of training, provision of support and material from the Department of Education) at schools to deal with the problem of HIV/AIDS. Additionally the findings confirm the assumption that a disparity exists between the institutional capacity of urban schools as compared to rural schools with regard to the implementation of the National HIV/AIDS School Policy and the life-skills, HIV/AIDS education programme.

These limitations illustrate that both the Policy and the NIP document are in themselves flawed as both documents fail to take cognisance of broader socio-economic factors that impact the school system. Hence, unless the present institutional capacity (human resources, regular training, proper district based support systems, provision of basic services) is strengthened by the Department of Education, the implementation of both the Policy and the life-skills, HIV/AIDS education programme at schools will be limited. The findings from this extended study thus confirm the assumption that there is a lack of institutional capacity at school level to deal adequately with the problem of HIV/AIDS. Despite the reported lack of support from the Department of Education and the failure of schools to establish the HAC, the findings also reveal that the majority of schools were meeting the policy requirements for implementing the life-skills, HIV/AIDS programmes with Grades 8 and 9.

This chapter presented the findings obtained from the quantitative audit undertaken in 74 secondary schools in the eThekweni region. The chapter that follows provides insight into the views of the Department of Education officials that were responsible for the co-ordination of HIV/AIDS education in secondary schools in the eThekweni region.

CHAPTER SIX: UNDERSTANDING THE INSTITUTIONAL DYNAMICS OF THE LIFE-SKILLS, HIV/AIDS EDUCATION PROGRAMME IN KWAZULU-NATAL: VIEWS SHARED BY GOVERNMENT OFFICIALS

Introduction

Van Rensburg et al, (2002) contend that with the current maturation of the HIV/AIDS epidemic, responses to its psycho-social and economic implications are increasingly becoming dominant features in social policies. Badcock-Walters (2002) indicated that school-going children are bearing the brunt of the epidemic at the household level as it reduces their access to education, due to economic hardship and family care. The effects of such personal trauma associated with grief, stress and added family responsibilities on school-going children are serious. These trends are imposing '*new*' demands on state health, welfare and education provision, so much so that there is a need to monitor and evaluate policies and programmes that are being developed in order to meet these needs. This has been one of the primary concerns of this study.

A review of social policy literature revealed that social policy may be conceived as the plan and action taken by governments that affect the distribution of resources and services to promote people's well-being (Gil 1992; Burns 2002; Levin 1997; Jansson 1999; Karger and Midgley 1994). Hill (1986:4) stated that contemporary studies of policy-making and implementation suggest that we need to give attention to some very complex relationships between the mixed goals of those able to influence policies and the varied consequences of their interventions. One way to engage with social policy is to describe policies and those institutions that make up social services, as the ultimate objective of all HIV/AIDS policies should be to strengthen central, provincial, local government and civil society responses to the HIV/AIDS epidemic. The National Integrated Plan for children infected with and affected by HIV/AIDS, released in 2000, was an integrated partnership developed by the Departments of Education, Health

and Social Development “to ensure access to an appropriate and effective integrated system of prevention, care and support services for children infected and affected by HIV/AIDS (Departments of Education, Health and Social Development 2000:2). To this end, the policy document proposed four key programmes:

1. Home and community based care and support
2. Strengthening voluntary counselling and testing initiatives;
3. Life-skills and HIV/AIDS education in primary and secondary schools;
and
4. Community outreach and mobilisation

The first two programmes are co-ordinated and implemented by the Department of Health and the fourth is the responsibility of the Department of Social Development. In line with the overall purpose of this study, the discussion in this chapter focuses on the third programme co-ordinated by the Department of Education in the eThekweni region.

The third phase of this study was directed by the following three objectives which were to:

- Explore the challenges faced by district and provincial co-ordinators in the co-ordination and implementation of the Department of Education’s life-skills and HIV/AIDS education programme.
- Explore the Department’s rationale for the use of the cascade model in the training of educators in the arena of life-skills, sexuality and HIV/AIDS.
- Gain insight into the budget allocated for the implementation of the life-skills, HIV/AIDS education programme.

This chapter presents the analysis of the transcripts of data collected from the focus group held with five district co-ordinators from the KwaZulu-Natal province and an in-depth interview held with the national co-ordinator of the NIP programme in the Department of Education. Four major theme categories emerged from the data analysis, each of which contained several theme

clusters. The theme categories comprised: the relationship between national and provincial government, institutional challenges, the training of educators and the need for an institutional based support team. The discussion is based on the premise that these four themes are not mutually exclusive but rather are closely intertwined. I argue that due to the 'blurred' relationship between central and provincial government levels (macro level), the institutional arrangements for the co-ordination of the life-skills, HIV/AIDS education programme at a provincial level are compromised. By considering the dialectical analysis within structural social work theory, this has impacted the training of educators and access to district-based support, which is much needed at the school and community (mezzo) level. Moreover, the discussion highlights the limitations of neoliberal capitalism in South Africa by illustrating how power relations has profoundly impacted the institutional arrangements for co-ordinating the life-skills, HIV/AIDS programme. The findings reveal that as a result of these institutional dynamics impacting the NIP programme (life-skills, HIV/AIDS education programme), the Department of Education is not yet responding to the epidemic in schools adequately.

Campbell (2003) contends that broader societal and environmental factors influence the quality of sexuality programmes implemented in schools. The discussion in this chapter expands the argument posited in Chapter Five (quantitative audit) that the limitations are not simply attributable to poor delivery by government's institutional structures, but that the Policy as well as the NIP document are in themselves flawed as both documents fail to take cognisance of broader socio-economic and structural factors that impact the school system. The findings confirm the argument put forth by writers in the field of policy analysis such as Levin (1997), Jansson (1999); Ramanathan (1999) De Beer and Swanepoel (2002), Sewpaul and Raniga (2005) who maintain that a disparity exists between policy goals and the resources and mechanisms that is required to operationalise policy. Unless the present institutional capacity (human resources, regular training, proper district based support systems, provision of basic services to rural areas) is strengthened by the Department of Education, then the life-skills education programme targeted at youth within the formal education sector will remain a challenge.

The recommendation is made for an institutional based support team through the establishment of Health Advisory Committees and for the inclusion of social workers within the school context. These recommendations are discussed in detail in Chapter Eight of this thesis.

Table 9 below illustrates the four theme categories and their theme clusters.

Table 9 : Major Theme Categories and clusters

1. Relationship between central and provincial government	2. Institutional challenges	3. Training of educators	4. The need for institutional based support systems
1. Lack of inter-departmental collaboration within the DoE.	1. Institutional arrangements of the programme	1. Number of teachers trained in the eThekweni region	1. Role of the Health Advisory Committee
2. lack of intra-departmental relations	2. Lack of human resources	2. The choice of the cascading model to train educators	2. Inclusion of social workers in schools
3. Political influences	3. Budgetary challenges	3. Challenges experienced by educators	

Theme 1: The relationship between central and provincial government with regard to the co-ordination of the National HIV/AIDS School Policy and the Life-skills, HIV/AIDS Programme

A basic premise of this study was that in the arena of HIV/AIDS there has generally been a gap between policy ideals set at central government level and policy implementation at the provincial and district level (Van Rensburg et al 2002; Barnett and Whiteside 2002; Sewpaul and Raniga 2005).

The development and implementation of policy at a provincial level have been largely influenced by central government with the National Department of Health

or Education playing a key role in co-ordination and implementation of HIV/AIDS policies. Although the Constitution stipulates and accords concurrent jurisdiction to central government and provinces in respect of sectors such as health, education and social welfare, national government has, as its key priority, the development of overall national policy (Van Rensburg et al 2002). The function of provinces are thus primarily to implement rather than initiate policies and programmes. The theme clusters intimately linked to this theme were inter-governmental relations, intra-governmental relations and political influences. Both during the focus discussion with the district co-ordinators and the interview with the national co-ordinator, a number of challenges pertaining to the institutional dynamics and sustainability of the life-skills, HIV/AIDS education programme arose. The discussion below provides some insight into these challenges.

1.1 Lack of Inter-departmental Collaboration within the Department of Education

This theme cluster focused on inter-governmental dynamics and the relations between levels and branches of government and how these have shaped and impacted the co-ordination of the life-skills and HIV/AIDS education programme in secondary schools in the eThekweni region. A major concern raised by the participants was the fragmentation that existed across different government departments. The national co-ordinator spoke of the difficulty of dealing with lack of basic facilities such as bigger classroom sizes, access to water, the need for more classrooms to accommodate an increasing learner population in both urban informal and the rural areas (historically disadvantaged schools). The following represents some of the sentiments that she expressed in the interview:

It's the fragmentation. The Department of Public Works builds schools and the physical planning – I don't know how they link in you know and then in life orientation they've got a new thing now – values in education – we could have these things coming together – common planning and it would be a

better way of utilising resources and then we can see – do we have money or are we short of it after we've looked at the context in which we operate – a grand, organised context.

Clearly the inference made here is that within the Department of Education there needs to be a lot more co-ordination and collaboration across different departments of government in order to improve existing facilities and access to resources at schools, especially in the rural communities. It is important to consider the findings in Chapter Five reflecting the disparity that exists between rural and urban schools with regard to access to services and resources (water, classroom sizes, human resource capacity). This has a negative impact on the implementation of both the National HIV/AIDS School Policy and the life-skills, HIV/AIDS education programme. This impacts the overall management and co-ordination of the life-skills, HIV/AIDS programme implemented at schools (access to resources and support to sustain the programme at schools) on the part of the Department of Education. De Beer and Swanepoel (2002) maintain that policies can only be implemented if the material, financial, technical resources and managerial capacity to do so exists. Rothchild and Curry (1978:17) argued that: "in many third world countries, governmental structures lack the capacity to cope effectively with the range and intensity of demands confronting them".

As one district co-ordinator commented:

How do you function without public works to do the buildings and how do you function without traditional affairs (meaning traditional leaders) to look at some community practices as well. I think it's the co-ordination, it's such a difficult one.

The national co-ordinator echoed these sentiments:

HIV/AIDS is everybody's problem not just the job of one department. – we need more inter-departmental collaboration within the DoE in order to make co-ordination of the programme much more integrated and holistic. I do believe that somehow we could've worked out a structure where we integrated all that and now the national/provincial scenario doesn't work but unfortunately funds come from national – provinces have to implement on the order of national.

A number of questions arose concerning the constitutionally mandated separation of powers between branches and levels of government in South Africa. An issue raised by one district co-ordinator was the question of how HIV/AIDS policy is managed by national and provincial levels of government, while at the same time, noting that the relationship is not merely hierarchical, but in fact 'blurred' and unclear. Van Rensburg et al (2002) stated that the HIV/AIDS pandemic has the potential to test and clarify the relationship between national and provincial levels of government. The participants in this current study were of the opinion that not enough was being done by central and provincial government to ensure that adequate resources were in place in order to operationalise the life-skills, HIV/AIDS programme. Mullaly (1993:140) contended that "the state is an important agent participating in the struggle on the side of powerful groups" and the only way to resolve such conflicts is by a massive transformation and reorganisation of government institutions such as the KwaZulu-Natal Department of Education. The challenge is to get government departments to be allies of the poor rather than allies of the rich and powerful. The following two theme clusters on intra-departmental relations and political influences are closely linked to this theme cluster.

1.2 Intra-departmental Relations

The national co-ordinator spoke of problems that were encountered regarding the location of the National Integrated Plan within the KwaZulu-Natal Department of Education. She stated that:

In other provinces, the NIP programme is co-ordinated through the curriculum section within the DoE. However, in this province (KZN) the NIP programme was placed in the Psychological Guidance Special Education Services (PGSES) section, which carries the stigma of guidance.

She elaborated on the challenges that this decision posed for budgetary allocations. *"If we had a separate unit to ensure the monitoring of money because now the trouble is where does the money remain; with psychological services or curriculum. I think given one directorate not directly involved with curriculum was kind of problematic because the other one began to say we are curriculum after all it creates that kind of tension"*. The fragmentation within the Department of Education was similar to the fragmentation that existed in terms of inter-departmental relations. This impacted the overall co-ordination and long-term sustainability (access to necessary facilities and resources) of the programme at the school level.

The focus group with the district co-ordinators comprised of representatives from four regions within the KwaZulu-Natal province – Illembe, Umlazi, Pietermaritzburg and Kokstad. One of the challenges that the participants spoke about was the lack of communication and fragmentation that existed among the district co-ordinators that worked in different regions in the province. One district co-ordinator indicated: *"It's like we each have our own little projects, our own budgets so we don't share much even in our own department"*. There was clear lack of communication and co-ordination of the way the programme was operationalised in the various regions in the KZN province. These intra-departmental problems were factors that impacted on the actual implementation of the life-skill, HIV/AIDS education programme in schools.

1.3 Political Influences

Weiss (cited in Smith, 1990:21) cites three major ways in which political influences are present in policy formulation and implementation. First, social programmes are created by political decisions. The NIP document (Departments of Education, Health and Social Development 2000) stipulates that provinces will develop their own implementation plans within the principles and guidelines stipulated in the national plan. The discussion above alludes to the unclear relationship that exists between the policy and programme functions between central and provincial governments. The national co-ordinator gives voice to some of the 'political' challenges that she faced in her role.

I think being nationally appointed, you get perceived as an outsider to the province. I think the tension – it is a matter of power and control. That is a problem because there is absolutely nothing you can do. It also impacts on your functioning because you find that decisions that are not programme promotive take place and you can say absolutely nothing. At the end of the day you are really regarded as an interference in the province and there will always be that divide between national and province”.

The views expressed by the national co-ordinator illustrates the power imbalances that exist between central government and provincial government levels. The province of KwaZulu-Natal has historically been a politically volatile one with tensions existing between the ANC and Inkatha Freedom Party (Simpson 2001). Lodge (2002) maintains that KwaZulu-Natal has been one of two provinces (the other being Western Cape) who have their own constitutions which gives these provinces the power to make their own decisions regarding budgetary and programme priorities. KwaZulu-Natal's proposed constitution, which envisaged a Zulu monarch with its own independent judiciary including a constitutional court and a militia was rejected by both provincial ANC ministers as well as the Constitutional Court in 1996 (Lodge 2002).

Lodge (2002) indicates that even though provincial governments do not have much discretion in formulating policy, they do have considerable latitude in interpreting and implementing policy. Clearly then the sentiments expressed by the national co-ordinator reveal that political tensions and power imbalances are real and continue to exist between central government and the province of KwaZulu-Natal. This was evident when the Premier of the province Sbu Ndebele dismissed two IFP counsellors “due to a lack of co-operation” from the cabinet on 1 November 2006 (*Lotus Fm News* 2 November 2006). Lodge (2002) adds that in contemporary South Africa such conflicts and struggles are an inevitable effect of change, a process of which the outcome is still uncertain. What is clear is that such political tensions and power imbalances have impacted the overall management and co-ordination of the life-skills, HIV/AIDS education programme with regard to access to technical and human resources, the training of educators and access to district-based support much needed at the school and community (mezzo) level.

Second, co-ordination of social programmes feeds into political decision-making – evaluation competes with other factors that carry weight in the political process. The district co-ordinators provided the example of the contentious decisions taken within the department with regard to the ‘problematic’ location of the life-skills and HIV/AIDS education programme in the Department of Education’s Psychological Guidance Special Education Services (PGSES) section instead of the curriculum section as was the trend in other provinces. One district co-ordinator emphatically stated: *“most programme decisions are political decisions made by provincial managers”*.

The national co-ordinator asserted:

national and provinces they seem to be independent of each other. National talks and says that the programme is a curriculum and it needs to be in the curriculum otherwise it is not sustainable but provinces can do exactly as they please. Now it

becomes very difficult in that sense to interfere in that structure because it is a political decision”.

It is clear from the views expressed by the district co-ordinator and the national co-ordinator that there is a lack of synergy between central and provincial government regarding policy formulation and implementation functions. Moreover, the views expressed by both the national co-ordinator and the district co-ordinators reveal that people in positions of power within the provincial level (KZN DoE) had a profound influence on the location of the life-skills, HIV/AIDS programme and its implementation process. Proponents of the conflict perspective postulate that such power struggles among different groups whose interests, values and behaviours conflict with one another are rooted in a social order that cannot be resolved by technical or administrative reforms. Dominelli (2004), Sewpaul and Holscher (2004) contend that in the context of the spread of a global neoliberal economic order, this *new* managerialism which is about being more productive and efficient within increased bureaucratic controls and funding cuts has not resulted in the additional resources and services necessary for effective implementation of policies and in this case the life-skills, HIV/AIDS programme.

Third, co-ordination itself is a political enterprise that takes political stances. Following from the somewhat unclear relationship that exists between central and provincial governments with regard to co-ordination of programmes such as the NIP, the participants questioned the ‘fairness’ of government shifting its responsibility for service provision from central to the local and community level. This view is supported by Strode and Grant (2004) who contended that: South Africa is seeing a centralisation of authority and yet a simultaneous decentralisation of responsibility to a community and district level. With the expansion of neo-liberalism, which is underscored in the macro-economic policy of South Africa, the role of the state in service delivery diminishes. Bond (2005:34) indicated in his book, *Fanon’s Warning* that “the privatisation of services and infrastructure provision has led to basic services being inaccessible to the majority of the people and to impoverishment”.

Adelzedah (1996:14) argued further that “given the country’s need for radical improvement in social services and infrastructural development, the stated objective of the macroeconomic strategy of GEAR to reduce government spending implies a shift to rely on civil society and the private sector for the delivery of services.

Chapter One discusses how the GEAR policy which is underscored by neoliberal ideology has limited the scope and jeopardised the development goals of the White Paper on Social Welfare (Department of Welfare 1997) which cites accessibility of services as one of its key principles in service delivery in South Africa (Sewpaul 1997, Sewpaul and Holscher 2004, Sewpaul 2005b, Raniga, 2005). Writers such as Bond (2005), Sewpaul (2004, 2005a, 2005b), Padaychee (1994), Desai (2002), provide evidence of the detrimental effects that the macroeconomic policy of GEAR has had on the lives of the vulnerable and poor in society.

As a ripple effect of this policy context, the national co-ordinator of the NIP called for not only more resources at schools but for:

actually looking at the environment and the contextual factors in order to strengthen the life-skills programme”.

Additionally within this theme cluster, the participants also spoke about the frustrations they experienced every time the KZN Department of Education underwent re-structuring, as this usually meant the re-deployment of staff. Ndlovu (2004) in a survey of the provincial and social sector HIV/AIDS budgets, noted that issues of human resource capacity shortage and financial problems were identified both in the education and social development sectors. The national co-ordinator was of the opinion that: “the political implications of these decisions cannot be ignored”. The district co-ordinators expressed concern about whose responsibility is the management of HIV/AIDS and whether provinces do have a decision-making role to play in policy formulation. They questioned whether or not it will remain as it is at present: where provinces are obligated to implement and administer policies based on structures set by

central government. Additionally, in the new dispensation in South Africa, the power structures within education have had a profound impact on the institutional capacity in schools to effectively deal with the problem of HIV/AIDS.

Clearly, the discussion reflects that there is a close link between the political factors and the 'blurred' relationship between central and provincial governments and this has a systemic effect on the institutional arrangements of the programme, which will be addressed in the next section.

Theme 2: Institutional Challenges

2.1 Institutional arrangements of the programme

Gil (1981:37) stated that: "significant changes in social power and social relations and in the circumstances and quality of life can occur only when a society introduces significant modifications in the way it manages resources, organises work and production, exchanges and distributes rights and responsibilities, governs public affairs and organises social processes for its members". This implies the ability or failure of the Department of Education to implement and sustain an institutional arrangement which would either facilitate or hinder participation of all stakeholders and which would have a direct impact on the very ability of the programme to attain its overall objectives.

The NIP programme is a nationally co-ordinated project with provinces having the responsibility to implement the project plans. In KwaZulu-Natal, as indicated earlier, the NIP programme has been located in the PGSES section of the Department of Education. This is unique as in other provinces, the programme is located in the curriculum section of the Department of Education. Even though provinces are dependent on national government for policy-making, KwaZulu-Natal as a province used its own discretionary power in terms of the institutional arrangements for the programme. In the KwaZulu-Natal province, the overall co-ordination of the NIP programme lies with both the Provincial Chief Education Specialist (PCES) and the National Co-ordinator. These two personnel are accountable to the Provincial PGSES Director. There

are nine district co-ordinators employed in the eThekweni region (three per district: Illembe, Pinetown and Umlazi). At the time of the interview with both the district co-ordinators and the National Co-ordinator in June 2004, there were two district co-ordinators employed per region (total of 6). However, subsequent informal contact with personnel from the DoE revealed that this number had increased to three district co-ordinators per region in KwaZulu-Natal. There are three Deputy Chief Education Specialists (DCES) employed in the Department of Education to co-ordinate the NIP programme in each district. These three DCES are accountable to the District Directors. The district directors are in turn accountable to the PCES. The organogram below illustrates the institutional arrangements of the NIP programme in the province.

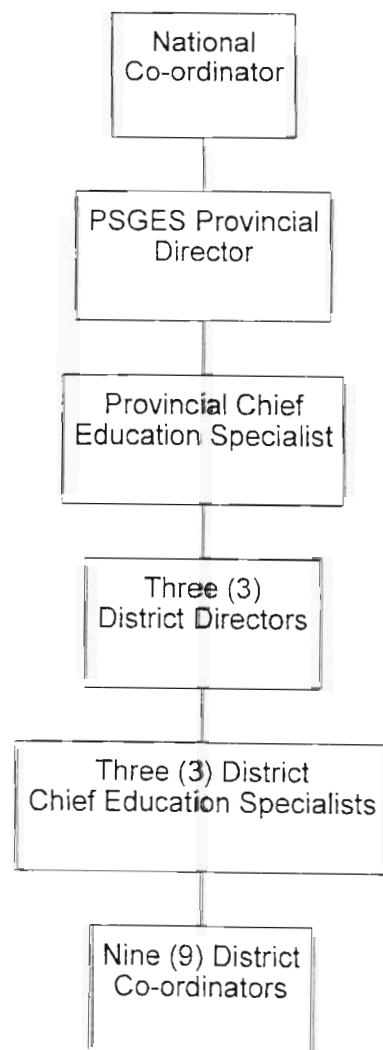


Figure 11 : Institutional arrangements of the NIP programme in the eThekweni Region

The NIP programme was devolved to provinces from central government. This top down approach gives provinces little opportunity to contribute to formulating programme objectives and time frames. At an interview with the National Co-ordinator of the Programme in June 2004, she indicated that “the NIP programme started in April 2000 when people from the national Department of Education, Health and Welfare came down to the province to announce the National Integrated Plan”. Mazibuko (1996) contends that in the policy making process it is fundamental to involve all stakeholders and interested role-players in legitimising policy and programme design. In so doing this process not only legitimises the proposed policy but helps to translate the policy proposals into action plans. It was clear from both the focus group discussion and the interview with the national co-ordinator that this process was negated. Instead as alluded to by the national co-ordinator the process was a top down one, imposed on provinces by central government.

2.2 Lack of human resource capacity

A further theme cluster that emerged from discussions with the participants was the lack of human resource capacity, which impacted on the implementation of the programme in schools. One district co-ordinator stated: *“the unfortunate part is that the manpower (sic) has been reduced from 5 co-ordinators per district to only 2 with the re-structuring, now it makes it very difficult for these people to carry on the work of this 4 day life-skills programme but also there should be a 2 day care and support programme”*. The national co-ordinator indicated that problems were experienced when people appointed to positions were inexperienced and lacked the capacity to deliver services optimally. She emphatically declared:

in the districts where people are not experienced we got a two pronged structural issue- it's the people that have been reduced you know but also the new people that have gained entry whilst they have taken away experienced people – now you see there is discontinuity and its got impact against the quality of the implementation of the programme.

The national co-ordinator also claimed that one of the key challenges that she had experienced in her role and position was that every time a new Director General was appointed in the province, then new administrative structures were put in place and programme priorities were shifted. She cited the example of the need to extend the life-skills, HIV/AIDS programme objectives to include that of care and support at a district level. She stated: *“this did not happen because where do you get the staff to do this”*. Following from this it is clear that restructuring of personnel within the Department added to the complexity of the institutional arrangements set for the implementation of the life-skills, HIV/AIDS education at schools.

The National Integrated Plan (Departments of Education, Health and Social Development 2000) proposes that the district co-ordinators need to undertake follow up workshops (district based care and support to educators) and support visits to schools. One district co-ordinator stated *“sustaining is mainly done through site visits, where we provide support as well as monitoring during the site visits – we investigate whether the roll-out is happening”*. The district co-ordinators stated that they were unable to cope with their workloads because of the reduction of staff since the inception of the programme, with one asserting that *“in terms of the manpower we are stretching ourselves”*. The district co-ordinators admitted that the reduced number of personnel within the project had serious implications with regard to the frequency of site visits and care and support that is much needed in the school context. Hence, the line of communication, accountability and the much needed district based support to life orientation educators had been grossly impacted and impaired the meeting of programme objectives.

2.3 Budgetary challenges

Ndlovu (2004) revealed in her study that provincial government departments budgetary experiences were mainly shaped by the structure of conditional grants. The provision of conditional grants from national government is imperative, given the fact that provinces depend on these grants for HIV/AIDS

programme implementation. A report on 'Intergovernmental funding flows for an integrated response in the social sector' written by Hickey, Ndlovu and Guthrie (2003) indicate that South Africa's HIV/AIDS financing strategy must rely on both provincial allocations for HIV/AIDS as well as continuation of the conditional grants (such as the NIP). Apart from looking at trends in social expenditure in general to assess government expenditure in relation to HIV/AIDS, a key objective of this study was to look at conditional grants received by government for HIV/AIDS. The distribution of the NIP grant is assessed relative to the HIV/AIDS epidemic infection rates in KZN. Moreover, the discussion looks into the experiences of the DoE's actually spending these funds earmarked for the implementation of the life-skills, sexuality and HIV/AIDS education programme at schools. Ndlovu (2004) indicated that with regard to spending of HIV/AIDS conditional grants, provinces are continuously improving their performance since the inception of the National Integrated Plan for HIV/AIDS in 2000/1. "Education life-skills conditional grant spending improved from 22.3% in 2000/1 to 80% in 2003/4" (Idasa Budget Brief, 147, October 2004).

In the interview with the national co-ordinator of the project she stated that the programme started in KwaZulu-Natal on April 2000 when "*people from the national Department of Education, Health and Social Development came down to the province to announce the implementation of the NIP, we experienced quite a lot of problems accessing the funds and the programme*". Ndlovu (2004:2) revealed that "the issue of transferring money to provinces delays implementation and prioritisation of projects". Furthermore, the national co-ordinator added "*there is a concern around impact that is national government is pushing for spending of money but insufficient mechanisms are in place to measure output*". It is here that Ndlovu (2004:6) rightly indicated that: "there is a need to monitor progress – to investigate whether grants are reaching the right beneficiaries – rigorous monitoring systems need to be put into place".

According to the 2003/4 Budget for HIV/AIDS these allocations increase as the capacity for the implementation of these programmes is strengthened (Hickey and Ndlovu 2003). In the first year of the NIP, the Provincial Department of

Education received the bulk of the combined provincial grant. The national co-ordinator indicated that the budget allocation for 2004/2005 was R29 188 000 – that goes into a lot of programmes. The budget allocation for 2005/06 had been increased to R 31 million. Funds are allocated to provinces on an equitable share basis. According to the National Co-ordinator of the NIP project, KwaZulu-Natal received a “bigger share because we have the highest number of schools and the highest number of learners”.

An important point made by the national co-ordinator with regard to budgetary challenges experienced was: *“when you look at the number of people implementing the programme, you feel for the number of people that are there, if you give extra there is going to be problems as there is no human resource capacity to deliver services”*. Clearly the findings reveal that the implementation process at provincial level depends on important factors such as human resource capacity and the overall priorities of the given province. Ongoing transformation in personnel and re-structuring in government departments has had a disruptive effect in developing capacity and ultimately implementation of programmes (cited in Ndlovu 2004).

Additionally, the district co-ordinators spoke about the lack of resources such as access to cars for travelling to schools to conduct site visits. One of them stated:

In the Illembe district, the number of schools that I am responsible for is 434 and the distance between schools is large because it is a rural area. I travel about 150km and you know when you go home, you are tired and tomorrow you’ve got to go as well. Each district had been given 2 cars at the onset of the project in 2001, however for 2005/06 this has been reduced to one car, which further stresses the sustainability of the programme, the monitoring care and support that we are supposed to provide to educators at schools.

Clearly if district co-ordinators have to provide quality training, monitoring and support to ensure effective sustainable programme implementation, one district co-ordinator per 434 schools is grossly inadequate. Moreover, budgetary constraints had led to the lack of organisational resources which had affected the capacity to deliver optimally on the programme. The national co-ordinator acknowledged these problems when she stated:

*The budget as I say because we have fewer manpower (sic)
and also the fact that we are not so integrated it becomes
difficult to manage and sustain the programme*

Burns (in Du Bois and Miley, 1992:234) noted that analysing and evaluating social policy needs must be undertaken with “reference to their adequacy and effectiveness in attaining certain goals, their economy in the use of scarce resources and their consistency with accepted social values”. Seedat (1997:24) argues that the key question in South Africa is “whether political liberation in itself empowers people to do things that were not or could not be done before”.

Incremental NIP budget allocations require improved capacity to manage and spend these allocations. The findings reveal that the Provincial Department of Education is under strain due to shortage of staff and insufficient management structures at district levels. It is therefore essential that the national Department of Education formulate a comprehensive plan for human resource development in support of annual incremental budgets. This would lead to a more holistic response to the epidemic. Additionally the Department of Education needs to strengthen its monitoring, evaluation and district –based support treatment, care and supportive services to learners, educators and families either infected and or affected by HIV/AIDS and to expand the institutional support systems in schools.

The following theme provides insight into the training of educators in the eThekweni region.

Theme 3: Training of Educators

3.1 Number of Educators Trained in eThekweni Region

The National Integrated Plan for children infected and or affected by HIV/AIDS (Departments of Education, Health and Social Development 2000) indicates that the secondary school Life-skills and HIV/AIDS education programme was initiated in all provinces in 2000, with the training of 840 master trainers and 9 034 educators (2 educators from each secondary school). The national co-ordinator revealed:

we had a 20% target to train grades five to nine. We trained one educator per grade so 2001/2002 we trained 40% of that core and then we trained the remainder of the 40% in 2002/2003. It was felt that it was crucial at that stage. But now other provinces with much lesser school enrolments trained almost everybody by 2003. But Limpopo, KwaZulu-Natal and Eastern Cape have the worst kind of scenario.

The National Integrated Plan document as well as the interview with the national co-ordinator of the programme acknowledged that the extent of the implementation of the Life skills programme and training of educators has been limited. For the purposes of this study it was imperative to find out the number of educators that had been trained by the Department of Education in the eThekweni region. The following table illustrates some of the findings obtained from the quantitative audit conducted in 74 secondary schools.

Table 10 : Number of educators trained in sample

		Training of educators by DOE		Total	Number of educators trained (per school) by location						Total
		Yes	No	Sum	None	One	Two	Three	Five	Six	Sum
Locations of Schools	Urban Formal	29	7	36	9	6	27	2	1	1	46
	Rural	24	5	29	3	14	-	1	3	-	21
	Urban Informal	8	1	9	1	5	-	1	-	-	7
Total		61	13	74	13	25	27	4	4	1	74

Table 10 illustrates a total of 61 educators received training from the Department of Education's training workshops in preparation for the implementation of the life-skills, HIV/AIDS education programme. Twenty seven schools had sent two educators per school for training. This was in keeping with the NIP document which stipulates that, the norm for training educators using the cascading model was two educators per school. Four schools had sent three and five educators to participate in the life-skills training programme while one school sent six educators for the training. Even though this is positive, the concern however, is with the 13 schools that had none of their educators trained and with the 25 schools in the sample that had only one educator that had undergone training. The risk of the one trained educator leaving the school limits the long-term sustainability and quality of the Life-skills and HIV/AIDS education programme. Moreover, 14 (that is 56%) of the 25 schools that had one educator trained were from the rural area. This has implications for the sustainability and effective implementation of the life-skills, HIV/AIDS programme in rural schools and illustrates further the lack of institutional capacity at rural schools to deal with the problem of HIV/AIDS. The focus group with the district co-ordinators linked this limitation with the restructuring process, which led to the lack of human resource capacity to deliver on the programme. As one district co-ordinator commented:

the restructuring process dealt a blow to us and this has impacted on our targets and implementation plan”.

Karlsson (2000) stated that the process of restructuring provincial departments has led to the rationalisation and redeployment of staff. Moreover, “contracting the numbers of education employees will blunt the state’s capacity to provide social services” (Karlsson 2000:23). Baatjes (2005) writing about the corporatisation of higher education in South Africa, argues that this constant restructuring and transformation projects of government is part of an intensification of neoliberal fatalism which precipitates current crises in the education system. It is clear that this theme cluster is intertwined with the theme cluster of lack of human resources discussed above.

The interview with the national co-ordinator confirmed that the training sessions for the eThekweni region were held over a four-day period in 2002. It was also revealed by all the participants that due to a limited number of district co-ordinators employed to conduct the training and monitor the programme there has not been any other training programme planned with educators from secondary schools since 2002. This lack of consistency in training and follow up workshops is a concern, in terms of providing district based support to the educators and sustaining the programme in the long term. As one of the district co-ordinators commented: *“we are six co-ordinators expected to cover the entire eThekweni region and we don’t have the capacity to do all of the above”*. Furthermore, the National Co-ordinator of the programme (interview conducted on 24 April 2003) revealed that the Department of Education experienced difficulty in monitoring, supporting and assisting the implementation of the Programme. Discussions from the focus group with the district co-ordinators and the in-depth interview conducted with the National co-ordinator revealed that the Department of Education had not conducted an internal audit with regard to monitoring, supporting and assisting the implementation of the Programme at schools.

3.2 The choice of the cascading model to train educators

A further key theme that was addressed in the focus group discussion as well as the interview with the national co-ordinator was the Department of Education's choice of the cascading model which reiterates the 'train-the trainer' model and contains the idea of the multiplier effect to train the educators in the implementation of the life-skills, HIV/AIDS programme. The National Integrated Plan (Departments of Education, health and Social Development 2000:45) document rationalises the use of the cascading model as follows "as a result of scarcity of human and financial resources, the potential negative impact that large scale full time training could have on the effective functioning of schools, but also the seriousness of the epidemic which does not allow time to go by without serious consequences, a phased approach, following a cascading model should be adopted for the training of educators in the implementation of the life-skills, HIV/AIDS education programme". Scott (cited in Sewpaul 2001a) identified the following problems with the cascading model: training can lose impact every time the next cascade takes place; it takes a long time for the process to reach all staff members; the process is dependent on the commitment of trainers and principals; young, inexperienced teachers may be unable to convince principals, teachers and governing bodies about the need for such programmes; teachers may lack the confidence to train others; and teachers may lack facilitation skills. One district co-ordinator rationalised the use of this method as "*when the teacher comes to the training, then the teacher is given an opportunity to cascade to the entire school so that when the teacher leaves, he leaves the material in that particular school. He doesn't leave with the material*".

Despite these limitations of the cascading model and its failure to produce results as reflected in the Gauteng Department of Education's experience (Sewpaul 2001a; Sewpaul and Raniga 2005) it has continued to be used in the training of educators by the KwaZulu-Natal Department of Education.

Table 11 below provides some insight into the limitations of the use of this model from the quantitative audit undertaken in 74 secondary schools in the eThekweni region.

Table 11 : Information from training shared with staff

		Information from training shared with staff			Number of responses
		All	Some	None	
Number of educators trained		14	6	5	25
		10	9	8	27
		3	1	-	4
		2	1	1	4
		0	0	1	1
		29	17	15	61

An expectation for the successful implementation of the cascading model is for trained educators to share the information with the rest of the staff members. It was important to ascertain whether the 61 educators (see Table 10) that had attended the Department of Education's training workshops had cascaded and shared this information with the rest of the staff members. Table 11 illustrates that 29 (48%) of the 61 educators that were trained shared the information with the rest of the staff while 17 educators shared the information from the training with some of the staff. The worry is with the 15 educators who did not share information with any other colleagues. This finding concurred with what one principal had stated in the preliminary study (Sewpaul and Raniga 2005) that: "many of the teachers that attend the training sessions do not share this information with the rest of the staff".

A further risk illustrated in table 11 is with the 5 schools that had one educator trained at the school as, should this teacher leave then the sustainability of the life-skills, HIV/AIDS education programme is definitely at stake. The district co-ordinators, in the focus group spoke about the principals' role in ensuring that cascading of information takes place. One district co-ordinator emphatically stated: *"if the cascading has not happened then my hunch would be that those principals were not involved in making sure that part of the educators'*

responsibility is to go back and cascade. When we go to schools we speak to the concerned teacher as well as the principal therefore that is the way that it is sustained”.

One district co-ordinator rationalised that *“the cascading model so far is the most helpful if and when we do get another alternative and a bigger budget then we can train everybody but for now cascading model is what we can use”*. The findings of this extended study concurs with the findings of the preliminary study which revealed that educators who attended the provincial Department of Education’s training workshops had not shared their learning with the rest of the staff and highlighted a key limitation of the cascading model of HIV/AIDS intervention in schools (Sewpaul and Raniga 2005). The cascading model seemed to be largely based on the principle of economic rationalisation rather than on consideration of needs in the area of HIV/AIDS that has such huge implications for the Department of Education, specifically and for broader South African society. The South African government’s ambiguous balance of social redress and delivery with economic efficiency has increased the prevalence of a market discourse in contemporary education. Baatjes (2005) quotes McLaren when he poignantly contends that “neoliberal education policy operates from the premise that education is primarily a sub-sector of the economy”.

3.3 Challenges experienced by educators

Table 12 : Number of educators interviewed by location type

School location	Urban formal	Urban informal	Rural	Total
Educators interviewed	1	1	3	5

Phase two of this study involved in-depth interviews with five life orientation educators that were implementing the life-skills, HIV/AIDS implementation in three target schools. Table 12 illustrates that there were three educators interviewed from the rural school, one from the urban formal school and one from the urban informal school. At the rural school there were three teachers teaching the life-skills, sexuality and HIV/AIDS programmes and they all agreed to be interviewed. Even though there was more than one educator teaching the

programme at both the urban formal and urban informal school, as a result of time constraints, I was only able to conduct one interview per school. However, since this phase was a qualitative evaluation of the life-skills programme, the depth of the information received from these respondents was most valuable.

The HIV/AIDS: Care and support of affected and infected learners manual for educators (Department of Health 2001) stipulates that educators who are trained for the life-skills and HIV/AIDS education programme will be able to guide parents regarding the sexuality education of their children. However, the views shared by educators during the in-depth interviews were consistent with those identified in the preliminary study conducted by Sewpaul and Raniga (2005). These were a lack of funding, lack of material resources and time; low morale of educators; lack of continued training and lack of support from the Department of Education and the need for proper mechanisms and expertise to deal with sexuality and HIV/AIDS. Educators indicated that they lacked expertise in counselling to respond to children or fellow educators who might be HIV+. One district co-ordinator expressed the following opinion:

We have trained them and there is so much pressure on educators in the classroom that exhausts them. By the time they finish their tasks, now we expect them to implement the life-skills, HIV/AIDS training manual, be the counsellor, be the mother, be everybody for these children- they've demotivated themselves.

The following quotation exemplifies the views of principals from the urban formal schools:

With the increase in the incidence of HIV/AIDS in the family and household context, it is becoming difficult to handle such cases. We don't know what to do and it is beyond the job of the educator to now counsell and provide adequate support to these learners.

This concurs with the sentiments expressed by one principal in the preliminary study who stated that, *'they are trained as teachers and employed to teach, HIV/AIDS education is beyond their capacity'*. More importantly, he said:

Sexuality is something that they (educators) do not feel comfortable talking about, even among themselves so to deal with it with learners poses a major challenge. (Sewpaul and Raniga 2005:274)

Van Dyk (2001) indicated that addressing these issues and getting the content across are crucial in securing success for this policy nationally. Van Dyk (2001, 2005) added that the educator should feel at ease with the content of the HIV/AIDS curriculum and should be a role model with whom learners can easily identify. One educator in this extended study commented *"we are dealing with high rates of teenage pregnancies, rape and sexual abuse in our schools and we don't know how to handle these problems"*. Another educator added: *"we are trained to teach and we are not counsellors. What we need is social workers to work with us in schools – it is the responsibility of the DoE and DoSD to put this into place"*.

An educator from a rural school added that *"the programme and the policy do not include support for those educators that are HIV+. They also need help to deal with this disease"*.

This theme cluster leads to a discussion on the recommendations made by the participants of the study, that of the need for institutional based support systems which is addressed in detail in Chapter Eight of this thesis.

Theme 4: The need for institutional based support systems

Two key recommendations were made by the participants with regard to enhancing the implementation of the life-skills, HIV/AIDS education programme. The main recommendation was the need for institutional based support systems, which would improve the overall co-ordination of the NIP programme.

One such recommendation is referred to in the NIP document (Departments of Education, Health and Social Development 2000) as the need for “district based support structures’. The national co-ordinator described this care and support programme as:

not so much about lay counselling but it is about linking up and establishing schools-based activities that would enhance support for the infected and the affected learner.

This approach entails the mobilisation of community resources in order to address the epidemic at a mezzo (school and community) level. The urgent need is to develop comprehensive intervention strategies to ensure that the rights of learners who are affected and infected with HIV/AIDS are protected. Unless the institutional capacity in the school is strengthened to deal with and cope with the devastation of HIV/AIDS, the problems of learners will be treated in a vacuum. HIV/AIDS is placing an unmanageable strain on learners, educators and parents in schools and unless the present institutional capacity is strengthened by the Department of Education, then the life-skills education programme targeted at youth within the formal education sector will be ineffective.

In his writing about social workers’ contribution to development, McKendrick (2001:108) cogently commented on: “their well-developed skills in developmental group work, their community work expertise, their proven ability to advocate, their programme design and evaluation skills, their strength-based perspective, their traditional emphasis on the empowerment of others, their notable capacity to not only work in teams but to facilitate the effective teamwork that intersectoral activity requires” would be vital to the school environment. Malaka (2003) adds that since all social problems are multifaceted, it is clear that social workers cannot on their own respond holistically to the needs of learners either infected and or affected by HIV/AIDS. They have to work in collaboration with other professionals within multidisciplinary teams. Such a multidisciplinary approach would involve medical personnel, social workers and educators working in collaboration with

each other to mobilise their efforts to create an enabling environment in which not only risk reduction among learners can occur but the effects of the maturation of the epidemic can be dealt with at the school, household and community level. Sewpaul (1992) in her writing on primary care recommends that professionals transcend the duality between health and welfare, *as well as education* and adopt a multidisciplinary approach to practice. In the preliminary study the researchers' generic social work knowledge and skills, combined with their specialist knowledge of HIV/AIDS, small group facilitation skills, and their emphasis on working *with*, rather than *for* people were central to ensuring the success of a multidisciplinary approach to HIV/AIDS intervention programmes in the school context (Sewpaul and Raniga 2005). Chapter Eight of this thesis provides further detail on strategies to enhance a multidisciplinary approach to health promoting behaviour among secondary learners in schools in the eThekweni region.

The national co-ordinator acknowledged that this component of the Department of Education's life-skills, HIV/AIDS programme had been neglected. She stated:

The main reason that district based care and support training could not materialise was linked to the institutional arrangements of the programme and structural factors such as the relationship between central and provincial governments. The lack of human resources as well as the institutional location of the programme have impacted on the district based care and support that needed to be put in place in the sustainability of the life-skills, HIV/AIDS education programme.

Two mechanisms to operationalise the much-needed district based support structures at the schools or community level is the establishment of Health Advisory Committees as recommended by the National HIV/AIDS School Policy (Department of Education 1999) and the inclusion of social workers in schools.

These two recommendations will be discussed in detail in Chapter Eight of this thesis.

Conclusion

This chapter documented the views of district co-ordinators from KwaZulu-Natal and the national co-ordinator of the NIP programme. The discussion provided insight into the institutional dynamics of the NIP programme in KwaZulu-Natal. There were four broad themes that were addressed namely, the relationship between central and provincial government, institutional challenges, the training of educators and the need for institutional based support systems. The discussion highlights that these broad themes are intertwined and that due to various factors such as the 'blurred' relationship between national and provincial government, the institutional challenges, training of educators and lack of district based support systems to monitor and implement the life-skills, HIV/AIDS programme, the sustainability of the NIP project in secondary schools has been limited.

The findings from this phase of the study confirmed that there is a lack of institutional capacity at school level to deal adequately with the problem of HIV/AIDS. The findings also reveal that there is a disparity in the implementation of the programme across schools in the eThekweni region (rural versus urban schools). This is as a result of the lack of resources and institutional capacity in rural schools in dealing with the problem of HIV/AIDS. A core aspect of sustaining programmes is, amongst others, the continued availability of funds and continued effective partnerships with relevant stakeholders within and outside government and within the target communities within which the school is based. There is a need to improve access to basic services (such as running water, the provision of first aid kits, training material, human resources and classroom sizes) in rural schools to deal with the problem of HIV/AIDS.

Campbell (2003) contended that broader societal and environmental factors influence the quality of sexuality programmes implemented in schools.

Additionally, the findings confirm the argument put forth by writers in the field of policy analysis such as Levin (1997), Jansson (1999); Ramanathan (1999) De Beer and Swanepoel (2002) who maintain that a disparity exists between policy goals and the resources and mechanisms that are required to operationalise policy. It was thus argued in several chapters that both the National HIV/AIDS School Policy and the National Integrated Plan document fail to take cognisance of the broader socio-structural macro factors that impact on the institutional capacity within schools to deal with the problem of HIV/AIDS

Two recommendations were made by the participants to put institutional support systems in place. The need to establish the HAC as a key district support mechanism and the inclusion of social workers within the school context. They believed that these would serve to enhance the implementation of the NIP project in the KZN region and provide holistic support and assistance both to learners and educators that are either affected and/or infected with the virus. These recommendations are addressed in detail in Chapter Eight of this thesis.

The Chapter that follows presents the findings from the workshops held with Grade Nine learners and parents from three target schools.

CHAPTER SEVEN: THE VIEWS OF GRADE NINE LEARNERS AND PARENTS ON THE LIFE-SKILLS AND HIV/AIDS EDUCATION PROGRAMME

Introduction

Young people are at the front line of the epidemic's advance, bearing the brunt of its impact but also struggling to bring it under control. The behaviour of young people, the extent to which their rights are protected and the type of services and information they receive can help determine the quality of life of millions of people, or indeed whether they live or die. At the same time, Van Dyk (2001; 2005); Strydom (2003) and Sewpaul and Raniga (2005) maintain that if HIV/AIDS programmes are to be successful, they have to have the active support of all stakeholders in the community.

The focus of the discussion in this chapter follows from the formative, qualitative programme evaluation that was undertaken in three schools. Two key objectives which were addressed in Phase Two of this study were first, to ascertain learners' perceptions about the Life-skills and HIV/AIDS education programme and second, to examine the extent to which parents were involved in HIV/AIDS education at schools. Interactive workshop sessions were held with Grade Nine learners as well as with parents from a rural school, an urban informal school and an urban formal school in order to examine how learners experienced the life-skills education programme and to achieve these objectives.

The focus of this study was on an in-depth description of the life-skills programme as experienced by Grade Nine learners in these three target schools in the eThekweni region. Additionally, it was hoped these experiences would provide insight into how learners deal with HIV/AIDS related issues and that it would provide suggestions for strengthening the implementation of the life-skills, HIV/AIDS programme in the school context.

Four major themes emerged from the data obtained in the learner and parent workshop sessions, each with its own theme cluster. These major theme categories comprise: appraising the life-skills, HIV/AIDS education programme, accessing additional information on sexuality and HIV/AIDS, parents' views on talking about sex to their children and the need for care and support structures at schools. Figure 12 illustrates the theme categories and clusters derived from the analysis of the data. Quotes from the workshop sessions are used throughout this chapter to lend voice to both the Grade Nine learners and parents who participated in this study.

This Chapter builds on the argument presented in Chapters Five and Six of this thesis which maintains that effective implementation of the Life-skills, HIV/AIDS education programme is hindered in historically disadvantaged schools such as the urban informal and rural schools as a result of a lack of institutional capacity at these schools. The findings in this Phase of the study reveal that the life-skills, HIV/AIDS education programme is limited in scope and needs to move beyond awareness and prevention to include treatment, care and support for learners and their families who are infected and affected by HIV/AIDS. There is a need to put in place the necessary resources, mechanisms and support systems to assist learners, their families, and the wider communities to deal with the reality of HIV/AIDS. Two key recommendations were made by the participants. These were the involvement of persons living with HIV in the life-skills, HIV/AIDS education programme at schools and the inclusion of social workers in schools to provide for supportive counseling, trauma de-briefing, implementation of support groups, primary and secondary prevention and parent education programmes. These needed to be urgently addressed by both the Department of Education and Department of Social Development. These recommendations are discussed within theme four (the need for community – based support system at schools) in this Chapter and explored in further detail in Chapter Eight of this thesis.

Figure 12 illustrates the four prominent themes, each with its own theme clusters. Each of these themes are closely intertwined with each other and are discussed in the section that follows.

Major theme categories and clusters

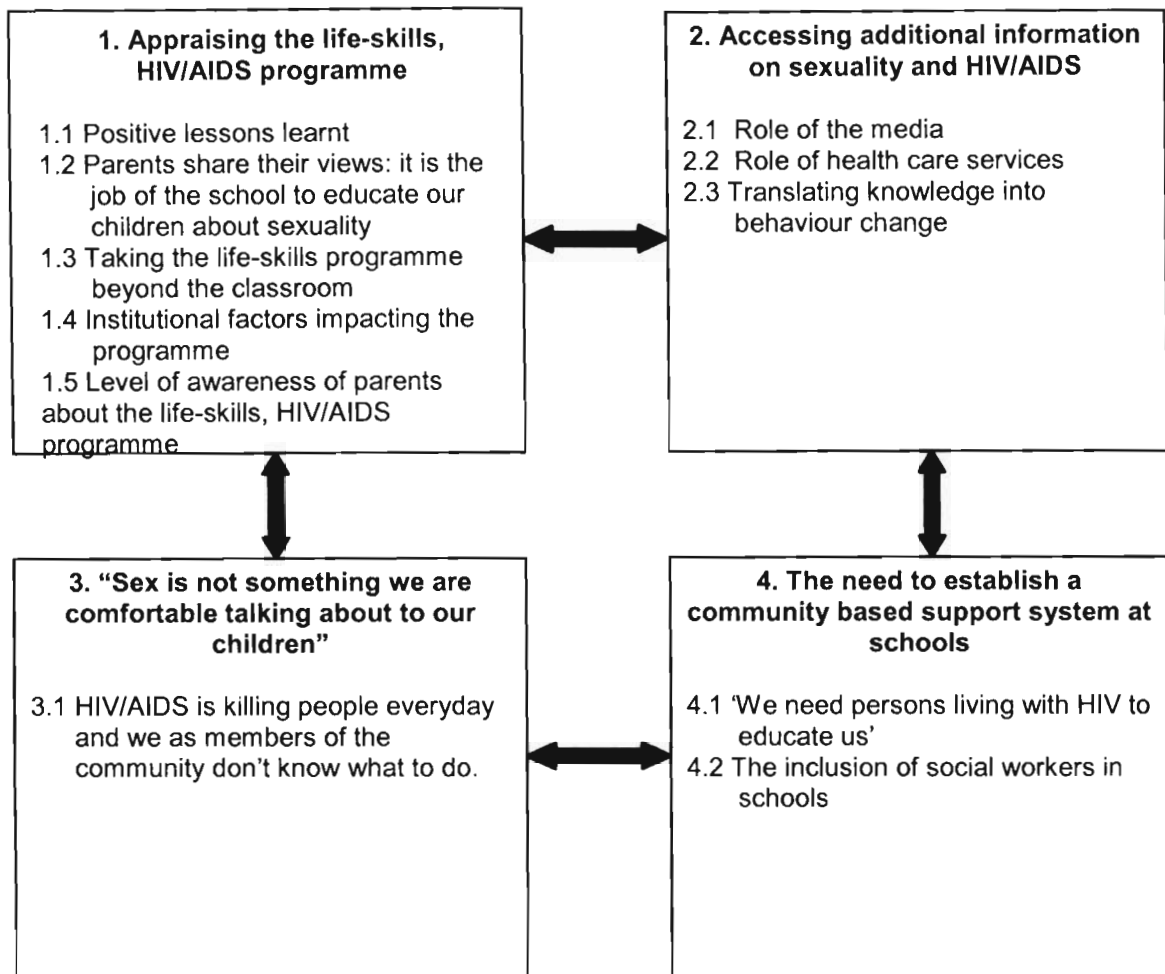


Figure 12 : Perceptions of Learners and Parents on the Life-skills, HIV/AIDS Education Programme

Discussion of the data

As illustrated in Figure 12, four prominent themes emerged from the data, each with its own theme cluster. In the following section I discuss each of these themes and clusters.

THEME 1: Appraising the Content of the Life-skills and HIV/AIDS Education Programme Taught in the Classroom

1.1 Positive Lessons Learnt

Writers such as Van Dyk (2001, 2005), Strydom (2003), Harrison (2002, 2005) and Sewpaul and Raniga (2005) contend that HIV/AIDS education should be an ongoing process and that a single awareness programme is insufficient as practical life-skills such as negotiation, communication, problem solving and assertiveness is necessary. Van Dyk (2001, 2005) added that it is important to have continuity as information and skills need to be reinforced in order to prevent HIV infection and help young persons make better and safer sexual choices. It was positive to note that the Department of Education's life-skills, HIV/AIDS education programme has taken cognisance of this as the programme has included both theoretical and practical life-skills sessions. Overall learners had very positive views about the integration of the life-skills, HIV/AIDS programme in the school curriculum.

The following extracts illustrate some of the positive views expressed by the learners during the workshop sessions:

The programme is valuable and it is good that it is taught in the classroom. We need to learn about life-skills as we don't think about whether a person is infected during sexual intercourse

I think it is OK when they teach us about HIV/AIDS because if we didn't know we were going to have sex without a condom

The life-skills programme gives us a different view of life and the right choices we must make in the future

The information we are exposed to about HIV/AIDS changes our behaviour like to abstain from sex and drug abuse and respect other people

It helped me to take decisions to abstain and not have sex before marriage.

Those who are sexually active now know how to protect themselves using a condom

I am responsible for my body and I must protect myself

I am able to understand HIV and what it does to people

Yes, we now know what we're getting ourselves into and can make our own choices, without saying but I don't know

The sentiments expressed by the learners concur with the findings of studies conducted by Jameson and Glover (1993), Strydom and Strydom (2006) and by Coyle, Kirby and Parcel (1999) who confirmed the value of HIV/AIDS awareness and prevention programmes implemented with adolescents. The findings also confirm what Zambuko and Mturi (2005) revealed in their survey of sexual risk behaviour among the youth that being in school or having at least a secondary education reduces the risks of sexual behaviour among both male and female youth.

Moreover, it was interesting that some learners had stated that *“Those who are sexually active now know how to protect themselves using a condom”*. This finding may be related to research undertaken by Gyarmathy, Thomas and Mikl (2002), Coyle, Kirby and Parcel (1999), Strydom (2003) and the University of Witwatersrand’s Reproductive Health Research Unit (*Pretoria News* 7 April 2004), which revealed that while there was little evidence that young people are abstaining from sex or waiting until they were older to have sex, the use of condoms was significantly higher. A quantitative study undertaken by Zambuko and Mturi (2005) which analysed data from surveys conducted during 1999 to 2001 of the ‘Transitions to Adulthood in the Context of AIDS in South Africa’ revealed that youth who were in a stable relationship and sometimes or rarely used condoms put them at higher risk of being infected. Additionally those youth who had multiple partners and who sometimes or rarely used condoms were regarded as being at higher risk.

Learners at the urban informal school shared that the following sessions in the programme were helpful to them: puberty and the adolescence phase, information on prevention of HIV/AIDS and other sexually transmitted infections, protection and safer sex practices and the session on assertiveness to say no to sex. At the urban formal school, learners expressed the view that the sessions on safer sex practices, the ABC of prevention of the disease, universal precaution and infection control were most valuable. However, learners at the rural school questioned the practical application of these universal precautions when they don’t have access to basic services such as clean running water and cleaning materials. Clearly, the disparity of access to resources and basic services between the urban formal school and rural school impacted on the effective implementation of the programme. This confirms one of the recommendations made by the 2005 survey commissioned by Education Labour Relations Council (ELRC) and conducted by HSRC and MRC for improvement of allocation of resources to poorer schools such as those in the urban informal and rural areas.

Chapters Five and Six provided detail about the difficulties that schools experience to operationalise both the Policy and NIP programme when the

socio-economic and structural factors affecting schools are ignored by government. The arguments presented in these chapters provide further evidence of how the commodification of education through the expansion of neoliberalism has impacted the institutional capacity at schools and limited the implementation of the National Life-skills and HIV/AIDS School-based Policy. Moreover, with the decreased engagement of the state in the provision of basic services and resources in the urban informal and rural areas, Stromquist (2002) argues that most learners from the poor and disadvantaged communities are provided low quality services, resulting in an ever widening gap in educational attainment between the rich and poor within societies.

An interesting comment made by some learners at the urban formal school was on the teaching methods used to impart the content of the programme. They stated that the use of small group interactive discussions and use of case studies with mixed gender groups were helpful. They commented that this made a difference to students contributing actively to the discussions during the sessions. The study conducted by Strydom (2003) with 999 Grade 10 learners in the North West Province also revealed that the vast majority of learners preferred interactive, mixed boys and girls groups for the sessions on sexuality and HIV/AIDS. This was however, different to the challenges and problems experienced by learners in both the rural and urban informal schools where the lack of space in the classroom had a direct bearing on the atmosphere which was perceived as a hindrance to learners participating actively during the session discussions. This further reiterates the argument put forth in Chapter Six of this thesis that the institutional resources and capacity at schools need to be taken into consideration when teaching this programme in the classroom.

1.2 Parents Share their Views

There was a general optimism shared by parents about the inclusion of the programme in the school curriculum as they were aware that it would benefit their children in terms of their own sexual choices.

One parent from the rural area stated that:

The programme is an important one for our children in order to learn how to protect themselves and to avoid having more than one partner

Another parent commented in the workshop session at the urban formal school that:

It is the job of the school to educate our children about sexuality and HIV/AIDS before they get misleading information from the wider society

The comment made by the parent in the urban formal school (which was racially mixed group) infers that parents are generally not comfortable talking to their children about sexuality even though HIV/AIDS has become a matter of life and death. Instead parents supported effective school-based sex education such as the implementation of the Life-skills and HIV/AIDS programme. Van Dyk (2001, 2005) however contends that the most effective sexuality education for young people is when both parents and schools take equal responsibility and engage with young people on specific sexuality issues, questions or concerns in an open and transparent manner.

The parents from the rural community who attended the workshop expressed that they were very grateful for this opportunity – One parent commented:

This is the first time that our view- points are taken on an important issue such as HIV/AIDS. This is a reality in our communities as we observe the number of children orphaned as a result of HIV/AIDS is growing everyday

The sentiments expressed in this comment confirm the warning made by Gow and Desmond (2002), who poignantly stated that the number of children orphaned as a result of HIV/AIDS is increasing while the community capacity to care for the children without adequate support is shrinking. Sekokotla and Mturi (2004) add that the increased number of children orphaned means that

formidable transformations have to occur at the individual, family and societal level to accommodate the heightened levels of mortality.

This leads to a discussion of the theme cluster on taking the life-skills programme beyond the classroom.

1.3 Taking the Life-skills Programme Beyond the Classroom

Even though both parents and learners expressed the view that the integration of the life-skills, HIV/AIDS education programme was positive, they felt that the programme is limited in scope and that it was important to move beyond awareness and prevention to include the provision of treatment, care and support. The Grade Nine learners suggested putting in place support structures for learners, their families and educators who are either infected and or affected by the virus. Parents from the three schools also stated that the current life-skills, sexuality and HIV/AIDS education programme needed to go beyond increasing knowledge and awareness of HIV/AIDS and should focus on strategies to assist families of the learners who are either infected and or affected by HIV/AIDS. This corroborates with Strydom and Raath's (2005) study which revealed that there is a need for a comprehensive programme on the social work treatment of the psychosocial needs of infected adolescents and their parents.

Chapters Five and Six of this thesis argue that both the National HIV/AIDS School Policy (Department of Education 1999) and NIP document (Departments of Education, Health and Social Development 2000) do not adequately address the needs of those youth infected with and directly affected by the virus and the gap is with the lack of support structures available in the school context to deal with this. The views shared by both parents and learners revealed that with the maturation of the epidemic at both micro (learners) and mezzo (household and community levels) there is a need to extend the programme beyond the classroom to include support and social services to both learners and families either infected and/ or affected by the disease.

As one parent from the rural school commented:

There is very little help given to people who are living with the disease in our communities. Also children are orphaned everyday and we don't know what to do to help them.

This calls for multi-level intervention strategies such as the provision of support, counselling, trauma de-briefing, implementation of support groups, primary and secondary prevention and parent education programmes that need to be put in place to supplement the implementation of the life-skills, HIV/AIDS education programme. In so doing, the findings here support the recommendation made by Campbell and Foulis (2003:14) and Strydom and Raath (2005) for a multi-disciplinary, multi-level and participatory approach to HIV/AIDS programme development for young people and their families. This recommendation is explored further in Chapter Eight.

1.4 Institutional Factors Impacting the Implementation of the Life-skills, HIV/AIDS Programme

It was clear from the workshops with the learners from the rural and urban informal schools that there were some institutional problems that impacted the overall implementation of the programme in the classroom. Here learners expressed disappointment about the infra- structural problems that impacted on the quality of the life-skills, HIV/AIDS education programme taught to them in the classroom.

At the rural school learners expressed unhappiness about the poor space in the classroom and inadequate support material such as charts and posters and indicated that this impacted on the quality of teaching and information shared during the sessions.

One learner said that:

With the life skills programme we have a right to get 'full' information about HIV/AIDS

Another learner at the rural school expressed the following:

If you learn about this programme of HIV/AIDS we can't get more information because other learners don't pay attention and are unable to share personal information because of the problem of space. This has an effect on the atmosphere in the classroom and pupils are not able to interact and share information freely.

Similarly, at the urban informal school, one group of learners commented about too many pupils in the class (53). This makes it difficult for them to share and interact during sessions. Clearly the poor resources at both the rural and urban informal schools were not conducive to implementing the life-skills programme effectively and limited the involvement of learners in engaging with the programme optimally. The journalist Mhlambiso (*Kwana* 17 September 2004) indicated that KwaZulu-Natal schools have been forced to seek funding from private institutions to improve infrastructure because of slow responses from the Province's Department of Education. Furthermore, Mhlambiso (2004) added that about 60% of schools in KwaZulu-Natal have no electricity, 30% have no water, 50% have no phone connections and about 50% are only accessible by footpath because of poor roads. One principal in Phase One of this study shared the sentiments expressed by the learners from both the rural and urban informal schools about the problem of space when he stated that "*the lack of space in classrooms impacts the quality of teaching on the life-skills, HIV/AIDS programme and negates the OBE system of learning*". Karlsson (2000:12) added that: "the quality of education in most rural schools as a whole compares unfavourably to that of urban formal areas. Often teachers are less-qualified and paid significantly lower salaries. The curriculum offers less variety and special education programmes are only beginning to emerge".

A further challenge related to this institutional problem illustrated by the learners was the duration set for teaching the programme. Table 13 illustrates the findings obtained from Phase One (quantitative audit in 74 schools) of this study, on the duration of the Life-skills, HIV/AIDS education programme taught per week as per location of school.

Table 13 : Duration of the Life-skills, HIV/AIDS Education Programme taught per week as per location of school

		Duration		Total
		Up to 2 hours	2 to 4 hours	
School locations	Urban formal	19	17	36
	Rural	15	14	29
	Urban informal	7	2	9
Total		41	33	74

Table 13 reveals that those schools that had integrated the life-skills programme into the school curriculum spent varied number of hours teaching the programme in the classroom. In the urban formal schools a total of 19 schools spent up to 2 hours per week on the programme while 17 schools spent between two to 4 hours per week on implementing the life-skills, HIV/AIDS education programme. Fifteen rural schools spent up to two hours integrating the programme into the curriculum for the week while 14 schools spent between two to 4 hours on the programme per week. In the urban informal communities, a total of seven schools spent up to two hours teaching the programme in the classroom per week while two schools taught the programme for up to four hours per week. Clearly the table reveals that the majority of the schools in the sample (41) spent up to two hours on the programme per week. This was in keeping with the norm set out in the NIP policy document. The Department of Education stipulated that this is usually taught in the life orientation period which formed an integral part of the school curriculum taught in one year.

During the in-depth interviews held with the life orientation educators they expressed the need for one *dedicated* period set aside only for teaching sexuality and HIV/AIDS education as at present HIV/AIDS forms one area of the larger content within the life-skills programme. Educators added that there is much disparity at schools regarding the time set aside to teach HIV/AIDS to learners. This is mainly left to the discretion of the life orientation educator. Similar to the sentiments expressed by the educators the learners at both the urban informal school and the urban formal school commented that the duration set to teach the programme was inadequate and that *“we need more time to read and write activities in the booklet; the duration set for the programme is too little”*. Van Dyk (2001, 2005) and Strydom (2003) make the point that HIV/AIDS education should never be presented in a special or isolated period as this may present a negative and irrational fear of the disease and ultimately interfere with a learner’s sexual development.

Educators added that the lack of adequate time did not allow for in-depth discussion and experiential methods of teaching. This leads to a discussion of the third institutional challenge impacting the quality of the programme, that of teaching strategies.

At the urban informal and rural schools learners expressed the view that the strategies used to teach the programme were inappropriate. One learner expressed: *“we are expected to listen and understand. It is repetitive teaching”*. Another group of learners from the urban formal school stated that they needed more practical, experiential exercises to be included in imparting knowledge and skills in the programme. One learner commented: *“the programme at the moment is focused on telling us the information but not showing us”*.

It was interesting that the views expressed by the learners in the workshop sessions corroborate Campbell and MacPhail’s (2002) finding from their study of a schools-based peer education programme that the highly rigid and regulated environment in the school context hindered active participation and critical engagement of youth in prevention programmes. Moreover, the didactic teaching methods and rigid teacher control of the programme undermined

'youth ownership' of the programme's activities and learning outcomes. This meant that neither teachers nor the peer educators were familiar with the participatory, experiential methods of teaching the programme. The learners in the urban informal and rural schools were particularly critical of the rote learning and didactic teaching strategies used by educators to impart the programme in the classroom. For Freire (1993), this *banking education* acts as a profound strategy to maintaining an oppressive social order in society. In other words the more learners put their efforts into receiving and storing information deposited in them, the less they can attain the critical consciousness that comes from "intervening in reality as makers and transformers of the world" (Freire 1993:54).

The value of using experiential strategies that allow for self-exploration, the enhancement of self awareness and opportunities to acquire practical life-skills such as assertiveness, communication, problem-solving and negotiation skills is perceived as imperative when teaching sexuality and HIV/AIDS to people (Sewpaul 2003, Sewpaul and Raniga 2005, Van Dyk 2001, 2005 and Strydom 2003).

Emancipatory education is an emerging area in the contemporary literature on community practice and there are some key concepts related to both the process and the desired educational outcomes. First learning through experiential strategies is based on the idea that people learn more effectively from everyday experiences. A second component at the core of emancipatory education is dialogue, the idea that both educators and students interact with one another in a way that both are co-learners, speakers and co-actors. Consistent with the radical humanist school of thought, the aim of such education according to Freire (1993) is to develop 'critical consciousness'.

Sewpaul (2003:305) poignantly stated that: "critical and emancipatory pedagogy raises important issues regarding how we construct our identities within particular historical, cultural and social relations, with the intention of contributing to a more democratic life". As a practical element embraced in the structural approach, learning through emancipatory, experiential strategies is

underscored by the idea that dialogical methods can help individuals (micro level) use their experiences to analyse the socio-political situations (macro level) in which they live. According to Freire (1993) this might lead to collective action in dealing with community concerns. By helping people to develop critical consciousness and learn from their own experiences, dialogic/emancipatory education encourages participants to break through apathy and inaction to plan and to eventually take collective action. A central part of this process is the learners' development of a critical awareness of their own individuality and their community as well as the socio-political environment. Freire (1993) proposed that the process of using dialogic/emancipatory methods to help people learn from their experiences can result in critical consciousness and collective action.

In the context of this study, this translates to learners' being given the opportunity within the life-skills, HIV/AIDS education programme to reflect on how their individual sexual choices are profoundly linked to the broader structural factors such as culture, poverty, inequality, gender relations and race relations in contemporary South Africa. Campbell (2003) and Campbell and Foulis (2003) also maintain that HIV/AIDS prevention programmes need to address the development of critical thinking among the youth in order to help them understand the social context which leads to unhealthy behaviours. Sewpaul (2003) captures the central theses of Gramsci, Friere and Giroux (1983) that addresses micro educational strategies and their link to macro socio- political and cultural issues. It is critical that such emancipatory strategies are incorporated in the teaching of sexuality and HIV/AIDS programmes as these would provide both learners and educators with the opportunity to engage in dialogue about HIV/AIDS and its link to broader social, political and economic forces that profoundly impact the quality of lives of people. Sewpaul (2003) refers to this as emancipatory citizenship education.

1.5 Level of Awareness of Parents about the Life-skills, HIV/AIDS Programme

Both the NIP document (Departments of Education, Health and Social Development 2000), the HIV/AIDS: care and support of affected and infected learners training guide for educators (Department of Health 2001) and the focus group discussions with district co-ordinators confirmed the importance of parents as key stakeholders in the implementation of the life-skills and HIV/AIDS education programme. In the National HIV/AIDS Schools Policy (Department of Education 1999), it is envisaged that the primary responsibility for the implementation of the Policy is the School Governing Bodies on which parents have representation. The study conducted by Coyle, Kirby and Parcel (1999) in California, Texas confirmed the important role that parents play in sexuality and HIV/AIDS education programmes. Moreover, Van Dyk (2001, 2005), Strydom (2003), Sewpaul and Raniga (2005) stated that for HIV/AIDS intervention programmes to be successful there is a need to include parents as key stakeholders in the community. School principals in the preliminary study reported that there was little or no support for sexuality programmes taught to learners in the classroom, on the part of parents (Sewpaul and Raniga 2005). A key assumption for this study was that there is a lack of involvement of parents in the planning and implementation of HIV/AIDS education programmes at schools. It was imperative to find out from the principals during the quantitative audit in Phase One of the study whether parents were invited to meetings to inform them about the content of the life-skills, HIV/AIDS education programme taught to learners in the classroom. In Phase Two we questioned whether or not parents were indeed unsupportive of the programme or whether they were not invited by schools to participate.

Figure 13 below provides some insight gained from Phase One of the study which explored whether parents were invited to meetings to obtain information on HIV/AIDS programmes implemented at school.

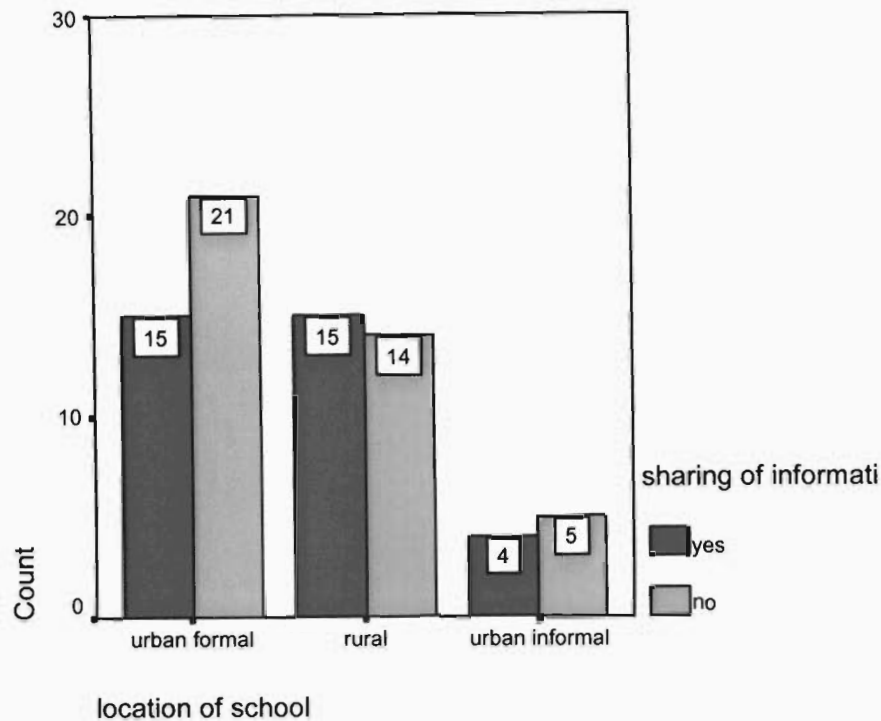


Figure 13 : Number of schools that invited parents to meetings to obtain information on HIV/AIDS programme

Figure 13 reveals that a total of 34 (46%) schools indicated that they did invite parents to a meeting to inform them about the content of the programme. Of the 36 urban formal schools, 15 (42%) indicated that they had informed parents about the HIV/AIDS programme. Of the twenty nine rural schools in the sample, 15 (52%) schools indicated that they had informed parents about the HIV/AIDS programme, while four of the nine urban informal schools indicated that they had informed parents about the programme.

However, of particular concern from figure 13 is that a total of 40 schools (54%) indicated that they had not invited parents to a meeting to inform parents about the content of the programme. This was consistent with the views shared by parents at the workshops that they were not invited by the respective schools to a meeting informing them about the integration of the programme in the curriculum. Instead they had learnt about the content of the programme from their children. However it is also important to consider the comment made by the majority of the principals that *there is a culture of non-attendance of parents at school meetings*. I experienced this challenge during Phase Two of this

study when I sent out 114 invitations to parents for the workshops and only 14 attended across all three locality types.

What is clear is that there is a lack of consistency on the part of schools regarding the efforts made to invite parents to a meeting informing them of the content of the programme. At the same time it is important that parents show their commitment to responding positively to school invitations to meetings. Further research is required to understand the factors that hinder parents from actively participating in school based activities and HIV/AIDS intervention programmes.

Theme 2: Accessing additional information on sexuality and HIV/AIDS

For the purposes of this study, I felt that it was imperative to explore other sources of information that learners had been exposed to on sexuality and HIV/AIDS. The following theme clusters provide insight into the views shared by learners on additional sources of information on sexuality and HIV/AIDS that they perceived as valuable.

2.1 Role of the Media

The majority of the learners indicated that they received information about HIV/AIDS from the media, in the forms of television, radio, newspapers and the library. Studies conducted by Strydom (2003); Buseh, Glass and McElmurry, (2002) confirmed that the media was perceived as important sources of HIV/AIDS information by adolescents. Kelly (2002:11) indicated that although the mass media has been criticised for the type of sexual information that they portray; “we should also recognise the power of these channels to communicate and influence large numbers of young adults”. In South Africa we have seen the Soul City, Love Life and Khomanani programmes, which have been designed to address topical issues such as safer sex practices that speak directly to adolescents and young adults. In an effort to reach as many young people as possible, these TV programmes combine entertainment with

education and messages extend to other social issues such as violence against women, alcohol and drug abuse, disabilities and child abuse.

Clearly from the views shared by the learners in this study, these programmes are contributing to breaking the stigma and silence surrounding HIV/AIDS, increasing awareness in the hope of promoting greater sexual and social responsibility. According to Kelly (2002) these programmes were prompting delay in sexual activity, reduction in the number of sexual partners and greater willingness to use condoms. However, it should be noted that these multimedia campaigns should be accompanied by other support systems such as school-based programmes that offer opportunities for active engagement of learners and access to psycho-social help.

One learner offered the following suggestion:

Government's mass awareness campaigns are working and so is the life-skills programme taught in the classroom. However, we need to supplement the content with involvement of PWAs – more practical exposure of the realities of HIV/AIDS from people living with the disease.

A further suggestion made by another group during the workshop sessions was the need for more recreational facilities for the youth so that they are able to occupy their time constructively.

One learner commented:

At present, youth spend their time going to clubs where many of the youth learn to do drugs and have sex. If youth can spend time in sports and get advice there it would not be easy for them to get AIDS.

2.2 Role of Health Care Services

Learners from the urban formal and informal schools indicated that they get information from the local clinics on safer- sex and have access to condoms. The study conducted in Swaziland by Buseh, Glass and McElmurry (2002) revealed that adolescents preferred health care workers as their main source of sexual risk information. This is interesting as research conducted by Van Rensburg et al, (2002) indicated that the youth do not frequent clinics and that the rates of teenage pregnancy and rates of infection of HIV among 15-19 year olds are high. Engagement with the Grade Nine learners who participated from the urban areas in this study informed us differently. They indicated the frequent use of community based support structures such as clinics, local public hospitals and lifeline as important.

One learner indicated: *"I am the person who is responsible for my body, I have to protect myself from getting HIV so I get protection from the local clinic".*

Another learner stated: *"information that I got from the clinics has been helpful to make better decisions about being responsible and delaying sex because if we have sex we have learnt to use a condom to protect our lives".*

Possible reasons for this finding are that public health care services such as clinics and hospitals are more accessible in the urban areas and the active role of the media has contributed to the learners utilising these services in their area of residence. However, the concern is with learners in the rural areas that have little or no access to such resources. Zambuko and Mturi (2005) recommended that family planning services should be made available to the youth of rural areas as a priority. This reiterates the findings of the quantitative audit that there is disparity between urban and rural areas with regard to access to basic resources and services.

It was interesting that none of the learners mentioned the peer education programme which is also implemented in secondary schools by the KwaZulu-Natal Department of Education as a project supplementing the life-skills

education programme. Peer education is based on the assumption that peers are the most important influence on young people's sexual behaviour and that they are most likely to change their behaviour if their peers set an example (Department of Health 2001). Research conducted by Smith, Dane and Archer (2000) affirmed that active involvement by young people in the intervention and design of peer education programmes served as an effective strategy for increasing prevention and awareness among the youth. The learners in the workshop sessions made the important point that the life-skills, HIV/AIDS education programme needs to move beyond a focus on sexuality education and awareness to include treatment, care and supportive services to assist learners, their families and educators who are either infected and /or affected by the virus. The peer education programme implemented by the Department of Education would serve as a valuable institutional mechanism at schools to address this concern expressed by the grade Nine learners. Further research is required in this area.

2.3 Translating Knowledge into Behaviour Change

Research on education, youth and HIV/AIDS programmes in South African schools revealed that there is a huge discrepancy and complexity that surrounds the translation of knowledge into behaviour change (Taylor et al, 2002; Harrison, 2002; 2005; Moletsane et al, 2002; Strydom, 2003; Campbell, 2003; Ndaki 2004). In Phase Two of this study, the life orientation educator at the urban formal school indicated that learners were very aware of the disease and the risks as this is covered extensively in the Department of Education's programme taught to them in the classroom. However, she expressed concern about whether this information is really helping them to make more informed decisions when it comes to sexual choices.

She commented: *"I think teenagers are now aware of the dangers of penetrated sex so now they think oral sex and anal sex is a lot more safe. Therefore, it is not that they are not engaging in sex. They just choose to experiment in other ways"*.

This comment is viewed with concern for two key reasons. It speaks to the notion that sexuality and HIV/AIDS education in the classroom might be limited. If youth are engaging in oral and anal sex, in the mistaken belief that they are safe compared to penetrative vaginal sex, then it is possible that these modes of transmission are not covered in the classroom. Clearly, sexuality education at secondary school level needs to include risks involved with a full range of sexual behaviours, including unprotected anal and oral sex (Van Dyk 2005). Learners need to be informed that unprotected anal sex carries a higher risk of HIV infection than unprotected vaginal sex. It is also possible that the requirement of virginity testing in some communities may be contributing to some youth engaging in oral and anal sex. From the group discussions with the learners and the interviews with the key informants it seemed that these complex and difficult issues were not dealt with in the classroom.

This life orientation educator went on to say that: *“teaching sexuality and HIV/AIDS is a major challenge for us educators and we are unable to deal with such complexities”*. The limited skills of educators and the challenges they currently experience in dealing with HIV/AIDS in the school context concurs with the findings from Phase One and Phase Three of this study and details are extensively documented in Chapters Five and Six.

It would appear that despite high levels of awareness about HIV/AIDS, South African youth do not think that they are personally at risk of contracting the virus. A survey conducted by Wits University's Reproductive Health Research Unit in partnership with the Medical Research Council in South Africa in 2004 revealed that 62% of youth who tested HIV positive thought that they were at no risk at all or had a small chance of getting HIV. Pettifor (cited in *Pretoria News* 7 April 2004), Director of the Adolescent Health and Reproductive Health Research Unit at the University of Witwatersrand stated that: “in order for young people to take precautions from HIV, they first have to think that they are potentially at risk for becoming infected with HIV”. Additionally the survey revealed that while 94% of young people indicated that they know how to protect themselves, persistent patterns of high-risk sexual behaviour combined with a low sense of personal risk contribute to the finding that by age 23, one in

five youth are HIV positive (Ndaki, *Pretoria News*, 7 April 2004). Campbell and Foulis et al (2003) found that while youth in the Ekuthuleni community in KwaZulu-Natal had accurate knowledge about HIV transmission and prevention three key factors prevented them from acting on this information. These were curiosity to experiment with sex, an attitude of fatalism and invincibility and information overload. Moreover, with the current maturation of the disease more attention should be placed on treatment care and support to young people infected and or affected with the disease.

An interesting point of view expressed by Dr David Harrison, Love-life CEO was that the country's "culture of death associated with violent crime, high road accident rates and the cheap cost of life contributed to this nihilistic attitude" (*Pretoria News*, 7 April 2004). To exacerbate the problem it is outrageous when prominent political leaders such as the ex-Deputy President of South Africa, Jacob Zuma had unprotected sex with a known HIV+ woman. He rationalised his behaviour saying that he had perceived *minimum* risk of infection and used culture as an excuse for his totally unacceptable behaviour. As Deputy President and Chair of the ANC and Champion of the Moral Regeneration Movement in South Africa, Zuma always encouraged youth to engage in safer sex practices. However, one cannot but question the integrity of such leaders when there is a blatant discrepancy between what one says and what one does.

Pettifor (cited in *Pretoria News* 2004) noted that: "denial and the failure to internalise risk and the fact that young people had not taken prevention messages to heart were to blame". Love life CEO, Dr Harrison added that young people were immersed in a society that has little tolerance for women's sexual rights and that youth are unlikely to change their behaviour when these prevailing norms and structural inequalities are endorsed by society. Clearly then HIV prevention programmes such as the life-skills, HIV/AIDS education programme implemented in schools are limited in scope as the programme needs to address gender imbalances, socio-structural factors such as unemployment, conditions of poverty and treatment and support for the youth infected and/or affected by HIV/AIDS. The findings also illustrate the complex interplay of micro and macro forces and calls for a holistic, multi-sectoral

approach to HIV/AIDS management. It is necessary to focus on the processes intervening between micro-and macro level of analysis particularly at the mezzo level (school, household and community).

Theme 3: “Sex is not something we are comfortable talking about to our children”

The family is an important institution in society that lies at the interface of the individual and society (Sewpaul 2005b). Van Dyk (2005) revealed that when parents talk and affirm the value of their children, young people are more likely to develop positive, healthy attitudes about themselves. This is also true when discussing HIV/AIDS, which means talking about sexual behaviours. One of the key themes that was evident at the parent workshops was parents’ roles as sexuality educators. Parents from all three schools expressed that it is not always easy for them to talk about sexual behaviour to their children. It was discussed earlier (theme 1.2) that parents stated that it was the responsibility of the school to focus on sexuality education. Some of the sentiments expressed by parents were:

We did not grow up in an environment in which sex was discussed, I do not know all the ‘right’ answers. I feel confused about the proper amount of information to offer. As parents we need a lot of relevant information on sexuality and HIV/AIDS before we can inform our children.

One parent from the rural community stated:

In our culture we just don’t talk about sex to our children

One parent from the rural community indicated that more information on youth behaviour would be helpful as “*we as parents are concerned about the secretive behaviour of the youth – that is when they do things and are not open about their behaviour*”.

It is clear from the comments made by parents that addressing a sensitive topic such as sexuality and HIV/AIDS with their children without adequate knowledge and skills of dealing with difficult questions was a challenge. Parents at the workshops expressed feelings of insecurity and unworthiness in their roles as sexuality educators. Van Dyk (2001, 2005) suggests that parents become knowledgeable and comfortable discussing sex and topics such as understanding the body, adopting healthy behaviours, respecting others and dealing with feelings with their children as early in the life cycle as possible (before pre-teen years). However, in doing so a concern shared by parents at the workshops was their lack of knowledge and skills in dealing with the controversies and sensitivity of sexuality and HIV/AIDS. Parents recommended that the school facilitate workshops on understanding the adolescent stage of life and parenting skills and communication skills as this would equip them with the necessary knowledge and skills to deal with sexuality issues in the home environment.

Learners also supported the view that in the light of the HIV/AIDS epidemic parents should talk to their children about HIV/AIDS – learners commented:

They should not be scared to talk about sex to them. It helps us become aware of what is happening in the outside world.

Most parents don't speak to us about sexually transmitted infections and sex.

School is an important context to discuss sexuality education, as parents don't engage with this issue in the home environment.

These comments shared by the learners concur with the findings from the study conducted by Strydom (2003), Campbell and MacPhail (2002) and reiterates Van Dyk's (2001, 2005) assertion that parents who are well informed about how to prevent HIV and who talk with their children regularly about healthy

behaviors, feelings and sexuality play an important role in HIV/AIDS prevention programmes.

3.1 HIV/AIDS is Killing People Everyday and we as Members of the Community do not Know what to do

In South Africa poverty and unemployment, compounded by HIV/AIDS are major macro social problems that contribute to a sense of powerlessness of the family system. Gow and Desmond (2002), Barnett and Whiteside (2002) and Sekokotla and Mturi (2004) maintain that the declining productivity of breadwinners in families not only strains economic resources within families but the psycho-social and emotional roles between parent and children. Gow and Desmond (2002) state that this leads to roles between parent and child within families becoming blurred and adds to the powerlessness felt within the household system. Parents at the workshops asserted that HIV/AIDS is a profound reality in their own communities

One parent commented:

It is not just persons living with the disease that are affected by the disease, but the entire family system is isolated from the community.

It was also interesting to note that all the parents who participated in the workshops indicated that they knew someone in their lives who was HIV+. It is possible that this served as a reason for their attendance at the workshops. This also speaks to the maturation of the disease and current reality of HIV/AIDS across all communities. Gow and Desmond (2002) stated that it should not be assumed that HIV/AIDS is a disease that affects the poor exclusively. A study undertaken by Wilkinson (cited in Van Rensburg et al 2002) in KwaZulu-Natal revealed that the prevalence level among pregnant women attending private obstetricians was not dissimilar from those women attending public antenatal clinics. Thus, the relationship between HIV prevalence and income levels is not a simple one and this inference can also

apply to communities with varied income levels and race profiles. While HIV infection is not restricted to the poor, poverty and all its complex interacting factors render people more vulnerable to infection. Thus, it is important to take note of Sewpaul's (2005b:312) indication that "the growing inequality consequent primarily upon the free market ideology that dominates South Africa must form the basis for the analysis of structural forces of disadvantage and poverty in any public policy or plan of action for families".

Van Dyk (2001, 2005) maintained that adolescents and their families who are either infected and or affected by the disease face the daily threat of stigmatisation and discrimination. Parents from mainly the rural and urban informal communities expressed the view that such communities were experiencing a social strain in coping with large numbers of people infected, and an ever increasing number of children orphaned as a result of HIV/AIDS. Chapter Three provided detail of the socio-structural and macro impact of the epidemic on communities such as poverty and inequality (Barnett and Whiteside 2002; Gow and Desmond 2002; Sewpaul, 2005a, 2005b). This concurs with the findings of a study in informal and rural communities conducted by Simpson and Raniga (2004) which concluded that the HIV/AIDS epidemic is straining the already over-stretched resources of poverty stricken communities. Campbell and Foulis (2003) argued that usually those members of communities that are most vulnerable to infection are also those with the least access to political influence and material resources that is necessary for HIV/AIDS prevention programmes.

When asked about what could be done to address the situation, in the rural school parents spoke about the need to start support groups for families infected and or affected by the disease. Others spoke about the need to resume the practice within the Zulu culture of having an elderly female guide teenage girls about their behaviour and values when the girl reaches puberty. This practice helps to uphold her respect and dignity and also ensures abstinence from sex until marriage. For the teenage boys, when they are in a relationship they should have the advise of an elderly male from the same family who would guide and discuss safer- sex practices such as *ukusoma*

(thrusting of the penis between the thighs of a woman with no penetration) with them. Parents from the rural community stated that these practices are no longer maintained because of the western influences at the detriment of African cultural traditions which is based on community values espoused by 'ubuntu'.

All the parents at the workshops expressed the concern that HIV/AIDS is a reality and that they needed more help and support from the school than is being provided to help the youth as well as families infected with the virus. School personnel and the KwaZulu-Natal Department of Education need to make greater efforts to engage parents in the planning and implementation of HIV/AIDS intervention programmes at schools. Moreover, there was an urgent call by both parents and learners to establish institutional based support systems at schools to holistically address the needs of parents and learners infected with and/ or affected by HIV/AIDS.

Theme 4: The Need to Establish Institutional Based Support Systems at Schools

One learner during the workshop session at the urban informal school expressed the following opinion:

Unit 4 of the manual tells us about care and support but this is not evident in school and discrimination of people living with HIV/AIDS still exists everywhere.

The care and support for learners infected with and affected by the disease is absent in the school system. Chapters Five and Six of this thesis highlights this as a limitation of both the National HIV/AIDS School Policy (Department of Education 1999) and the NIP programme (Departments of Education, Health and Social Development 2000). The learners were of the view that there is a need to establish proper support mechanisms within the school system to provide for care and support for learners who are either themselves infected or affected by a family member who is living with the virus. As one learner stated in the workshop session "*We would like to have other specialist persons who*

are appropriately trained and more informed to help us cope with this disease at home”.

It is clear that the learners perceived the life-skills, HIV/AIDS education programme as limited in scope as they did not only want awareness and prevention information but they wanted more support and care systems and practical skills in terms of coping with the realities of HIV/AIDS. This is reflective of the maturation of the epidemic in communities and the Policy needs to go beyond just awareness and prevention. It needs to include recommendations regarding infrastructure and resources to enhance care and support at the levels of school and community. Campbell and Foulis (2003) concluded from their study that providing young people with HIV-related information and behavioural skills are in themselves inadequate. Prevention programmes need to work towards creating social and community contexts that enable and support young people to act on the information that they learn in schools and to put these behavioural skills into practice. Learners and parents in this study made recommendations beyond prevention, requesting assistance to deal with the effects of HIV infection.

Two key theme clusters are linked to this theme and are the focus of the discussion in 4.1 and 4.2 below.

Theme 4.1: “We Need Persons Living with HIV to Educate Us”

The HIV/AIDS care and support of affected and infected learners manual for educators (Department of Health 2001:94) acknowledges that: “it is unrealistic to note that the school can address all problems surrounding learners who are infected with and affected by HIV/AIDS”. The National Committee on Education Support Services (Department of Health 1999) proposes the use of community based support and ‘outside expertise’ in order to provide the necessary supportive services to learners and their families who are infected with and or affected by HIV/AIDS.

Learners from the urban formal and urban informal schools recommended the inclusion of HIV+ persons in the implementation of sexuality and HIV/AIDS programmes:

We don't ever get people who are HIV+ to come to talk to us and tell us how they feel. We don't get to ask personal questions.

In the preliminary study, the value of implementing the Greater Involvement of Persons living with AIDS principle, as recommended by UNAIDS (2000) was evident (Sewpaul and Raniga 2005). It was clear from the workshop session with all three groups of learners that they wanted to know what it was like to live and to cope with HIV. They felt that people living with HIV are in the best position to share their own life experiences and would do much to enhance the quality and scope of the current method of implementation of the life-skills, HIV/AIDS education programme. One pupil at the urban formal school indicated *"we also need information about white people who are infected with HIV"*. Another learner commented *"we could get people to come in and speak about their personal feelings and how it has changed their lives - what's the use of telling us but not showing us"*. There is an undeniable value to involving persons living with HIV/AIDS to provide education and training for diverse groups of people. HIV+ personnel also make the best peer counselors for several reasons as elucidated by Sewpaul and Rollins (1999). Campbell and Foulis (2003) quote Nyawo and Xaba who argued for the importance of involving people with HIV in the training of peer educators and programme implementation. The preliminary study conducted by Sewpaul and Raniga (2005) provides insight into the involvement of HIV+ women in providing support and education to peers within the hospital setting. It is important to note however that the success of such programmes depend on the extent to which they are supported by government, school personnel, the NGO sector and donor agencies.

4.2 The Inclusion of Social Workers at Schools

Both learners and parents recommended the inclusion of social workers as an important resource to increasing the community based support system within schools and to provide for the much needed care and support to both learners and families either infected with and or affected by HIV/AIDS. This concurs with the views expressed by principals in Phase One (Chapter Five) of the study and government officials in Phase Three of the study (Chapter Six)

One parent commented:

The Department of Education together with schools and the Department of Social Development need to provide community-based support systems for families.

One learner stated that:

These departments in collaboration with non-government organisations, faith-based organisations and community-based organisations have a responsibility to holistically provide communities with relevant services to manage the HIV/AIDS crisis.

Another learner commented:

It is preferable for specially trained social service professionals such as social workers to handle the HIV/AIDS education and life-skills training of learners in secondary school as this requires specialised skills

Evidently both parents and learners were of the view that the inclusion of social workers in schools was imperative to educate and empower them with coping skills and also to provide the necessary counselling and support services for families and learners affected and/or infected by HIV/AIDS. Research

conducted by Sathiparsad and Taylor (2005); Sewpaul and Raniga (2005) confirmed the need to integrate social work services in the school context. The action research in the preliminary study (Sewpaul and Raniga 2005) confirm that social workers are often in a position to facilitate collaboration and create a service network that deals with HIV/AIDS within the school in a holistic and integrated manner. In this study both parents and learners were of the view that the responsibility to include social workers in schools in order to establish care and support services to help communities manage and deal with the HIV/AIDS crisis lies with the Departments of Education, Health and Social Development (as indicated in the NIP document, 2000). In order to provide holistic and multiple intervention strategies to curb infection rates among the youth and to provide for appropriate care and support to learners infected and affected by the disease, all three departments need to work in partnership with each other.

Chapter Eight of this thesis discusses some of the practical elements of structural social work and its application to HIV/AIDS intervention programmes in schools.

Conclusion

The findings from the workshops with Grade Nine learners and parents reveal that the integration of the life-skills programme into the school curriculum was positive. At the same time the findings indicated that the Life-skills, HIV/AIDS education programme is limited in scope and needs to move beyond awareness and prevention to include treatment, care and support for learners and their families. These findings support the need for multi-level intervention strategies sensitive to the contextual and environmental factors influencing the school in order to sustain change with respect to HIV/AIDS prevention, treatment, care and support among the youth. Such strategies should aim to create an enabling environment in which not only risk reduction can occur but the effects of the epidemic can be dealt with. In so doing, necessary resources and mechanisms have to be put into place in order to address the need for treatment, support and care services within the school context. Theme four addressed recommendations for the inclusion of social workers in the school

context and the involvement of HIV positive individuals in schools-based HIV/AIDS prevention programmes.

Chapter Eight synthesises the major conclusions of the study and makes recommendations based on the study's findings.

PART FIVE

CHAPTER EIGHT: CO-ORDINATION, POLITICAL WILL AND HIV/AIDS SCHOOL INTERVENTION PROGRAMMES: THE WAY FORWARD

*It is possible to have a generation without HIV/AIDS – we
are the ones to make it possible. Graca Machel*
(UNAIDS 2003)

Introduction

The April 1994 elections marked the formal ending of the era of apartheid. The world referred to South Africa's change as a political miracle because the transfer of political power was unexpectedly smooth. It meant the end to the economic and financial sanctions that faced the country and raised hopes that economic recovery may once again be in prospect. Freedom from these constraints has given South Africa participation in the global economy and opportunities for foreign trade, foreign investment and foreign assistance. However, twelve years into the new democracy, we live in a world of sharp contrasts and duality. We witness progress in human and economic development and where information flows more freely than ever before. At the same time though, as a consequence of globalisation and the expansion of neo-liberalism there are deep-seated imbalances that threaten socio-political sustainability, particularly in developing countries. Moreover, the human and economic costs of the HIV/AIDS epidemic threatens the social fabric and political stability in South Africa where HIV/AIDS infects more than 6 000 new people each day (Abdool Karim and Abdool Karim 2005).

South Africa is thus faced with the daunting task of responding effectively to the alleviation of poverty and strategically to the HIV/AIDS epidemic. *Is the National Life-skills and HIV/AIDS School Policy implemented at secondary schools in the eThekweni region adequately addressing the needs of school-going youth infected and or affected by HIV/AIDS in our society?* This key question formed the foundation for this extended study. My interest in this study

was motivated by a preliminary study which was conducted by Sewpaul and myself which involved the implementation of a qualitative, action research study on HIV/AIDS and sexuality in schools (Sewpaul and Raniga 2005).

The purpose of this study was to investigate how secondary schools in the eThekweni region have responded to the problem of HIV/AIDS, the challenges faced by educators in the implementation of the National HIV/AIDS School Policy and the life-skills programme and to evaluate the Life-skills, HIV/AIDS education programme in three target schools. In Chapter Three I provided an overview and appraisal of the National HIV/AIDS School Policy (Department of Education 1999) and the National Integrated Plan for affected and infected children of HIV/AIDS (Departments of Education, Health and Social Development 2000) which were two policy documents that formed the basis of this study. Throughout the analysis of findings, these policy documents were critical in the formulation and interpretation of themes.

A multiphase research design, incorporating both qualitative and quantitative methods guided the research process in this study. In Phase One of the study face- to face interview schedules were administered with principals from 74 secondary schools in the eThekweni region. Phase Two comprised in-depth interviews with educators as well as interactive workshops with Grade Nine learners and their parents from an urban formal school, an urban informal school and a rural school. In Phase Three I conducted one focus group with district co-ordinators and an in-depth interview with the national co-ordinator. The fact that I was able to obtain similar findings in the different phases of the study about the experiences of individual learners, parents, educators and government officials in the implementation of the National Life-skills and HIV/AIDS School Policy, using these different data collection sources and strategies, increased the reliability and validity of the data collected.

The literature study documented in Chapters Two and Three, illustrated that many of the research studies on youth sexuality and HIV/AIDS have focused on two levels of analysis. At the micro-level, studies have sought to explain factors that influence individual sexual choices and its relationship to HIV-related

knowledge, attitudes and behaviour intentions. At a macro-level, studies have focused on high levels of HIV among the youth and the influence of wider social environmental factors (Campbell and Foulis 2003; Campbell 2003, Barnett and Whiteside 2002, Harrison 2002, 2005; Sewpaul 2005). However to date there has been little specific focus on the processes intervening between micro-and macro level of analysis particularly at the mezzo level (school and community).

Hence, this is the first study to my knowledge that attempted to obtain deeper insight into some crucial challenges from multiple interrelated stakeholder perspectives (educators, learners, parents and government officials) regarding the implementation of the National HIV/AIDS School Policy and the Life-skills, HIV/AIDS programme in 74 secondary schools in the eThekweni region. Using the lens of the structural approach, I wanted to examine how structural and policy shifts in contemporary South Africa have impacted the implementation of HIV/AIDS programmes in the school context. Drawing on both the radical humanist school of thought and the radical structuralist school of thought, structural social work connects people's private troubles with the structural sources of these troubles. Stromquist (2002:xiv) argues that "the study of globalisation requires that we undertake a political and economic analysis of schooling and knowledge in order to grasp what forces account for the nature and order of educational institutions, to gain an understanding of who benefits and who does not and to predict further manifestations we will see". The structural approach to social work helped me understand the experiences and concerns of Grade Nine learners, their parents, educators and government officials about the National Life-skills and HIV/AIDS School Policy and Programme in relation to underlying socio-economic and political conditions in contemporary South Africa. Additionally it helped to conscientise me to the power relations and dynamics that profoundly impacted the co-ordination and overall management of the National Life-skills and HIV/AIDS School Policy and Programme at an institutional level.

Going beyond the institutional reformist perspective, I have argued in the preceding chapters that schools are deeply embedded in and influenced by the broader socio-political and economic relations of the wider society in which they

are located. Socio-economic conditions such as poverty and unemployment in the wider communities have a dire impact not only on the lives of learners but on the institutional capacity at the schools to deal adequately with the effects of the HIV/AIDS epidemic. Hence, in order to make a meaningful difference to learners, their families and educators either infected and or affected by HIV/AIDS, there is a need to know “who holds the power, whose interests are being served by maintaining the status quo and what strategies are being used to maintain the status quo” (Mullaly 1993:141). This complex interplay of power and of micro and macro forces affirms the need for a co-ordinated, multi-disciplinary approach to HIV/AIDS management in the school context wherein the needs of learners, educators, parents and their immediate communities have to be prioritised.

This final chapter brings my study to a close and synthesises the major conclusions of the study. In this section I argue that there needs to be a change of focus in the strategies that are being used to enhance health promoting behaviour among secondary school learners in the eThekweni region. Drawing on the practical elements of structural social work theory such as empowerment, critical thinking and the provision of concrete material resources, I present five key strategies as a framework to create an enabling environment in which not only risk reduction among the youth can occur but the effects of the maturation of the epidemic can be dealt with at the school, household and community level. Section three discusses the re-conceptualisation of social work using the structural approach to practice and closes with recommendations for further research.

Section One

The Disparity Between Policy Goals and the Resources Required to Implement the National Life-Skills and HIV/AIDS School Policy

There were two key themes that emerged from the data analysis which connected all theme clusters discussed in the preceding chapters. The first theme was the disparity between policy goals and the resources required to

implement both the Policy and the Life-skills, HIV/AIDS education programme. I have argued in preceding chapters that the HIV/AIDS epidemic in South Africa, particularly the eThekweni region has been intrinsically influenced and shaped by structural forces such as globalisation and the expansion of neoliberal capitalism.

This study has shown that schools have not escaped the impact of globalisation and the expansion of neoliberal capitalist policies and that the school system in South Africa reflects the dominant political ideology and social stratification of wider society. The findings of this study provide empirical evidence for what Stromquist (2002) states are the effects of market mechanisms embedded in neoliberalism which has translated into reductions in government support to public schools. The responsibility for delivery and translating the National Life-skills and HIV/AIDS School Policy and programme into action has shifted to schools and to local communities. No response to the HIV/AIDS crisis in the South African school context can be effective if the National Life-skills and HIV/AIDS School Policy does not take into account the gross global inequalities that exist and those that are continuing to increase both nationally and globally. More importantly, if social justice is about fair and equal distribution of resources to meet not just the basic needs of people but about the equal treatment and protection of people, then it is imperative that government shows its commitment by providing the necessary resources (human, as well as technical) to effectively operationalise policy goals and directives.

The data analysis presented in Chapters Five, Six and Seven illustrated that the National HIV/AIDS School Policy (Department of Education 1999) and the National Integrated Plan (Department of Education, Health and Social Development 2000) are in themselves flawed as the policies fail to take cognisance of the broader socio-economic and political factors that impact the institutional capacity within schools to deal with the problem of HIV/AIDS. The findings of the quantitative audit showed that even though there had been a significant increase (68 of the total 74 schools) in the awareness of the National HIV/AIDS School Policy across different school locations within the eThekweni region, 23 schools (42%) experienced problems with the implementation of the

Policy and the life-skills, HIV/AIDS education programme. This was primarily due to the lack of institutional capacity, including lack of access to basic services such as water, lack of government support, lack of material support and problems with classroom size.

These challenges were experienced mainly in rural schools. Of particular concern, was the finding that 41% of rural schools did not have access to running water to adhere to universal precautions to ensure safety. This concern was shared by Grade Nine learners from rural schools who questioned the practical application of universal precautions when they did not have access to basic services. The national co-ordinator confirmed that without the proper infrastructure and resources required to operationalise the National Life-skills and HIV/AIDS School Policy, the needs of learners will be treated in a vacuum.

Additionally, Grade Nine learners from the urban informal schools spoke about the difficulties they experienced regarding the lack of space in classrooms and how this impacted their level of interaction during the Life-skills, HIV/AIDS educational sessions in the classroom. The national co-ordinator also expressed the need for bigger classroom sizes, access to basic services such as water, sanitation, electricity to facilitate the implementation of both the Policy and the Life-skills, HIV/AIDS education programme. The district co-ordinators spoke of the budgetary challenges they experienced that affected not just the overall management and co-ordination of the National Life-skills and HIV/AIDS School Policy but the human resource capacity and the technical resources required to optimally perform their roles and functions. Many of these government officials were of the opinion that not enough was being done by both central and provincial Departments of Education to ensure that adequate resources were in place at schools to effectively implement the Life-skills, HIV/AIDS education programme. This finding concurs with Campbell's (2003:186) views about obstacles to the success of HIV/AIDS intervention programmes in the Summertown community, when she indicated: "there is no doubt that the lack of consistent government leadership has been a key factor hampering HIV prevention efforts in South Africa".

Writers such as Bond (2005); Sewpaul (1997, 2003, 2004, 2005a, 2005b, 2006); Desai (2002) and Adelzadeh (1996) have criticised the blatant contradiction that exists in the policy choices made by the Government post 1994 regarding the macro-economic policy of GEAR and the Reconstruction and Development Programme (RDP) which embraced a socialist worldview of social justice, equality and a better life for all. I have discussed in preceding chapters that the GEAR policy has been criticised as not only inconsistent as an economic strategy to promote growth and employment in the country but has profoundly contributed to pushing people living with HIV/AIDS further to the margins of society. It is important to consider that developing economies such as South Africa might feel coerced to follow policies that support the interests of global capital. Ife (2002) adds that the power of the global economy is such that if a government were to institute policies that displeased the *players in the markets*, then there would be loss of capital, investment and a currency crisis. Thus neoliberal policies and practices become imposed on nation states.

It is thus clear that HIV/AIDS policies and programmes need to take cognisance of the way market-induced principles such as deregulation, privatisation and liberalisation intersect to have profoundly impacted not just the roles and functions of government officials but the experiences of educators, parents and learners.

The findings of this study support the recommendations made by the HSRC and MRC from the 2005 survey to the Department of Education for the improvement of allocation of resources in urban informal and rural schools such as running water, training material, increased funding, bigger classrooms and other basic services in order to render the implementation of the Policy and the Life-skills, training programme truly effective. Furthermore, establishing a sustainable plan of action for addressing the large-scale inequality and poverty linked to HIV/AIDS in mainly rural and urban informal communities are the critical development challenges facing both the KwaZulu-Natal Department of Education and Department of Social Development.

Moving Beyond Awareness and Prevention

A second key theme that emerged from the data analysis connected all theme clusters discussed in the preceding chapters was the need to move beyond awareness and prevention to include treatment, care and support to learners, their families and educators who are either infected and or affected by HIV/AIDS. It was positive to note from the findings of the quantitative audit that 69 of the 74 schools had integrated the life-skills, HIV/AIDS education programme into the curriculum. The views expressed by both Grade Nine learners and their parents in the workshop sessions across all school locations regarding the integration of the life-skills, HIV/AIDS education programme in the classroom was positive. A major objective of the South African National HIV/AIDS Strategic Plan (Department of Health 2000) is to reduce the personal and social impact of HIV/AIDS through providing treatment, care and support, including social welfare services for persons infected with HIV/AIDS, their families and communities. The National HIV/AIDS School Policy emphatically states that it seeks to “contribute towards promoting effective prevention and care within the context of the public education system” (Department of Education 1999:2). In so doing, all learners, their families as well as educators living with HIV/AIDS need acceptance, support and care from their families and wider communities, including prevention and treatment of illnesses, access to antiretroviral therapy as well as appropriate psychosocial support.

The findings of this study revealed that these objectives enshrined in the National HIV/AIDS Strategic Plan (Department of Health 2000) as well as the National HIV/AIDS School Policy is sadly lacking in secondary schools in the eThekweni region. The participants of this study unanimously agreed that both the Policy and Life-skills, HIV/AIDS programme was limited in scope. Instead the Policy and the Life-skills, HIV/AIDS programme have a preoccupation with awareness and preventative strategies and the treatment, care and support element is neglected. These participants suggested the need for institutional based support systems at schools which would serve to enhance the implementation of the life-skills, HIV/AIDS education and provide for much needed treatment, care and support to learners, their families and educators

who were either infected and or affected by the virus. This finding embraces the assertion made by van Rensburg et al (2002) and Strydom and Raath (2005) who state that there is a need to concretise policy for treatment, care and support to adolescents and their families infected and or affected by HIV/AIDS.

In addition, the views expressed by the participants in Phases Two and Three of the study confirm Badcock- Walters' (2002) warning that HIV/AIDS is placing a huge burden on an already strained education system in South Africa and with the maturation of the disease the social and personal impact of HIV/AIDS on learners and their families as well as communities is cause for concern. He added that the effects of such personal trauma associated with grief, stress and added family responsibilities on school-going youth are serious. Clearly these trends are imposing 'new' demands on state health, welfare and education provision, so much so that there is a need to broaden the scope of the current National Life-skills and HIV/AIDS School Policy and Programme to include treatment, care and supportive services to learners, their families and educators who are either infected and or affected by the epidemic in order to meet these needs.

Hence, unless there is much commitment and political will on the part of the national and provincial Department of Education to increase the institutional (adequate resources and support structures) capacity in the school to deal with and cope with the effects of the maturation of the epidemic, the problems of learners, their families and educators infected and or affected by the epidemic will be treated in a vacuum.

The following section presents five key strategies as a framework for the protection, care and support of learners, their families and educators who are infected and or affected by HIV/AIDS.

Section Two: A Framework for the Protection, Care and Support of Learners their Families and Educators who are Infected and/or Affected by Hiv/Aids

Given a utopian ideal one vital strategy for mitigating new infections among the youth and increasing the institutional capacity at schools to deal effectively with HIV/AIDS would be to reduce the gross socio-political and economic inequalities that undermine the lives of people living with the epidemic. Such strategies would also include the empowerment of women and young people, the provision of full employment for all and the provision of treatment, care and support for all living with HIV/AIDS, provision of free access to basic services (health, welfare, education, social security and housing). However, to recommend such sweeping social changes as the only way to reduce the threat of the epidemic offers little comfort to those learners, their families and educators living with and or affected by the virus. In the preceding chapters I have endeavoured to illustrate that powerful structural forces such as globalisation and the expansion of neoliberalism have influenced the experiences of learners, educators, government officials and parents.

In this section I attempt to move beyond this analysis to focus on practical skills and strategies based on empowerment, critical consciousness and the provision of material resources for working with learners, their families, educators and government officials. These strategies form part of a framework for the creation of an enabling environment in which not only risk reduction among the youth can occur but the effects of the maturation of the epidemic can be dealt with at the school, household and community level. These strategies are not mutually exclusive from each other but are closely intertwined and functionally interrelated.

Strategy One: Schools as ‘One Stop Care Centres’

I have maintained in preceding chapters that the school system serves as an important bridge between the learner, the family and the wider community context. The Australian context has gained international recognition for an

innovative programme to deal with the complex interplay of dynamics surrounding youth sexuality and HIV/AIDS and bridging the gap between the school and home environment. The Australian National HIV/AIDS Strategy has similar positive intentions to the South African National HIV/AIDS School Policy as the focus is on mitigating the infection rate among young people through HIV/AIDS education and prevention interventions within the school context. Corroborating the findings of this study, Mitchell et al (2000) contends that HIV/AIDS prevention programmes in secondary schools in the Australian context have been somewhat ad hoc and unco-ordinated despite a great deal of work being done in the area. She added that one key limitation of the school-based programmes was that the structure and content had narrowly focused on disease prevention rather than at more socially oriented health promoting behaviours among the youth. Consequently in 1998 schools in Australia called for a national framework to provide a *whole-school approach* to the teaching of HIV prevention. This approach is based on the premise that successful intervention programmes not only take into account the cognitive processes of the individual (responsible choices) but focuses on the social world in which the behaviours happen. The Australian *whole school approach* formed the base for the introduction of the Health Promoting Schools (HPS) Model.

Mitchell et al (2000) maintains that the HPS Model has enjoyed much success in the primary school context and its usefulness for more complex social issues at secondary schools is now beginning to be seen. The success for this HPS Model may be attributed to two factors. First, the recognition that local action (families, cultural groups and the wider community) remains critical to the success of youth sexuality programmes. Second the awareness that commitment, support and coordination at national policy level was imperative towards adopting the HPS approach. The Health Promoting Schools (HPS) Model is acknowledged by the World Health Organisation as an important strategy for enabling people to increase control over and improve their health (Department of Health 2000).

In the South African context the Departments of Social Development, Health and Education acknowledge the HPS Model as an important strategy for

addressing not just the HIV/AIDS crisis but other social problems such as poverty, violence, substance abuse and providing access to education to youth who have left the school system (Department of Health 2000). This commitment to promoting health and enhancing quality education for youth forms part of the objectives enshrined in the *Tirisano Plan* (Department of Education 2000b). Similar to the Australian context, a particular contribution of the HPS Model for the South African context is that it provides a framework for developing meaningful school-household-community relations in a co-ordinated and integrated manner. The National Guidelines for the development of Health Promoting Schools in South Africa maintains that life-skills education should be located within a comprehensive health promoting school site (Department of Health 2000). The vision is *the creation of a culture of effective teaching and learning through the holistic development of schools and other learning sites which will promote the optimal well-being of all members of the teaching and learning community* (Department of Health 2000:16).

The key principle enshrined in the HPS Model includes an integrated, co-ordinated and collaborative approach between both government and non government sectors in providing a framework for action. There has been many initiatives at both primary and secondary schools where school projects have reflected the principles of the HPS Model even though they have not been conceptualised as such.

Although Noddings (2006:46) writes about the needs of homeless people, she made a salient point that “academic, occupational, health and social problems are interconnected and we can’t solve one without attending to others”. This approach supports Noddings (2006) recommendation that schools must serve as social agencies to integrate wider needs of communities. One such example is the Star School Project, introduced by Swedish founders, Christine and Dan Olofsson who observed how young school going children were stricken by HIV/AIDS (*Sunday Tribune* 25 June 2006). In cooperation with leaders, behavioural scientists and artists from South Africa they took on the challenge to help learners in the north-east region of KwaZulu-Natal. The Star School Programme’s main aim was to help and support secondary school learners to

live an AIDS-free life and fulfill their dreams. The Star school programme forms an integrated part of the school curriculum and uses a strategy called 'mental vaccination' to strengthen their self confidence, self image and self-reliance. The programme hopes to create new behavioural patterns in learners as they understand the consequences of unsafe sex. Educators and the school management work together with Star School coaches and trainers to facilitate the programme which operates in the school for three years. This programme serves as one example which provides evidence for the value of the HPS Model as a holistic and integrated approach to promoting prevention of HIV/AIDS through a focus on behavioural change among learners.

Another such example is the establishment of 'youth health care centres' by the provincial government of the North West province. These centres are accessible to all youth, including those who have left school. The programme is based on the premise that making sexual health care services more accessible and user friendly and which focuses specifically on the youth will help fight the battle against HIV/AIDS. The ex Minister of Health in the North West province, Dr Molefi Sefularo indicated that a factor that contributed to the success of this programme is the partnership approach which proceeded from the premise that "integrated programmes can only succeed if they are based on collective knowledge, commitment, skills and action of people across all sectors" (The battle against AIDS brought to the schoolyards – afrol.com accessed 15/05/2003).

These above mentioned school projects are clearly based on the principles of the HPS Model even though they have not been conceptualised as such. Moreover, even though these projects have a HIV/AIDS prevention and awareness focus, they serve as evidence that the HPS Model may be adapted as a useful holistic, integrated strategy to helping learners, their families and educators who are infected and or affected by the epidemic. I have discussed earlier that the current Life-skills, HIV/AIDS education programme needs to move beyond awareness and prevention strategies to include strategies for treatment, care and support of learners, their families and educators who are either infected and or affected by the epidemic.

Hence drawing on Noddings (2006) recommendation that schools should serve as key social agencies to integrate a community's response to such needs and the HPS Model schools I propose that schools should serve as one stop care centres where social workers would work in collaboration with key stakeholders (parents, learners, educators, medical personnel, non governmental organisations and government officials) within multidisciplinary teams where different service providers co-operate and complement one another in the provision of services. Schools as 'one Stop Care Centres' would be the *ideal* site to put in place comprehensive strategies which include prevention, treatment, care and supportive services to learners, their families as well as educators either infected and or affected by the epidemic. Within this model the framework for the establishment of Health Advisory Committee (HAC) as well as the inclusion of social workers in schools would be truly effective.

These two recommendations are discussed in strategies two and three respectively.

Strategy Two: The Establishment of Health Advisory Committees in Schools

A key premise of the National HIV/AIDS School Policy is that, "it is imperative that each school have a planned strategy to cope with the epidemic" (Department of Education 1999:4). The National HIV/AIDS School Policy recommends that every school establishes "its own Health Advisory Committee (HAC) in order to develop an appropriate implementation plan on HIV/AIDS for the school. The findings of the study show that this aspect is lacking as only nine of the 74 schools (12% of the sample) had established the HAC. Sixty five schools of which 31 were mainly within the urban formal area did not establish the Health Advisory Committee, implying that schools lacked a planned strategy to cope with the epidemic. The interview with the national co-ordinator of the NIP at the Department of Education confirmed that: "*it is a major gap that schools don't have the HAC. For care and support to be operationalised within the school context, you need the establishment of the HAC*". In the preliminary

study as well as this extended study educators also expressed their concern about the lack of a planned strategy to cope with HIV/AIDS in the school context. The findings thus support the assumption made at the onset of this study that the implementation of HIV/AIDS programmes at schools are uncoordinated and occur on an ad hoc basis. All the participants supported the recommendation made by the National HIV/AIDS School Policy for the establishment of Health Advisory Committees as a key institutional support mechanism to develop an appropriate implementation plan on HIV/AIDS for schools.

The HAC, drawing on expertise from within the school (learners, parents, educators and governing body members) and from the wider community (nurses, doctors, social workers, psychologists etc) would be better able to enhance care and support to those learners, families and educators who are infected or affected by HIV/AIDS. In the preliminary study through the use of action research conducted by Prof Sewpaul and myself, which adopted a practitioner – researcher approach, educators were enabled to establish a Health Advisory Committee and to put together a comprehensive HIV/AIDS implementation plan as recommended by the National HIV/AIDS School Policy (Department of Education 1999) in the context of the school (Sewpaul and Raniga 2005).

It was clear that through the involvement of various stakeholders from within the school (learners, parents, educators and governing body members) as well as professionals from the wider community (nurses, doctors, social workers, psychologists etc) the HAC affirms the need for a co-ordinated, multi-sectoral approach to the management of HIV/AIDS in schools. This strategy is enshrined in the International Guidelines on HIV/AIDS and Human Rights (cited in Strode and Grant 2004:10) which sets the international standards for a multi-sectoral response to the pandemic as follows:

States should establish an effective national framework for their response to HIV/AIDS which ensures a co-ordinated, participatory, transparent and accountable approach,

*integrating HIV/AIDS policy and programme responsibilities,
across all branches of government and sectors of society*

Following from this it is positive to note that the NIP document (Departments of Social Development, Health and Education 2000), the National HIV/AIDS School Policy (Department of Education 1999) and the HIV/AIDS: Care and support of affected and infected learners manual (Department of Health 2001) for educators do acknowledge that the school alone cannot address all the problems surrounding learners who are infected with and affected by HIV/AIDS. The manual (2001:94) adds that: "it is therefore necessary to mobilise key stakeholders both within the school and wider community to holistically address the fundamental needs of parents, learners, families, school personnel and the community regarding HIV/AIDS". It is imperative to note that within this multi-sectoral team (HAC) social workers were perceived by participants as core members to deal optimally with HIV/AIDS in the school context. In this way, producing results in the implementation of national policy on HIV/AIDS and the sustainability of the implementation of the life-skills, HIV/AIDS education programme could be strengthened appreciably as was done in the pilot study (Sewpaul and Raniga 2005).

This forms the basis of the discussion below.

Strategy Three: Broadening the Scope of Social Workers in Schools

The interview with the national co-ordinator as well as the focus group held with the district co-ordinators revealed that the current human resource capacity to deal with the problems of HIV/AIDS in the school context was grossly inadequate. The national co-ordinator emphatically commented that: "*there is a gap now in the implementation of the Policy because where do you get the manpower (sic) to do it*".

The findings of the preliminary study confirmed that "social work with its small group facilitation skills, its understanding of human and cultural diversity, its ability to connect micro, mezzo and macro levels of assessment and

intervention, its emphasis on values, knowledge and skills that social workers receive in the areas of human sexuality and HIV/AIDS, render social work a suitable discipline to implement HIV/AIDS and management programmes in schools” (Sewpaul and Raniga 2005:277).

Schools can thus form the foundation for key social work service delivery with the aim of enhancing HIV prevention and for the treatment, care and support to learners, their families and educators who are either infected and or affected by the epidemic. The National HIV/AIDS School Policy (Department of Education 1999), the NIP and social work share common concerns for the need to curb infection rates among youth at secondary schools. Kasiram (1995:65) contended that: “the present structure and provision of school social work services in South Africa is inadequate in meeting the multi-faceted problems faced by children”. Currently social workers in KwaZulu-Natal form part of the Psychological Guidance and Special Education Services (PGSES) of the Department of Education, with six social workers employed to service about 600 schools. The role of these social workers is mainly consultative to public schools and referrals are made both to community based social workers employed in the NGO and the government welfare sector. This study reflects and confirms (Kasiram 1994; Livingstone 1990; Kemp 2002; Sathiparsad and Taylor 2005; Sewpaul and Raniga 2005) the dire need for the formalisation and extension of school social work services in the light of the maturation of the HIV/AIDS disease and the need to provide adequate treatment, care and support to learners, their families and educators either infected and or affected by the virus.

Currently both public schools and social development services are being challenged to re-think and re-design their efforts to educate, socialise and intervene in the myriad of social problems facing learners and their families in the light of the HIV/AIDS epidemic. This study supports the view put forth in the preliminary study (Sewpaul and Raniga 2005) that the Department of Education employ social workers to directly work in the school context and to include them in the multidisciplinary HAC in schools. There is a need to put in place mechanisms and support systems at schools to assist learners, their families

and educators who are either infected and or affected by HIV/AIDS. Intervention strategies such as broadening the scope of school social work to provide for supportive counselling, trauma de-briefing, implementation of support groups, primary and secondary prevention and parent education programmes need to be urgently addressed by both the Department of Education and Department of Social Development.

Strategy Four: Advocating a Stronger Role for Youth Participation in the National Life-skills and HIV/AIDS School Policy and Programme

In Chapter Three I discussed in detail that a key component to successful HIV/AIDS prevention is that of youth participation. During the workshop sessions with learners an important point made was that programmes that were more appropriate and inclusive to addressing their needs would reduce the stigma and discrimination that people living with the epidemic face in communities. The liberalist view of participation is perceived as positive to an individual's growth and is echoed in the words of Coetzee (1996:145) when he stated that "real participation takes place when individuals are consciously involved in their own development". However, the radical view expressed by Ife (2002) notes that participation without transference of knowledge, skills and decision making power is a fruitless experience for those that are marginalised. Moreover, the overt ideological agenda of giving school going youth a voice in HIV/AIDS programme planning and action is to remedy inequalities and to achieve an equal and fair distribution of resources.

Participation is intricately linked to empowerment, which as Mullaly (1993) suggests, is a process by which people become conscious of the causes of their social exclusion, poverty or exploitation and then they are able to organise their collective skills, energies and resources to alter those conditions. Hence, the Department of Education needs to take cognisance of the fact that unless school-going youth have the opportunity to examine broader socio-structural issues such as the social construction of sexuality, gender and power relations and the socio-economic and cultural contexts of sexuality and sexual behaviour, such prevention programmes will be limited.

Furthermore it is imperative that learners be provided with the opportunity to not just critically engage with issues such as the disparities that exist between the access to basic resources and facilities in urban schools compared to rural and urban informal schools which have a direct bearing on the quality of the programme but empower them with skills to advocate for the right to basic services. As Ife (2002) points out it is generally not in the interests of mainstream government to adopt such a radical approach, as this is bound to bring government policies and practices into question. It is important for us to take heed of Sewpaul's (2003: 327), documentation of how Freire's pedagogical method of "combining education and culture with conscientisation and politicisation" had a profound impact on student consciousness during the 1970s and 1980s which eventually contributed to the promotion of democracy in South Africa.

A further concern raised by learners was the duration set for the teaching of the programme. Both learners and educators indicated that the time allocated to teach the life-skills, HIV/AIDS programme was inadequate. Moreover, the findings from the quantitative audit confirmed that there was a disparity among schools regarding the time spent teaching the programme. Educators supported the view and added that part of the problem was that HIV/AIDS education is one component of the life orientation programme taught at schools. Educators recommended that a separate time period be set aside in the school curriculum dedicated only for teaching sexuality and HIV/AIDS education in the classroom. Similar to the preliminary study, the educators criticised the limitations of the use of the cascading model by the KwaZulu-Natal Department of Education during the training sessions with them. The quantitative findings in Phase One of the study confirmed this limitation as only 29 (48%) of the 61 educators that were trained shared the information with all staff. Despite the limitations of the cascading model, the KwaZulu-Natal Department of Education has continued to utilise this model in the training of educators. The preliminary study has shown that a participatory action model which included all educators in the training sessions produced more beneficial results than the cascading model (Sewpaul and Raniga, 2005). Additionally the use of experiential

strategies that allowed for the enhancement of self awareness, self confidence and the application of life-skills such as assertiveness, problem-solving, communication, and negotiation skills is fundamental for HIV/AIDS education programmes (Sewpaul and Raniga 2005).

It is clear from the above recommendations made by the participants that there needs to be a shift in the strategies as well as a transformation in the overall co-ordination and management of the National Life-skills and HIV/AIDS School Policy and programme by the KwaZulu-Natal Department of Education.

Strategy Five: Strengthening the Capacity of Parents to Respond Effectively to the Needs of Learners that are Infected and or Affected by HIV/AIDS

When the devastating effects of HIV/AIDS are real, then family relationships provide the most immediate form of support. There is evidence that families have reacted with much resilience and compassion regarding children living with or affected by HIV/AIDS (Gow and Desmond 2002; Sekokotla and Mturi 2005; Simpson and Raniga 2004). At the same time families in poverty stricken communities are increasingly struggling and failing to provide optimally for children's needs (Barnett and Whiteside 2002). Parents from mainly the rural and urban informal communities in this study claimed that communities were experiencing a social strain in coping with large numbers of people infected and an ever increasing number of children orphaned as a result of HIV/AIDS. The capacity of families to protect the rights and ensure the well-being of their children depends largely on the ability of a household to meet their basic material needs, ensure a steady income and maintain a viable economic safety net. For the majority of families living in dire poverty such options represent a fantasy. Evidently then apathy and poor functioning in communities are really symptomatic of the social structures, lack of resources and political factors that make it impossible for people to attain self empowerment. Sewpaul (2005b) contends that "given the extent of poverty and its structural causes, it is not surprising that with programmatic interventions directed towards individuals and families, but without attention to the structural barriers in people's lives, no

sooner does one person move out of poverty than another moves in to fill his or her place". Within a structural social justice approach to family policy Sewpaul (2005) advocates for a universal social security provision in the form of a basic income grant for all South Africans. Such an approach does not negate the importance of individual responsibility. The argument is that structural conditions need to be conducive enough for individuals to exercise responsibility and judicious choices. It is thus clear that National HIV/AIDS Policies and programmatic interventions in the school context need to take cognisance of the structural barriers impacting parents' (and ultimately learners') lives.

Following from this a fundamental goal of empowerment practice is for families and communities to develop the capacity to resist and to change environmental conditions that negatively affect their life chances and to ensure access to resources and services. Mattaini (2002:239) notes that the process "involves the development of personal and collective beliefs, attitudes and skills that will enable effective action". In so doing it is important to consider Ife's (2002) embracement of Freire's concept of critical consciousness which is defined as the ability to reflect on one's experiences not just in personal terms but with awareness that the everyday lived experiences of individuals are profoundly shaped by events and conditions in the social and political environment.

I thus draw on Mattaini's (2002:249) suggestion that the process of enhancing empowerment and community competency involves:

- Activities that strengthen investment and commitment
- Clarification of issues and interests in the community
- Development of the ability of community members to articulate views, attitudes, needs and intentions.
- Enhancement of communication skills,
- The ability to negotiate differences and manage conflict and
- Membership participation

Section Three: Social Work: Bridging the Gap Between the Individual and the Structural

Dominelli (2004) aptly contends that neoliberalism, globalisation and corporate managerial strategies are posing serious challenges to the roles, functions and practice of contemporary social work. Sewpaul (2006:420) adds that “as social work is concerned with people and their total life worlds it cannot extricate itself from the impacts of globalisation”. Thus, taking into consideration that human relationships are significantly influenced by inequities in power and privilege based on race, class, gender and sexual orientation embedded in capitalist societies, the time has come for social workers to not just focus on the person in environment but with transforming the social conditions as well as the institutional arrangements that undermine social development and human rights of people living with HIV/AIDS. As international and global movements around anti-oppressive practices evolve, social workers are required to meet their ethical obligations of increasing collective responsibility and action in the fight to curb infection rates and optimise the need for treatment, care and support for people living with HIV/AIDS.

In Chapter One I discussed that twelve years into the new dispensation, social work in contemporary South Africa as a core human service profession is experiencing its own transformation and undergoing a major paradigm shift. This transformation process involves the critical examination of current social work roles, programmes and services within the socio-political context of people's lives. I also presented the limitations of the development approach to welfare as a key conceptual framework for social workers in contemporary South Africa. In this section of the thesis I argue that social workers have a moral obligation to promote social change and to ensure that young people, their families and educators who are either infected and or affected by HIV/AIDS can assume their citizen rights and thus gain maximum control of their lives. In so doing the focus of the discussion is on moving beyond the abstract to the practice elements embedded in structural practice and its application to HIV/AIDS intervention programmes in schools. Even though

these elements are presented and discussed separately, in reality they are closely intertwined and interrelated.

Mullaly (1993) maintains that what makes structural social work distinctive from other conservative notions of practice is its progressive focus on changing the status quo in society. This approach is based on the belief that changing people by personal consciousness raising is a prerequisite for transforming society. Ife (2002) notes that as a result of the legitimacy of oppressive structures, people have come to accept oppression as *inevitable* and thus not even be able to acknowledge their own oppression. The experience of oppression is therefore unconscious. Hence, structural social workers need to raise levels of consciousness of not only the beneficiaries of their services but with colleagues (from within and outside the discipline), to allow people the opportunity to explore their own situations and the oppressive structures that limits, shapes and entrenches their own life experiences. This “conscientisation” which is central to Freirean thought draws on the element of human awareness which allows for the capacity of creative thinking and thus the potential to transform rather than merely adapt to social reality. By “acting upon reality, people can seek to improve their lives and become more fully human” (Freire 1993:41). What is clear is that consciousness raising is not merely about the reflection of unjust social structures but it is about action aimed at transforming such unjust societal conditions.

In her book *Social Work: Theory and practice for a changing profession*, Dominelli (2004:250) poignantly states that in the process of practice which encompasses constant thinking and doing on the part of both social workers and clients, the potential lies in acting reflexively and engaging in mutual dialogue such that the process promotes sharing, learning and criticality for both parties. This liberating action-reflection dynamic, which both results from and adds to the process of conscientisation lies at the heart of Friere’s pedagogy.

Mullaly (1993) states that to facilitate this process of critical reflection, mutual learning and dialogue, social work practitioners must express empathy at a very high level to send messages to clients that his or her world view and problems

experienced are understood by the social worker. If young people, their families and educators realise that their personal difficulties are linked to structural forms of oppression and inequality which persist as they are socially useful for the dominant groups in society, then this conscientisation should alleviate much of the internalised guilt and blame that they might carry. The hope lies in that the unleashing of energy, of not having to feel *shameful* or responsible for their disempowered status, might lead to some form of social action to alter oppressive conditions in society. As Leonard (cited in Mullaly 1993:163) explains that "the hegemony of the ruling class involves the domination of its world view, a view which drenches individual consciousness and which must therefore be actively struggled against *at the level of consciousness*".

Social workers need to persist in their roles as enablers, facilitators, researchers and policy advocates in their struggle to act as change agents at both personal and structural levels. Dominelli (2004:250) notes that such acts are a commitment to ensuring social justice and equality to provide the "basis for developing a new vision for social work and innovative methods for its realisation". In so doing structural social workers strive for egalitarian mutual dialogue in the 'client'- worker relationship. The difference is that conventional social workers maximise the worker-'client' power differences by following the professional expert model, often motivating clients to change their behaviour and adjust to their circumstances, while radical approaches such as structural social work calls on practitioners to challenge those *oppressive* characteristics within themselves and to transcend dynamics of power-hierarchy and status in the worker-client relationship. In so doing social workers need to have a high level of critical self awareness and reflection and to allow the people with whom he or she is working to claim the process as their own and set the agenda (Friere 1993). Ife (2002) states that this notion of collaborative reciprocal learning and the deconstruction of power relations between the social worker and 'client' is a precondition for effective consciousness raising and one that is liberating rather than exploitative and oppressive.

It is undeniable that a structural approach to practice poses a real challenge for social workers in contemporary South Africa. In reality, it is usually the case

that the social worker represents in some way the dominant or colonising culture of capitalist society. It is therefore important for the social worker to be able to be critically aware that he or she represents the structures and discourses of oppression and colonisation. It also means motivating young people, their families and educators who are either living with and or affected by HIV/AIDS to challenge established norms, behaviours and institutions in society and more fundamentally it also challenges those 'oppressive' characteristics within practitioners themselves. Hence it is not only an awareness of personal attitudes and values that are important, but also a critical awareness of the structures and discourses within which services are located, and the influences that these have on the helping relationship that is vital.

Longres and Mcleod (cited in Mullaly 1993) revealed that although consciousness-raising will not make life easier for the structural social worker, it does not represent the totality of practice. For social workers working with young people their families and educators who are either living with and or affected by HIV/AIDS, it would mean providing practical, humanitarian care such as de-briefing and support counselling, facilitating support groups, facilitating training workshops with parents and educators, making referrals, lobbying and advocacy for necessary resources and services to operationalise HIV/AIDS policy and programmes. Additionally by sharing experiences in a group context of what oppression means, and how people understand and define it, that collective consciousness can be enhanced. Leonard (cited in Mullaly 1993) contends that this collective process would be beneficial to young people, their families and educators either infected and or affected by HIV/AIDS for two reasons. First it would allow for positive changes in self-conception and second, it would reinforce communitarian values and move away from the individualistic and self-centred mentality embedded within capitalist societies. Dominelli (2002) indicates that this anti-oppressive approach to practice, with its commitment to egalitarian relations is a fundamental way of re-conceptualising social work in an ever changing inegalitarian world.

Moreover a critical part of transforming social work practice in contemporary South Africa is the need for a more integrated and interactive practice that

transcends locality specific concerns, and to consider the global context. I discussed in preceding chapters that globalisation and the expansion of the neoliberal capitalist world order has prioritised a pre-occupation with economics and material accumulation by the international community at the expense of other international agendas such as peace, social justice, human rights, education, environmental protection and cultural exchanges. Sewpaul (2006) calls for social workers to see the dialectical relationship between the global and the local. In this respect she, poignantly indicates that “the manifestation of identities, cultural and socio-economic conditions and the manner in which these are negotiated, are at the centre of debates around universalising and particularising discourses and practices which are salient for social work”. Ife (2002) adds that for social change agents both the local and the global represent important sites for change and for practice. Ife (2002) elaborates that while neo-liberal policies that predominate in the world’s most powerful economic institutions such as the IMF, World bank, Transnational Corporations, the G8 countries are able to intimidate developing economies, its power to coerce action at the local (micro and mezzo levels) are much weaker.

Hence it is at the micro (individual learners, families and educators) and the mezzo (school and communities) levels that structural social workers are unlikely to feel very intimidated by global markets. At the same time I have argued in preceding chapters that it is at the global level that key decisions regarding HIV/AIDS policies and programmes are taken, and as a commitment to enhancing a human-rights and citizenship-based egalitarian framework (Dominelli 2004), it is necessary for social work practitioners to *think and act globally* and to *think and act locally* (Sewpaul 2006; Ife 2002).

In so doing it is useful to explore the idea of ‘globalisation from below’ which was advocated by Falk (cited in Ife 2002) and Brecher and Costello (cited in Ife 2002). In the preceding chapters of this thesis it is argued that ‘globalisation from above’ which has been largely about the exclusive interests of the powerful controllers of the global economy (which is undemocratic and unaccountable) has been to the detriment of people living with HIV/AIDS. Ife (2002) expands on this view of ‘globalisation from below’ and reveals that it seeks to implement a

form of globalisation that is democratic and participatory and that is directly concerned with the empowerment of local people. The process of 'globalisation from below' is happening to some extent through advocacy groups such as the TAC. Given the development of information and communication technology, local HIV/AIDS support groups and non-governmental organisations have effectively used the internet to share common experiences and seek expertise to join in global action campaigns. Through the use of the internet as well as rapid travel both social workers and clients are able to not only network with worldwide resources and expertise, but are also able to share their experiences and concerns regarding issues of social justice and human rights. Additionally social workers rooted in a structural social justice approach to practice (Sewpaul 2005b) would be able to help people living with HIV/AIDS to locate their own struggle as part of a worldwide struggle. This calls for more active involvement on the part of social workers in advocacy groups such as the Treatment Action Campaigns and other social movements in their quest for helping learners, their families and educators living with and or affected by HIV/AIDS to gain maximum control of their lives. It is important for us to consider Dominelli's (2004) suggestion that public education campaigns that challenge existing hegemonic relations and that convinces both the public and politicians of citizenship-based welfare for all is necessary for social workers in tackling both personal and structural causes of social problems.

Additionally for social workers to be more relevant in their service delivery at both the local and global levels, some consideration must be given to finding ways to increase the morale and status of social workers in contemporary South Africa and to deal with the fragmentation that exists across the various sectors (formal and non formal welfare sectors) as well as the Department of Social Development, the National Council for Social Services (nationally and provincially). Unless such tangible outcomes are met, it is inconceivable that social workers will be able to make a significant impact to containing the epidemic. Hence, the time has come for social workers in contemporary South Africa to lobby and advocate for a fully recognised, well-paid, high status profession which frames its work within a human rights and egalitarian empowering framework.

Ramanathan and Link (1999:2) posit that “social workers across the globe can always learn from each other in an atmosphere of reciprocity where social and economic justice is challenged”. For social work practitioners globally and locally this commitment forms the basis for enhancing a human-rights and citizenship based egalitarian empowering agenda. Dominelli (2004: 252) poignantly notes that “becoming rooted in a locally applicable but universally acknowledged form of citizenship that underpins social justice and human rights for all, promises a fruitful way forward and one that might appeal to a significant number of practitioners in various countries”. In so doing social workers need to continuously acknowledge, recognise, confront and address pervasive oppression and inequality at an individual, agency or institutional level and thus link young people, their families and educators either infected and or affected with HIV/AIDS on the basis of their common humanity and to find a framework for them to work together toward a just and democratic world. Dominelli (2002:185) contends that “without such action social workers would not be doing their job, but would be exacerbating the very problems that they have been asked to solve by ‘clients’, employers and the general public”.

Implications for Future Research

This study demonstrated that both the National HIV/AIDS Policy and Programme are limited in scope and that there is a need to move beyond sexuality and awareness education at schools to include treatment, care and supportive services to learners, educators and parents who are either infected and or affected by HIV/AIDS. The findings of my study point to a need for future research in this area. It would be interesting to replicate this study with the same schools for example, after a five or ten year period to ascertain whether or not there are changes in the implementation of the Policy and the life-skills, HIV/AIDS Programme and changes in the institutional capacity in schools to deal with HIV/AIDS. Additionally, since the National Life-skills and HIV/AIDS Policy and programme is also applicable to primary schools, additional research in primary schools in the eThekweni region will also be valuable.

The quantitative audit (illustrated in Table 8) revealed that 29 of the 74 schools knew of learners that were infected by HIV/AIDS. A qualitative study using in-depth interviews to establish the psycho-social needs of learners that are infected by HIV/AIDS needs to be expanded. Additionally a participatory action research study involving parents in the planning and implementation of HIV/AIDS intervention programme at secondary schools in the eThekweni region will be valuable. Such a study would enhance parents' knowledge and skills to act as important stakeholders as stipulated in the National HIV/AIDS School Policy and the NIP document. As recommended in Chapter Seven further qualitative research is also necessary to understand the factors that hinder parents from actively participating in school based activities and HIV/AIDS intervention programmes.

The peer education programme implemented by the Department of Education is an important institutional mechanism at secondary schools to curb infection rates among learners. Research using a triangulated design to ascertain the number of secondary schools that are implementing peer education programmes is important. This study could also include a qualitative phase to gain insight into the experiences of learners involved in the Department of Education's peer education programme as an effective method to increasing sexuality education among school-going learners at secondary schools.

A qualitative study involving social workers currently employed by the KwaZulu-Natal Department of Education in focus groups to gain insight into their roles, functions and skills in the delivery of services is necessary. The findings of this study could be used to lobby for the extension of social work services in schools both at a provincial and national level to the Department of Education and Department of Social Development.

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APPENDICES

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APPENDIX 1

STRUCTURED INTERVIEW SCHEDULE TO BE CONDUCTED WITH PRINCIPALS AT A SECONDARY SCHOOL

DEMOGRAPHIC DETAILS

Name of School _____
District _____
Circuit _____
Ward _____
Description of School _____
Telephone No _____
Number of enrolments _____
Race profile of pupils:
No. of White students _____
No. of Indian students _____
No. of Coloured students _____
No. of African students _____

PERSONAL DETAILS

Name of Principal _____
Sex _____
Number of years in Teaching _____
Profession _____
Number of Years as _____
Principal in this school _____
Qualifications _____
Home Language _____
Religious Affiliation _____

A. AWARENESS and IMPLEMENTATION OF THE NATIONAL HIV/AIDS SCHOOL POLICY

1. Are you aware of the National HIV/AIDS Schools Policy for learners and educators as per Government Gazette, Notice 1926 of 1999.

YES _____
NO _____

2. Do you have a copy of the Policy at your school?

YES _____
NO _____

3. Are you aware of the contents of the Policy?

YES -----
NO -----

4. If Yes, briefly indicate what you think are the three most important requirements of the Policy?

5. Are you implementing the National HIV/AIDS Schools Policy at your school?

YES -----
NO -----

6. Has the school experienced any problems implementing the Policy?

YES -----
NO -----

7. If yes, please give details of the problems experienced by your school in implementing the Policy?

B. NON-DISCRIMINATION AND EQUALITY

The following non-discriminatory principles are included in the Policy. Please indicate whether you agree with them and if it is followed at your school:

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
HIV+ learners and educators are treated in a just and humane way	1	2	3	4	5
Everyone in school is educated about fundamental human rights as contained in the SA constitution of 1996.	1	2	3	4	5
It is the duty of educators to ensure that the rights and dignity of all learners are respected and protected	1	2	3	4	5

Any other comments made by the respondent:

C. SAFETY IN THE SCHOOL ENVIRONMENT – UNIVERSAL PRECAUTIONS

1. Are learners with bleeding, open wounds allowed to play sport in school?

YES -----

NO -----

2. Please describe what happens when a learner has an open wound and is bleeding at school?

3. Please indicate if the following is happening in order to ensure safety in your school?

	Yes	No	Don't Know
Latex gloves or plastic bags on hands are used when treating open wounds.			
All wounds, sores, skin grazes are washed with running water			
All blood contaminated material are put into plastic bags and burnt			
There is a staff member present at all times that has been trained in first aid			
Learners are trained to never handle blood or open wounds			

- Please specify other safety measures taken at your school:

4. Please Indicate if the following items are kept in the school?

ITEM	Yes	No	Don't Know
1. Cleaning material			
2. Rubber gloves			
3. Disinfectant			
4. Plastic bags			
5. First aid kit			

5. Has the first aid kit been provided by the Department of Education.

YES -----

NO -----

D. LIFE SKILLS AND HIV/AIDS EDUCATION PROGRAMME

1. Has your school been implementing HIV/AIDS awareness programmes?

YES -----

NO -----

2. If yes, give details about the nature of the HIV/AIDS awareness programmes?

3. Is life skills and HIV/AIDS education integrated into your school curriculum?

Yes -----

No -----

Don't know -----

4. The programme is taught to the following grades:

GRADE	YES	NO	DON'T KNOW
6			
7			
8			
9			
10			

6. If yes, the duration of the programme is:

DURATION per week	YES	DON'T KNOW
1 hour		
2 hours		
3 hours		
4+ hours		

Any further response given here:

7. Has the school experienced problems implementing the Life-skills and HIV/AIDS programme?

YES -----
NO -----

8. If yes, please give details of the problems faced by your school in the implementation of the Life-skills and HIV/AIDS programme?

9. What suggestions do you have to overcome these problems?

E. TRAINING OF EDUCATORS BY THE DEPARTMENT OF EDUCATION

1. Have educators received training from DOE to implement the life-skills and HIV/AIDS programme?

YES -----
NO -----

2. If yes, how many educators on your staff attended the training programme?

No	Of educators attended training	
----	--------------------------------	--

3. Has the information from the training workshops been shared with other staff members

All of them	Some of them	None	Don't know

F. INSTITUTIONAL IMPLEMENTATION OF THE HIV/AIDS POLICY AND THE LIFE-SKILLS AND HIV/AIDS PROGRAMME

1. Does your school have a Health Advisory Committee in place?

YES -----

NO -----

2. If yes, who comprises the Health Advisory Committee?

3. Who was instrumental in establishing this committee?

4. What support did you receive in establishing the committee?

5. Are parents of the learners informed about the content of the life-skills and HIV/AIDS education programme offered at the school?

YES -----

NO -----

6. Have they been invited by the school to participate in parent meetings to acquire information on HIV/AIDS.

YES -----

NO -----

8. Do you have any other comments with regard to the Policy or the Life-skills, HIV/AIDS programme?

G. STATUS OF HIV/AIDS IN THE SCHOOL CONTEXT

1. Have you had any direct experience of cases of HIV/AIDS among your teaching staff?

YES -----
NO -----

2. If yes, please give details:

3. Have you had any direct experience of cases of HIV/AIDS among the learners at your school?

YES -----
NO -----

3. If yes, please give details:

4. Have you had any direct experience of cases of HIV/AIDS among support staff at your school?

YES -----
NO -----

5. If yes, please give details:

Please give your opinion of the following statements:

	Very high risk	Medium risk	Low risk	Very low risk	No risk
Pupils at this school are at risk of contracting HIV/AIDS	1	2	3	4	5
Teachers are at risk of contracting HIV/AIDS	1	2	3	4	5
Support staff are at risk of contracting HIV/AIDS	1	2	3	4	5

Comment:

Thank you for your co-operation and participation in this study.

APPENDIX 2

QUESTION GUIDE FOR WORKSHOP WITH GRADE NINE PUPILS – EVALUATION OF THE LIFE-SKILLS, SEXUALITY AND HIV/AIDS PROGRAMME

A. CONTENT OF THE PROGRAMME:

1. What do you think about the life-skills, sexuality and HIV/AIDS programme? (Probe for details on content, duration, classroom atmosphere etc)
2. What would you say was the most helpful aspects of the programme?
Give reasons
3. What would you say were the least helpful aspects of the programme?
Give reasons
4. What would you change about the programme, if any?

B. ADDITIONAL SOURCES OF INFORMATION ON SEXUALITY AND HIV/AIDS

1. Besides the HIV/AIDS programme taught to you in the classroom what other sources of information have you been exposed to on sexuality and HIV/AIDS (Probe for information within the school context- peer education programme and outside)?
2. Has this information been helpful to you to make better decisions about being responsible and delaying sex? (Probe for details.)

C. GENERAL PERCEPTIONS

1. What else should be done to help the youth deal with the problem of HIV/AIDS in our society?
2. How and from whom would you like to receive this kind of help?

APPENDIX 3

ATTENTION: PARENTS

Amanzimtoti High School
Privat bag X20017
Amanzimtoti
4125

Dear Parents,

Re: Workshop on HIV/AIDS and your involvement as Parents

I am presently undertaking a doctoral study to investigate how secondary schools have responded to the problems of HIV/AIDS. The main aim of the study is to investigate the challenges faced by educators in the implementation of the National HIV/AIDS Schools Policy and the Life-skills education programme and to evaluate the Life-skills and HIV/AIDS programme currently implemented in schools in the eThekweni region. The Amanzimtoti High school has been selected to be part of this study. The objectives of the study at the school is to:

- Explore and describe Grade Nine learners' experiences of the life-skills, HIV/AIDS education programme at the school.
- To gain an understanding of the challenges experienced by educators in implementing the programme.
- To gain an understanding of the extent to which parents were involved in HIV/AIDS intervention at schools.

We have selected a class of the grade nine pupils (9K) and are therefore inviting you as their parents to be part of this study. I would therefore appreciate an hour of your time to attend a workshop at the school on 22 September 2004 at 6:00pm to discuss the issue of sexuality education and HIV/AIDS programmes taught in schools.

The information shared at the workshop will be used to make recommendations to policy makers at the Kwa zulu Natal Department of Education about the institutional capacities and resources that need to be put into place in order to render the National HIV/AIDS Schools Policy and the Life-skills and HIV/AIDS programme truly effective.

Should you require further details about this research study, you may contact me. My contact details are: Tanusha Raniga – 2602792(wk) or 0828308211.

Thank you in anticipation of your co-operation.

Yours sincerely,

MRS T RANIGA
RESEARCHER/LECTURER

APPENDIX 4

QUESTION GUIDE FOR WORKSHOP WITH PARENTS

LEVEL OF INVOLVEMENT IN HIV/AIDS SCHOOL INTERVENTION PROGRAMMES

- Are you aware of the life-skills, sexuality and HIV/AIDS programme taught to learners in the classroom? (Depending on the answer if yes then following questions apply)
- What do you think of the content of the life-skills and HIV/AIDS education programme taught to your children at this school?
- How did you get to know about the programme?
- Do you think this was an appropriate way to get to know about the life-skills and HIV/AIDS education programme? Please give details?
- Would you find it helpful to have more information about youth behaviour, health and development?
- If No, what do you think about the introduction of sexuality and HIV/AIDS programmes taught to teenagers in the classroom context?
- How do you think parents should be involved in the planning and implementation of these programmes at school?
- Would you find it helpful to have more information about youth behaviour, health and development?

GENERAL PERCEPTIONS

- What role would you like to play as parents in helping the youth to make more informed sexual choices?
- What else should be done to help us as parents to deal with the problem of HIV/AIDS in our society?
- How and from whom would you like to receive that kind of help?

APPENDIX 5

STRUCTURED INTERVIEW WITH THE LIFE-SKILLS EDUCATORS AT SCHOOLS

PERSONAL DETAILS:

Name: _____

Gender: _____

Qualifications _____
--

Number of Years in Teaching Profession _____

Number of Years teaching at this school _____

A. TEACHING THE LIFE-SKILLS, HIV/AIDS PROGRAMME:

1. How long have you been teaching the life-skills, HIV/AIDS Programme?

2. How were you selected to teach the life-skills, HIV/AIDS programme?

3. What challenges have you experienced teaching the life-skills, sexuality and HIV/AIDS programme?

4. How did you deal with them?

5. What suggestions do you have to improve the implementation of the life-skills, HIV/AIDS programme?

**B. TRAINING PROVIDED TO EDUCATORS BY THE DoE
IN PREPARATION FOR THE IMPLEMENTATION OF
THE LIFE-SKILLS, HIV/AIDS PROGRAMME**

1. How were you selected to attend the training sessions organised by the DoE in preparation for the implementation of the life-skills, HIV/AIDS programme?

2. How many training sessions have you attended with the DoE on the life-skills, HIV/AIDS programme?

3. When were the training sessions held?

4. What did you think about the training sessions? (Probe for detail)

5. What would you say were the three most helpful aspects of the training?

6. What would you say were the three least helpful aspects of the training?

7. What changes would you recommend to improve the training if any?

8. Besides the training organised by the DoE, has there been any other sexuality and HIV/AIDS courses that you have attended?

9. Any other comments:

Thank you for your co-operation and participation in this study.

APPENDIX 6

Focus Group Guideline

Proposed Focus Group Questions for District Co-ordinators of the NIP

Personal Details:

Name:

Position held:

Q1: A brief description of your main activities?

I would like to ask you a few questions about your main activities and your interest in the co-ordination of the NIP in your department?

1.1 Since when have you been involved in the NIP Programme?

1.2 What are your main duties and role functions?

Q2: Project Implementation :

3.1 How does the Department of Education manage and sustain the Life skills –based HIV/AIDS education programme in secondary schools in the eThekweni region?

3.2 How many educators have been trained to date in the eThekweni region with regard to the implementation of the Life skills and HIV/AIDS education programme?

3.3 How are the educators trained (process, content) in the region?

3.4 How many workshops have been conducted to date?

3.5 Was the training restricted to just educators or did it include other stakeholders. Please elaborate.

3.6 Is there anything about the training that you would like to change? Please elaborate.

Q3: Challenges:

- 3.1 What challenges have you experienced in your role?
- 3.2 How did you deal with them?
- 3.3 What recommendations do you have to overcome them?

Thank you for your time and co-operation in this study.

APPENDIX 7

INTERVIEWING GUIDELINE

Proposed Questions for the National Co-ordinator of the National Integrated Plan

Personal Details:

Name:

Position held:

Q1: A brief description of your main activities?

1.2 What are your main duties and role functions?

Q2: Institutional arrangements:

2.1 Please comment on the present organogram of the project?

2.2 How does the NIP fit in with the other line functions of the DOE?

2.3 What challenges have you experienced in your role as provincial/district co-ordinator of the NIP programme?

2.4 How can these challenges be overcome?

Q3: Budget allocation:

Cabinet had set aside a sum of R 450 million over a period of 3 years: R 75 million in 2000/2001; R 125 million in 2001/2002 and R 250 million in 2002/2003.

- 5.1 How much was allocated to the province of KZN since the inception of the project to the various departments (DOE,DOH & DOSD)?
- 5.2 Has the budget allocated by Cabinet been adequate to ensure effective implementation of the project
- 5.3 Has the DOE experienced any budgetary problems to date? Please give details?

Q6: Time frames

- 6.1 With regard to planning for future project implementations, what would you change in the implementation plan?

Q7: Challenges:

- 3.4 What challenges have you experienced in your role?
- 3.5 How did you deal with them?
- 3.6 What recommendations do you have to overcome them?

Thank you for your time and co-operation in this study

APPENDIX 8



eTHEKWINI REGION

ISIFUNDA SASETHEKWINI

eTHEKWINI STREEK

 Address: Truro House
 Ikheli: 17 Victoria Embankment Esplanade
 Adres:

 Private Bag:
 Isikhwama Sepost:
 Privatelek:

 Private Bag X54323
 Durban
 4000

 Telephone: (031) 360-8911
 Ucinco:
 Telefoon:
 Fax: (031) 337-4261

Enquiries: S.B SINGH

Reference:

RESEARCH
DOCTORATE

Date: 23 July 2003

 Imibuzo: singhsb@kznedu.kzntl.gov.za
 Navrae: 360 6208

 Inkomba:
 Verwysing:

 Usuku:
 Datum:

OFFICE OF THE REGIONAL SENIOR MANAGER

 Mrs. T. Runga
 Centre for Social Work
 University Of Natal
 Durban
 4041

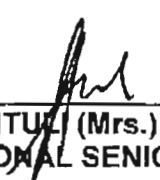
Dear Mrs. Runga,

RESEARCH PROJECT – HIGH SCHOOL LEARNERS & AIDS

Your letter dated 21 July 2003 in respect of the above matter refers. Kindly be informed that permission is hereby granted for you to conduct research in schools in the eThekwin Region subject to the following:

1. The schools which participate in the project would do so on a voluntary basis.
2. Access to the schools you wish to utilise in your sample is negotiated with the principals concerned by yourself.
3. The normal teaching and learning programme is not disrupted.
4. The confidentiality of the participants is ensured.
5. A copy of the thesis / research is lodged with the Office of the Regional Senior Manager on completion of your studies.

I wish you every success with your research.


 N.L. NTUL (Mrs.)
 REGIONAL SENIOR MANAGER

RESEARCH: T. RUNGA – DOCTORATE 220703

APPENDIX 9

ATTENTION: Mrs Smith

The Principal
Amanzimtoti Secondary School
Amanzimtoti

12 August 2004

Dear Madam,

Re: Evaluation of the Life-skills and HIV/AIDS education programme at School

I am presently undertaking a doctoral study to investigate how secondary schools have responded to the problems of HIV/AIDS. The main aim of the study is to investigate the challenges faced by educators in the implementation of the National HIV/AIDS Schools Policy and the Life-skills education programme and to evaluate the Life-skills and HIV/AIDS programme currently implemented in schools in the eThekweni region.

The first phase of the research study comprised a quantitative audit of 74 secondary schools to investigate the following:

- The extent to which the Department of Education's Life-skills, sexuality and HIV/AIDS programme and the National HIV/AIDS Schools Policy is implemented in the school.
- The extent to which HIV/AIDS awareness programmes are implemented in the school context.
- The institutional capacities (time, human resource, finance and expertise) that exist in the school to implement the Policy and HIV/AIDS programmes.

In the second phase of the research study, a formative program evaluation will be undertaken in two schools (to be selected once phase one is completed) to:

- Explore and describe Grade Nine learners' experiences of the life-skills, HIV/AIDS education programme at the school.
- To gain an understanding of the challenges experienced by educators in implementing the programme.
- To gain an understanding of the level of involvement of parents in HIV/AIDS intervention at schools.

We hereby request your co-operation in completing phase two of the study. This would entail an interview with your life-skills educator, a workshop with a grade 9 class that have been taught the life-skills and HIV/AIDS programme and a meeting with parents of the grade 9 class.

The results of the study will be used to make recommendations to policy makers at your Department about the institutional capacities and resources that need to be put into place at schools in order to render the National HIV/AIDS Schools Policy and the Life-skills and HIV/AIDS programme truly effective. A copy of the research report will be sent to you.

Should you require further details about this research study, kindly contact me. My contact details are: Tanusha Raniga – 2602792(wk) or 0828308211.

Thank you in anticipation of your co-operation.

Yours sincerely,

MRS T RANIGA
RESEARCHER

PROFESSOR V SEWPAUL
SUPERVISOR

ATTENTION: ABAZALI

**Mzingezwi High School
Private Bag 506**

**Ndwedwe
4342**

MZALI OTHANDEKAYO

Isimemo somhlangano mayelana nokuxoxisana ngesifo sengculza esifundwa izingane esikoleni.

Uyamenywa emhlangweni ozoba sesikoleni eMzingezwi High School.

Mhlaka 7 September 2004

Isikhathi 9:00am

Sojabula ngokuphumelela kwakho . Siyabonga.

**TANUSHA RANIGA
RESEARCHER**

**MPUME MSOMI
RESEARCH ASSISTANT**

ATTENTION: PETRA HILDEBRAND

Department of Education
Private bag X54323
Durban

4000

5 May 2004

Dear Madam,

Re: Interview with District Co-ordinators of the NIP Project

Our telephonic conversation on Tuesday, 4 May refers.

I am presently undertaking a doctoral study to investigate how secondary schools have responded to the problems of HIV/AIDS. The main aim of the study is to investigate the challenges faced by educators in the implementation of the National HIV/AIDS Schools Policy and the Life-skills education programme and to evaluate the Life-skills and HIV/AIDS programme currently implemented in schools in the eThekweni region.

The first phase of the research study comprised a quantitative audit of 74 secondary schools to investigate the following:

- The extent to which the Department of Education's Life-skills, sexuality and HIV/AIDS programme and the National HIV/AIDS Schools Policy is implemented in the school.
- The extent to which HIV/AIDS awareness programmes are implemented in the school context.
- The institutional capacities (time, human resource, finance and expertise) that exist in the school to implement the Policy and HIV/AIDS programmes.

In the second phase of the research study, a formative program evaluation will be undertaken in two schools (to be selected once phase one is completed) to:

- Explore and describe Grade Nine learners' experiences of the life-skills, HIV/AIDS education programme at three schools.
- To gain an understanding of the challenges experienced by educators in implementing the programme.
- To gain an understanding of the level of involvement of parents in HIV/AIDS intervention at schools.

Additionally, In order to obtain a holistic view of the co-ordination of the HIV/AIDS programme in schools, I would like to arrange a focus group meeting with the district co-ordinators (Illembe, Pinetown and Umlazi) that are responsible for the co-ordination of NIP Project. The purpose of the contact is to:

- Explore the challenges faced by the district co-ordinators and the national co-ordinator in the co-ordination and implementation of the Life-skills and HIV/AIDS programme.

- Gain an understanding of how the Life-skills and HIV/AIDS education programme of the NIP project fit in with the Life orientation programme of Curriculum 2005.
- Gain an insight into the budget allocated for the implementation of the life-skills, HIV/AIDS education programme.

The results of the study will be used to make recommendations to policy makers at your Department about the institutional capacities and resources that need to be put into place in order to render the National HIV/AIDS Schools Policy and the Life-skills and HIV/AIDS programme truly effective.

Please find attached a copy of a letter dated 23 July 2003 from the office of the regional senior manager giving consent for the implementation of the study. As per your request, I am attaching a copy of the focus group interview guideline that will be used during the interview with the district co-ordinators. The proposed dates for the interview is Friday 14/05/04, 21/05/04 or 28/05/04 from 9:00am – 10:00am at your Berea Road office. The interview will be strictly confidential. The interview will be no longer than one hour in duration. For methodological purposes the interview needs to be taped and transcribed and I therefore request permission to tape record the interview. If you are agreeable to this, the content of the interview will be part of a written report and a copy of the report will be sent to you for your interest.

Kindly inform me about the date that suits you and your colleagues for the focus group interview. My contact details are: Tanusha Raniga – 2602792(wk) or 0828308211.

Thank you in anticipation of your co-operation.

Yours sincerely,

MRS T RANIGA
RESEARCHER

PROFESSOR V SEWPAUL
SUPERVISOR

ATTENTION: MRS MADDAMS

THE PRINCIPAL
Danville Park Girls High

17 May 2004

Dear Madam,

Re: Research study on school intervention and HIV/AIDS

I am presently undertaking a doctoral study to investigate how secondary schools have responded to the problems of HIV/AIDS. The main aim of the study is to investigate the challenges faced by educators in the implementation of the National HIV/AIDS Schools Policy and the Life-skills education programme and to evaluate the Life-skills and HIV/AIDS programme currently implemented in schools in the eThekweni region.

Ms N Msomi is a research assistant in the study and we would appreciate an appointment with you to conduct an interview for 30 minutes. Should you not be available, it would be appreciated if the deputy principal or life-skills teacher could be available for the interview. The interview will be strictly confidential. The results of the study will be used to make recommendations to policy makers at the Department of Education about the institutional capacities and resources that need to be put into place in order to render the National HIV/AIDS Schools Policy and the Life-skills and HIV/AIDS programme truly effective.

Please find attached an official letter from the Department of Education giving permission to conduct the study at schools.

Should you have further queries, kindly contact Mrs T Raniga who is the principal researcher of the study at 2602792.

Thank you for your co-operation and participation in the study.

Yours sincerely,

TANUSHA RANIGA
LECTURER/RESEARCHER