TEACHERS' VIEWS ON THE IMPLEMENTATION OF HIV/AIDS POLICIES IN SCHOOLS: A CASE STUDY OF FOUR HIGH SCHOOLS IN FORT BEAUFORT EDUCATION DISTRICT

A thesis submitted in fulfilment of the requirements for the Degree of

Master of Education

In the Faculty of Education

At

The University of Fort Hare

By

Rebecca Koza

Supervisor: Prof. T.D. Mushoriwa

DECLARATION

I, Rebecca Koza, hereby declare that the thesis submitted for the MEd degree entitled: **Teachers' views on the implementation of HIV/AIDs policies in schools: A case study of four High schools in Fort Beaufort Education District** is entirely a product of my own research. This work has not been submitted in any form for another degree or diploma at any university or other institution of higher learning. Information derived from the published and unpublished work of others has been acknowledged in the text and in the references.

Name: Rebecca Koza

Signature ..RKoza..... Date 03.06.16

ABSTRACT

HIV/AIDS is reducing the hard-won returns on investment in education in South Africa. Therefore, literature indicates that the education sector has a central role in the multi-sectoral response to HIV/AIDS in Africa and regarded as a key defense against the spread of HIV/AIDS, especially through the empowerment of young women and girls. Moreover, its ability to reach children and young people, and its contribution to knowledge, attitudes, skills and behavior among South African school-going young people is therefore a priority. This study explored teachers' views on the implementation of HIV/AIDS policies in four high schools in the Fort Beaufort Education District of the Eastern Cape, South Africa. The study was located in the interpretive paradigm and used the qualitative approach and a case study research design was used to examine the phenomenon under study. Purposive sampling was used to select the participants who were rich informants and these comprised of teachers from the schools under study. Through the in-depth semi-structured interviews and document analysis, data was collected and, the study revealed that teachers generally feel that the implementation of HIV/AIDS policies in school leaves a lot to be desired because they were not included in the implantation of the National HIV/AIDS for teachers and learners yet they were expected to be the change agents in the classroom. The study showed that there is need for development seminars and workshops to equip teachers with knowledge of HIVAIDS policy. The study also concluded that different strategies had to be adopted that support the implementation of HIV/AIDS policy in schools. The findings also revealed that there is a need for collaboration among stakeholders, schools and Government Departments such as Education and Health, the local political leadership,

teachers, learners and families in order to collectively address and curb the spread of the pandemic. The study recommended that all schools should ensure that they have HIV/AIDS policies and all stakeholders must know about it. For the successful implementation of the HIV/AIDS policy in schools, teachers need to be supported by various stakeholders.

ACKNOWLEDGEMENT

Firstly I would like to thank the Lord God who is my All-in-All, the sufficient God who has given me strength and courage to successfully finish this work. Without Him, I could have collapsed on the way, but because His word had been a lamp unto my feet and a light unto my path. (Psalms 119:105) I have made it. Take all the glory my Lord.

A special word of gratitude goes to my supervisor, Professor T.D.Mushoriwa your professional guidance, your patience, support and criticism which brought balance to the tasks that I carried out in order to put this M Ed thesis together. I will forever be indebted to you, Prof.

The research would not have been a success without the support, patience, love and encouragement from my family, especially my brothers, Simon, Samson, Tamsanqa, Ayanda and his son Bigboy and Kweshi Koza. My only sister Nozipho and her supportive and caring daughter, Asanda Ketshem. I cannot leave behind my children, Muntu, Siyabulela, Wendy, Vumani and my adorable twins, Sikholise and SiyoliseMkomombini, for their unwavering support through this journey.

To my husband, Ntsikelelo, you were and have been the pillar of my strength during my study time. Through your efforts; morally and financially, you granted me opportunity to reach up to my dream and spread my wings. Everything that you poured during this time is not gone unnoticed.

I especially extend my gratitude to my special friend, Shirley Besman, who saw the potential in me and encouraged me to finish this thesis. Your motivating words, phone

calls and messages kept me going especially in times when I wanted to give up. Ndiyakubulela ‘my friend’ UThixo akuphe Amandla emandleni.

I would also like to thank the Department of Education in Fort Beaufort for allowing me to conduct the study. A special gratitude is also extended to all the educators who willingly took part in the study. Without your assistance, colleagues, I could not have completed this study. I sincerely thank you.

DEDICATION

I dedicate this thesis to my late parents; John Mpande Koza (Mtombeni) and my mother, Yalezwa Maria Koza (Madibangendlela).

I further dedicate this thesis to my pillar of strength, my husband, Ntsikelelo Nkomombini. May God richly bless you Ncuthu, Mzangwa.

ACRONYMS AND ABRREVIATIONS

HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
DoE	Department of Education
NGOs	Non-Governmental Organisations
NEPA	National Education Policy Act
UNAIDS	Joint United Nations Programme on HIV/AIDS
CBOs	Community Based Organisations.
MNCs	Multi-National Corporations
SGB	School Governing Body
NANTU	National Teachers' Union
NP	National Policy
OVCs	Orphans and Vulnerable Children
DOH	Department of Health
FAMSA	Family and Marriage Society of South Africa.
LO	Life Orientation
SASSA	South African Social Security Agency.
NDPHE	National Department of Higher Education

List of figures

List of tables

TABLE OF CONTENTS

Contents **page**

CHAPTER ONE

INTRODUCTION

1.1 Introduction

This study explored teachers' views on the implementation of HIV/AIDS policies in schools. This chapter gives a brief description of the background of the study as well the problem that motivated the researcher to conduct the study. The chapter also looked at research questions, objectives, significance of the study and also definitions of terms. Lastly, the chapter provides a brief outline of the organization of the study.

1.2 Background of the study

According to Streak (2005), HIV/AIDS is reducing the hard-won returns on investment in education in South Africa. HIV/AIDS is affecting many schools and continues to have an enormous impact on all South African schools (Van der Westhuizen, 2003).The prevention of HIV/AIDS among South African school-going young people is therefore a priority (Bennell, 2003). Among young people, HIV/AIDS awareness programmes that focus on the delay of sexual activity and on behavioural change towards 'safe' sexual practices are priorities and remain the only means of primary prevention (O'Grady, 2000). Combating the spread of HIV/AIDS relies in part on the correct implementation of prevention policies at national, provincial and local levels. The Department of Education(DoE) (2000: 17) duly states : "Educators make a valuable contribution to the education and lives of many learners in South Africa". Within the context of HIV/AIDS, the South African DoE sees its responsibility as minimising "the social developmental

consequences of HIV/AIDS to the education system, all learners, students and educators, and to provide leadership to implement HIV/AIDS policy" (Government Gazette, 2000 p. 4-5). One of the steps taken by the DoE so far has been to protect the rights of learners and educators infected with and affected by HIV/AIDS. The policy stipulates that learners and teachers are not compelled to disclose their status, however, a holistic programme for life skills and HIV/AIDS education should encourage voluntary disclosure.

The decision to implement HIV/AIDS policies in schools was cascaded down in the educational system to prevent the spread of HIV/AIDS and to conscientise teachers and students about HIV/AIDS (Kola, Rapholo, Schneider & Everatt, 1998). The South African Education Sector Policy on HIV/AIDS was crafted to act as a guideline for effective prevention, care and support within the education sector. The understanding of the policies is that education plays a key role in preventing HIV/AIDS and mitigation of its effects on the teachers, students, individuals, families, communities and the society. Since the Ministry of Education acknowledges the seriousness of the HIV/AIDS epidemic, and international and local evidence suggests that there is a great deal that can be done to influence the course of the epidemic, commitment was shown by the Ministry to infuse the social, economic and developmental consequences of HIV/AIDS to the education system, all learners, students and educators, and to provide leadership to implement an HIV/AIDS policy. The aim of this policy is to contribute towards promoting effective prevention and care within the context of the public education system (Asmal, 1999).

The overall aim of the Department of Education's Policy (2001) is to provide a framework for educators and learners across the country to manage the impact of HIV/AIDS. School principals are thus required to set up HIV/AIDS policies for their respective schools and maintain adequate standards of health and safety at school. Furthermore, through the South African DoE, schools are encouraged to develop and implement their own HIV/AIDS policies which are consistent with the Constitution of the Republic of South Africa (Act 108 of 1996) and the National HIV/AIDS policy and guidelines for schools provided by the Department.

Moreover, schools should preferably give operational effect to the national policy by developing and adopting an HIV/AIDS implementation plans that would reflect the needs, ethos and values of a specific school or institution and its community within the framework of the national policy. However, this is not so because a study done by Coombe cited in Mokwatlo (2006) estimates that a mere 15 per cent of schools have HIV/AIDS policies in place.

Although there are some policies that have been put in place, it must be noted that there have also been some complaints by teachers concerning the implementation of these policies. Boler, Stern and Klerksdon (2012) researched on HIV/AIDS policy implementation and reception in the Eastern Cape of South Africa and found out that over seventy percent of the teachers believed that HIV/AIDS policy implementations in schools were flawed. One of the reasons cited by teachers as making the implementation of HIV/AIDS policies a failure is because of not fully incorporating teachers in the implementation process. Besset and Swainson (2008) had earlier noted

that teachers lacked competence and commitment to the implementation of HIV/AIDS policies and they called for the training of teachers in HIV/AIDS policy implementation. An earlier study by Mathews, Boon, Flisher and Schaalma, (2006) also highlighted that the teachers' adoption and implementation of HIV/AIDS education programmes were strongly influenced by their attitudes, subjective social norms and self-efficacy; by various aspects of teachers' general disposition (student-centeredness, sexual morality, responsibility and attributions for the causes of students' AIDS related behaviours); and by characteristics of a teacher's HIV-related interactive context (the level of collegial interaction and consensus about, collaboration on, and commitment to HIV education at school).However, several studies (e.g.Stern&Klerkson,2012) have pointed to the lack of teacher involvement in the HIV/AIDS policy implementation process. Against this backdrop, it was worthwhile to examine teachers' perceptions of the implementation of HIV/AIDS in some South African schools.

1.2.1 HIV/AIDS policies in schools

Within the broad framework of change as well as education restructuring, policies such as the National Policy on HIV/AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training (Department of Education,1999) as well as the HIV/AIDS Emergency Guidelines for Educators (Department of Education, 2000b) outline what educators must do whilst the Outcome-Based Education (OBE) Framework (Department of Education, 1997) and the Revised National Curriculum Statement (Department of Education, 2003) have been implemented in schools to deal with HIV/AIDS. For the education sector to respond

effectively to the challenges of this pandemic, a policy was developed aimed at addressing HIV/AIDS issues as they are affecting the entire education and training system. The education sector policy on HIV/AIDS has formalized the rights and responsibilities of every person involved directly or indirectly in the education sector. The scope of its application has been defined to cover learners, employees, managers, employers and other providers of education and training in all public, private, formal and non-formal learning institutions at all levels of education. The policies require, for example, that learners and educators who are HIV/AIDS positive should not be discriminated against or stigmatized.

Coupled with the urgent need for HIV/AIDS education initiatives, recent policy developments in the South African education landscape have identified a need for more appropriate school curricula in terms of curbing the spread of HIV-infection in the education sector and society. Hence, policies such as Outcomes-based 7 Education (Department of Education, 1997) and the National Curriculum Statement (Department of Education, 2003) have become synonymous with change and development. Whilst the South African Government must be praised for its commitment to HIV/AIDS education and for its efforts to reduce the impact of the AIDS epidemic on society, it is educators who have to content with the curriculum changes, and deal with their roles as potential care-givers to orphans and vulnerable learners affected by HIV/AIDS. The Reason being, that their lack of involvement in implementing the HIV/AID policy and relevant teacher training programs means some of the teachers are more likely to implement HIV/AIDS education if they believe it is important that students have knowledge about

HIV/AIDS, confidence in coping with HIV-risk situations and if they believed that it is feasible to achieve this knowledge and confidence through education strategies.

1.2.2 Teachers, schools and HIV/AIDS policy implementation

Jacob (2005) states that HIV/AIDS policies should be implemented in a manner that adequately prepares teachers to deal with HIV/AIDS in the curriculum and to be mindful of the individual needs of learners in their care when planning and conducting classroom teaching. A call to HIV/AIDS policies in schools has been made by the UN in Sub-Saharan Africa. Sub-Saharan Africa is more affected by HIV/AIDS than any other region in the world(World Bank,2002). The education sector has a central role in the multi-sectoral response to HIV/ AIDS in Africa (World Bank, 2002; Patel, 2003). It is regarded as a key defence against the spread of HIV, especially through the empowerment of young women and girls, its ability to reach children and young people, and its contribution to knowledge, attitudes, skills and behaviour. However, the implementation of policies in Sub-Saharan Africa has been weak (UNAIDS, 2012) because the policies are not clear as to the role which is supposed to be played by the teachers. In the same line of thought a recent study done by (Mugweni, Hartell and Phatudi, 2014) focusing on ‘Teachers’ Understanding and Conceptualisation of the HIV and AIDS Policy: The Case of Secondary Schools in Zimbabwe’ found out that in schools there was a gap between policy and practice and the curriculum requirements and teacher understanding and conceptualisation of the subject area because a lack of professional qualifications and a dearth of policy and curriculum documents.

Linked with the foregoing, it is paramount that schools should implement HIV/AIDS policies in order to accommodate learners infected with HIV and/or affected by HIV/AIDS. Parag (2009) are of the view that schools not only have a responsibility to act, but an opportunity to play a crucial role in the global fight against the epidemic, particularly within their school environments. In other words, schools which implement programmes and policies tackle the HIV/AIDS menace faster and more effectively moreover, it is in their own interest as well as those of the society as a whole. Schools engaging in HIV/AIDS sensitization, providing counseling and testing, condom distribution, access to care and treatment send a strong message to communities, governments and other sectors. Implementing school HIV/AIDS programs have been proven to be the only source of accurate information that employees have about HIV/AIDS. HIV /AIDS education programs inform educators and students in schools and seek to motivate behaviour change that will reduce the spread of the epidemic (Parag, 2009). In addition, policy implementation regarding HIV and AIDS education is influenced by at least two main issues: firstly, teachers' understanding or perceptions, that is, their knowledge, beliefs and attitudes; and secondly, teachers' skills that are needed for the day-to-day classroom activities (Ni and Guzdial, 2007: 2).in other words, HIV/AIDS education activities are the base upon which other aspects of prevention programs are built.

Ayo-Yusuf, Naidoo, and Chita, (2011) maintain that educational institutions not only have a responsibility to act, but an opportunity to play a crucial role in the global fight against the epidemic, particularly within their own workplaces. According to van

Roogenand Dirk van den Berg (2009), in South Africa HIV & AIDS will have killed two thirds of the adolescents that are currently 15 years old, by the year 2015. Therefore, it is paramount that educational institutions which forge partnerships to tackle the HIV/AIDS menace faster and more effectively than anyone else and it is in their own interest as well as those of the society as a whole. Given the continuing high HIV incidence rates in youth, it is important to examine current South African laws and policies governing condom distribution in schools, policies of international donor agencies that support HIV/AIDS prevention programs in South Africa and community perceptions surrounding condom distribution in schools (Campbell, 2010). For instance (UNIAIDS 2010: 183) highlights that regardless of the policy innovations there still exists a high prevalence of 11.1% of HIV infection among secondary school learners (UNAIDS 2010: 183) and this calls for immediate attention which will focus on how teachers understand and conceptualize the HIV/AIDS school policy and curriculum., In the same line of thought, The Department of Education in 2005 illuminated that, the spread and the rising incidence of HIV/AIDS was damaging the South Africa education system and society. The DoE, (2005) further stated that gone are the days that the school and the communities could depend on health learners and teachers, because a number of schools were already experiencing numerous hurdles due to this pandemic.

An evaluation of policies can be done by viewing teachers' perceptions on how HIV/AIDS policies are implemented in schools. The education sector, through teachers and educators, has a critical role to play in terms of the delivery of effective HIV/AIDS prevention and awareness education programmes. Teachers are an important

instrument in the implementation of HIV/AIDS prevention educational programmes. As a result of this, they need to be involved in the implementation of HIV/AIDS programmes in schools to ensure better implementation of the programmes. This study therefore focused on the way teachers view the implementation of HIV/AIDS policies in schools.

This study focused on teachers' views on the implementation of HIV/AIDS policies in schools in the Fort Beaufort Education District. Against the background of evidence that HIV/AIDS has had and continues to have an enormous impact on all South African schools, a need has arisen for the examination of teachers' views on the implementation of HIV/AIDS in schools. The national policy on HIV/AIDS for learners and educators in public schools provides a framework for the development of provincial and school policies and strategic plans for implementation. It also recommends the establishment of health advisory committees. However, the HIV/AIDS prevalence rate remains a problem in schools. According to the South African National HIV/AIDS prevention survey (2012) despite the implementation of HIV/AIDS policies in schools, there seems to be high HIV/AIDS prevalent rates, the HIV/AIDS policies do not seem to bring the desired results. School based HIV/AIDS policies can only be successful if teachers are involved in their adoption and implementation. It is also important, at some stage, after the implementation of these policies, to examine teachers' views on the policies. This was the main focus of this study.

1.3 Problem statement

HIV/AIDS in South Africa is a serious health concern, because South Africa has the highest prevalence of HIV/AIDS compared to any other country in the world with 5,6

million people living with HIV/AIDS, and 270,000 HIV/AIDS related deaths recorded in 2011 (UNAIDS, 2014). South Africa's HIV/AIDS epidemic has grown so large that it affects people from all walks of life, thus, the education sector is not immune to the foregoing assertions. Bearing in mind that HIV/AIDS affects the education sector, the South African Department of Education's HIV/AIDS policy for educators and learners was the South African Government's first step towards addressing the challenges posed to educators and learners by the HIV/AIDS epidemic (Mokwatlo, 2006). However, despite the presence of HIV/AIDS policies in schools, HIV/AIDS prevalent rates remain high in schools, suggesting that these policies are failing to bring about the desired results. The major challenge, however, seems to be the implementation of the new HIV/AIDS policy as suggested by the Department of Education (Coombe 2002 cited in Mokwatlo, 2006). Teachers do not seem to understand how the HIV/AIDS policies should be turned into meaningful actions. Against the background of evidence that HIV/AIDS continues to have a negative impact in schools and also the failure to implement HIV/AIDS policies to bring about the desired results, need arises to investigate the teachers' views on the implementation of HIV/AIDS policies in schools.

1.4 Research questions

1.4.1 Main research question

How do teachers view the HIV/AIDS policies in schools?

1.4.2 Sub-research questions

1.4.2.1 How do teachers think HIV/AIDS policies should be implemented?

1.4.2.2 What are the challenges and constraints that teachers and schools are facing in the implementation of HIV/AIDS policies in schools?

1.4.2.3 What do teachers think could be done to improve the implementation of HIV/AIDS policies in schools?

1.5 Objectives of the study

The main objective of this study was to assess the teachers' views on the implementation of HIV/AIDS policies in schools. The study had the following secondary objectives:

(i) To identify, from the teachers' perspective, how HIV/AIDS policies should be implemented.

(ii) To examine, from the teachers' view, the challenges and constraints that teachers and schools are facing in the implementation of HIV/AIDS policies and programmes in schools.

(iii) To establish what teachers think should be done to improve the implementation of HIV/AIDS policies in schools.

1.6 Delimitations of the study

The study was restricted to teachers at the four schools in Fort Beaufort Education district in Eastern Cape. It focused on the views of teachers on the implementation of HIV/AIDS policies in high schools only.

1.7 Significance of the study

According to Schneider and Stein (2001), South Africa is currently experiencing a serious HIV/AIDS epidemic. Worse still, the implementation of a National HIV /AIDS policy was and continues to be characterised by a lack of progress and a breakdown of trust between government and other stakeholders. Against this background, a need has arisen for assessing teachers' views in the implementation of HIV/AIDS programmes and policies. Therefore, this study may contribute to literature on the topic and it may prove to be useful to schools, students, the government and the South African society. Findings from this study could be used to evaluate the HIV/AIDS policies by the policy makers and this may assist schools and governments in coming up with appropriate HIV/AIDS policies in schools. The study could come up with policy recommendations that could help government policy-makers.

1.8 Definitions of terms

Some terms are defined at this juncture so that the general orientation towards the study is made clear.

HIV/AIDS

HIV is an acronym for the Human Immunodeficiency Virus, while AIDS is an acronym for the Acquired Immuno Deficiency Syndrome. This virus only lives and multiplies in body fluids such as semen, vaginal fluids, breast-milk, blood and saliva. HIV attacks the immune system and reduces the body's resistance to all kinds of illness. It eventually weakens the body's ability to fight sickness and so causes death (South African DoE, 1999). In this study, the term is used as defined above.

View

A view is a way of conceiving something. It is referred to as a process of acquiring; interpreting, selecting and organising sensory information (Fourie, 2006). It also refers to the feelings, attitudes and images people have of different places, people and environments, or the active psychological process in which stimuli are selected and organised into meaningful patterns (Fourie, 2006). In the present study, it is assumed that teachers hold certain views regarding the implementation of HIV/AIDS policies in schools and that these views will affect the extent to which they will implement the policies.

Policy

A policy is a statement of intent, principle or protocol to guide decisions in order to achieve rational outcomes (Trogman, 2005). In this study, a policy is a written document which sets out the government position and practices around dealing with HIV and AIDS

in schools. It acts as a management framework to manage the impact of the AIDS epidemic on the organisation, both internally and externally.

Policy implementation

This is the stage of the policy-making process which entails the translation of decisions into action (Fourie, 2006). In the study, the term is used to mean how HIV/AIDS policies are translated into action in schools. The present study draws its focus from this implementation of how teachers view it.

1.9 Chapter Summary

This chapter introduced the study. Sub-sections such as the background of the study, the research problem, the significance were covered in this chapter. The chapter also provided definitions of key terms used in this study. The following chapter focuses on reviewing related literature.

1.10 Organisation of the study

The study was organised into five chapters as follows:

Chapter One

Chapter 1 provided the background to the study, the research problem and objectives, research questions, significance of the study, delimitation of the study and definitions of key terms.

Chapter Two

This chapter discusses the guiding theoretical framework that informs the study and it also looks at empirical studies. This chapter presents a literature review which includes the views of a range of authors and researchers on the studied phenomenon.

Chapter Three

Chapter 3 covers the methodology of the study which includes the research design, paradigm, approach, population, sampling procedures, data collection instruments, and ethical considerations.

Chapter Four

This chapter presents the data, interprets and discusses the findings of the study.

Chapter Five

Chapter five gives the summary of the study, conclusions and recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter explored literature comprising of the theoretical framework which underpinned the study. This was followed by conceptual framework, the HIV/AIDS policy, challenges and constrains of HIV/AIDS policy, the aims and objectives of HIV/AIDS policy and empirical studies.

For decades after HIV/AIDS was identified, the body of research into the disease has been growing steadily, especially that of social and demographic implications of the disease to mankind (UNAIDS, 2008). The understanding of the HIV/AIDS policy in high schools would assist mankind with interventions and best practices that may help to halt the spread of the disease.

2.2 Theoretical framework

This study was underpinned by the apprenticeship of observation model and Epstein's theory of overlapping spheres of influence. These two theories tend to complement each other and they help us to understand why teachers hold the views they have regarding the implementation of the HIV/AIDS policy in schools.

2.2.1 The apprenticeship of observation model

Jacob (2005) states that in this model, educators familiarise themselves with policies, internalise teaching methods and role behavior that they have observed from others. Thus, educators' practice is influenced by the way that they themselves were taught about the policies in question and therefore educators adopt and view the policy in a manner that is consistent with the way they experienced during the training process. In other words, the teachers will only understand a policy if they are taught about it or learn it by observation from individuals who have implemented it. They need to be given some guidelines as to how the policy should operate and how it should be adopted.

To be more specific, the apprenticeship of observation model was developed by Lortie in 1975 and outlines that student teachers arrive for their training courses to be educated after spending thousands of hours as schoolchildren observing and evaluating professionals in action; a phenomenon which is absent in many other professions (Lortie, 1975).This model argues that teachers' practices are based on imitation of their previous educators who have taught them and this being generalized across individuals, eventually becomes a tradition which then transcends to more generations to come (Lortie, 1975). The basic assumption here is that, student teachers learn and obtain their teaching experience by observing from their professional teachers in college. This is a bit different from the traditional way of apprenticeship. Reason being, with the traditional apprenticeship, the master tutors the apprentices as they learn to pursue their careers while in apprenticeship of observation, this is absent as the students are not in the know-how to their teachers' reasons for and reflections upon their actions. Rather,

students are on the receiving end of what teachers do and are therefore only in a position to notice teachers' actions and their influence on them as students(Jarvela, 1995).Students are not in a position to be thoughtful and logical about what they see, nor do they necessarily have cause to do so. Thus, students are likely to express pleasure, appreciation, dislike or other affective responses toward a teacher or particular practices but not to assess thoughtfully the quality of the teaching they experience (Woolley & Jarvis, 2006).

One of the consequences of this apprenticeship of observation is that student teachers may fail to realize that the aspects of teaching which they perceived as students represented only a partial view of the teacher's job (Lortie, 1975).This means that students' view is narrowed to what they are seeing as the teacher is teaching and not the actual work that teachers do.

In short, research on the apprenticeship of observation is based on the notion that identity formation, and career pathways are deeply inter-connected to the on-going processes of teacher socialization, (Rinke, Mawhinney& Park, 2014); a feature outlined by various literature. This can be linked to the current study in that the apprenticeship of observation model outlines the process of teacher socialization and it acknowledges that the apprentices were shaped by their prior experiences in schools; that is, personal rewards of working with learners and teachers who are affected by HIV/AIDS, love of the subject matter and involvement in HIV/AIDS awareness in schools and the desire to give back to the society by stopping stigmatization against people with HIV/AIDS. In fact, teachers' instructional practices often mirror the ones they themselves encountered

in the role of a student, which then serve as a point of reference for beginning teachers, like being inspired by a good teacher to become an educator (Rinke *et al.,*2014). Moreover, this particular model was adopted for this study because it shows that teaching is rooted in the lives of these educators. The idea here is that teachers are active and intelligent agents who shape their own lives, both personal and professional, through the process of observation. Thus, by learning various HIV/AIDS policies by practice and observation, one is able to shape one's life and become well versed with how they can best implement HIV/AIDS policies in schools. According to most literature reviewed (Appelbaum, Barley, Berg, Kalleberg (2006); Rinke *et al.,*2014;), it is agreed that there is a link between personal life and professional lives; thus, what student teachers learn from various levels of teacher interactions would be what they would become in their professional life. In general, in a lifespan of an educator, past experiences influence professional development in that the personal is deeply connected to the professional, thereby influencing professional development. In this study, the connection between personal and professional development through apprenticeship of observation is believed to influence teachers' views in the implementation of HIV/AIDS policies in schools.

2.2.2 Epstein's theory of overlapping spheres of influence

Epstein (1987, 1990) emphasises the need for a holistic approach to activities and role players within the institutional setting of a school (Theodorau, 2007). Epstein's (1987) theory of community, educators and school relations is predicated on the notion of overlapping spheres, which bring together the activities of all stakeholders into an

interwoven core, based on mutual trust. Epstein's theory can be seen as two circles of interaction that are determined by the attitudes, practices and interactions of the individual with each context. The theory is built on the assumption that families and schools have mutual interests and influences.

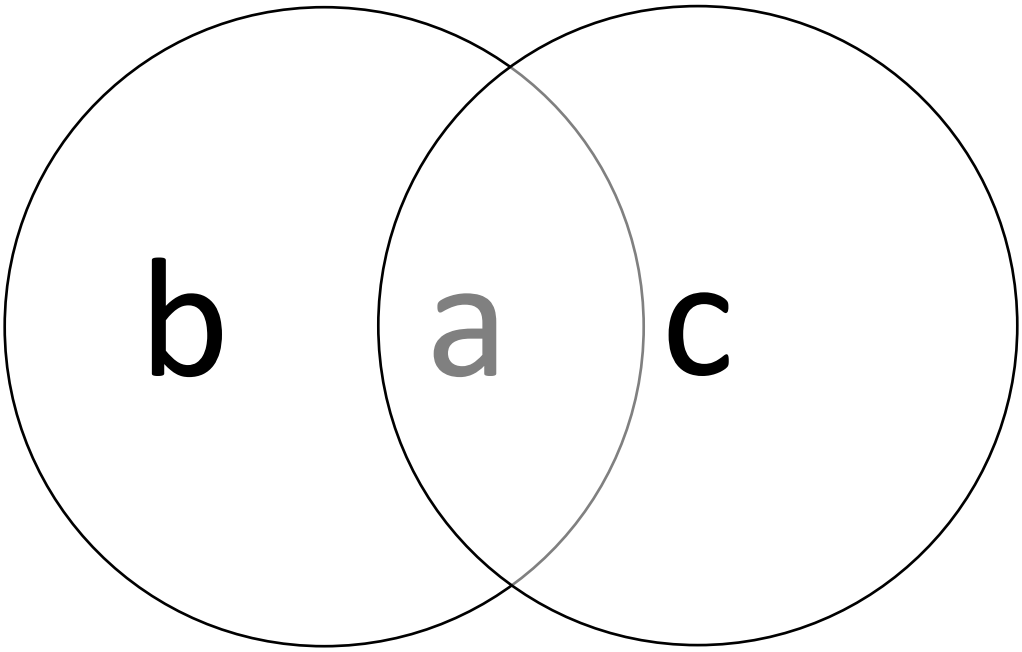


Figure 1: Epstein's theory of overlapping spheres of influence

Key: (a) time (b) policies and practices of the family (c) policies and practices of the school

Designed from a social and organizational perspective, the overlapping sphere of the theory emphasizes the cooperation and complementarily of schools and families, and encourages communication and collaboration of all institutions and the stakeholders involved (Epstein, 1987, 1996).

This model consists of spheres representing the community, family and the school that are pushed together or apart by forces; namely, time, philosophies and practices of the family and those of the school (Theodorau, 2007).Interaction between the school and the family is at a maximum when the school and the family function as honest partners within an overall program that includes a number of shared activities. The model emphasizes reciprocity among teachers, families and students and recognizes that students are active agents in school-family relations. Thus, the above mentioned forces help to determine the shared activities between family and school in the development of a child's education. The more the gap between the two spheres, the more the interactions between them and the greater the chance of developing a better student. The model assumes that the interchange of skills, abilities and interests between parents and teachers that is based upon mutual respect and a sharing of common goals will benefit children's learning and development (Epstein, 1996, 2001). Also internally, the interaction of the school and the family influence shows where and how complex and crucial interpersonal relations and patterns of influence occur between individuals at home, at school, and in the community.

In this model, the student is at the centre of school, family, and community partnerships. This means that students are the main actors in their education, development, and success in school. Most literature (e.g. Martin 2009; Galindo & Sheldon 2011, Thaver & Leao 2012) agrees that the three spheres cannot produce successful students alone, rather it is the partnership of activities designed to appoint, monitor, empower, and motivate students to produce their own successes (Galindo & Sheldon, 2011).Thus, the notion is that if children feel cared for and are encouraged to work hard in their capacity

as students, they are more likely to do their best to learn to read, write and learn other skills and talents and to remain in school (Galindo & Sheldon, 2011).

In terms of school-based HIV/AIDS policies, this notion of overlapping spheres tells us how comprehensive an approach has to be. Decision-making partners such as the parents and community members are included in the governance structure of the schools. Ideally, stakeholders from all racial, ethnic, socioeconomic and other identities should be committed and included in the decision-making processes. Epstein's theory is relevant to this study as HIV/AIDS is a major crisis for educators, students and communities, and requires joint effort by all role players to address the situation. Furthermore, this kind of holistic thinking that brings to the fore the relationship between education as a vehicle for personal empowerment and community action as a vehicle for social change. In practice, the model creates family-like schools and school-like families. The former recognizes each child's individuality and makes each child feel special and included regardless of their status; welcoming all families in the process while the latter recognizes that each child is a student in which families reinforce the importance of school, homework, and activities that build student skills and feelings of success (Martin, 2009).Thus, in relation to this study, schools and communities can discuss HIV/AIDS policies in a family-friendly- like state and take into account the needs and realities of family life. When all these concepts combine, children experience learning communities about HIV/AIDS issues or caring communities of people living with HIV/AIDS.

2.3 Conceptual Framework

Views and perceptions affect what we eventually do, for example, teachers' views and perceptions will affect how they view and implement HIV/AIDS policies in schools. Consequently, it is paramount to note that the role of teachers in the implementation of the policy is crucial and essential. According to Fullan (1993), educational change depends on what teachers do or think. Fullan further argues that, there are basically two aspects to what teachers do or think; which is the teachers action and the teachers' views. Once these two are in harmony, the teacher will see the need to help the learners who are infected and affected by HIV/AIDS. This shows that the teacher and learner should have a mutual relationship if they want to achieve best outcomes on the implementation of the HIV/AIDS policy within high schools. Moreover, the HIV/AIDS emphasise positive relationship between the leaner and teacher.

According to Schlafly (1993) and Blust (1995), there seems to be no consensus among scholars, education policy- makers and parents on a multiplicity of issues as evidenced by debates on this educational policy. This therefore shows how the entire system affects both home and the school. As a result, these negative effects tend to affect the entire home-school system on the policy implementation.

On the other hand, it is undoubted that HIV/AIDS affects the throughput of education because this epidemic has not only affected infected teachers and head teachers but administrators as well; they either fall ill or die. In addition, there sources for education are reduced. One cannot separate the school and home with regard to these side effects. Some of the negative effects are increased absenteeism, resulting in interrupted

teaching and poorer quality education; loss of trained and experienced teachers due to death, resulting in a shortage of human resources, difficulties in posting teachers to rural areas; increasing concentration of educators in urban areas, especially if teachers need to be near hospitals for medical reasons and increased costs. For example, half of the Namibian National Teachers' Union (NANTU) budget is spent on paying allowances to members affected by AIDS-related deaths (Ministry of Health and Social Services, 2007a).

2.3.1 HIV/AIDS Policy

It is of great importance to give highlight to HIV/AIDS policy and also the motive behind that policy. The policy is basically instituted to achieve the following:

- To prevent the spread of HIV/AIDS infection.
- To demystify HIV/AIDS
- Allay fears
- Reduce stigma
- Instill non-discriminatory attitudes
- Develop knowledge, skills, values and attitudes in order that they may adopt and maintain behavior that will protect them from HIV infection
- To support infected and affected. The policy provides a framework for development of provincial and
- Schools policies and strategic plans for implementation thereof
- It further recommends establishment of health advisory committees

(Government Gazette 410, (20372), 10th August, 1999).

2.3.2 Challenges and constraints of HIV/AIDS policies.

It is ideal to first state the major challenge that faces each and every policy implementation. The top-downward policy implementation seems to be the main challenge. According Fox (1987) the policies are handed over to a structured agency as the instructions will be formulated at the top of the pyramid and passed down. This happens in a command form to which the personnel on the ground should implement without any discretion.

With regard to the implementation of policies, it has been perceived that action by the public and/ or private individuals or groups should be directed at the achievement of the objectives (Van Meter & Van Horn, 1975). This therefore entails that the carrying out, fulfilling, producing and completing of the policy is a responsibility or rather is a directive from those that have formulated it (John &O'Toole Jr., 2001). So it therefore means that teachers should be involved so that the is policy effected and implemented fully.

2.3.3 Objectives of the HIV/AIDS policy.

It is of great importance that one should note that objectives are targeted at a specific challenge and to a specific group. According to the policy, the target could inform the purpose and vice- versa. The targeted groups of the policy are:

- learners and educators in public schools
- students and educators in further education and training institutions

- broader school community
- Provincial and district officials.

(Government Gazette, 410(2372) 10th August, 1999).

Therefore, it is important to note that the objectives of the policy are basically to address the challenge on the implementation of HIV/AIDS policy amongst the learners. To be precise, there are several considerations to be made so as to achieve and be able to implement the policy correctly.

The policy is also aimed at providing secure and projective learning environment, including a nurturing workplace environment for teachers.

> *Institutionalize sector policies on HIV and AIDS with functioning mechanisms for implementation at all levels – system, district and school levels; Link with communities in order to play a strong role in school-centred care and support, in particular for orphans and vulnerable children (OVCs); Address the impact of HIV on the sector itself, in particular on the teaching staff; and develop, strengthen and maintain strategic partnerships with other sectors.*

(Government Gazette, 410(2372) 10th August, 1999)

On the other hand, van Roogen and van den Berg (2009: 10) assert that the National Education Policy Act (Act 27 of 1996) directs teachers to:

- protect the rights of learners
- provide education and opportunities to learners infected with HIV/AIDS
- provide learners with care and counseling

- create a safe and secure environment in institutions of learning
- apply infection control measures universally, regardless of any learner's HIV status
- Employ adequate wound management in the classroom, in the laboratory and on the sports field or playground, when a learner sustains an open, bleeding wound.

The DoE seeks to address challenges that the government is faced with and make it a point that whatever policy that needs to be implemented by the government, the right hand man will be the department. Linked to the foregoing, the inclusion of teachers plays a pivotal role. According to ILO and UNESCO (2006b), in cases where implementers do not favor the policy/program, the outcome is that programs do not go as planned.

According to the Government Gazette (1999) there has been a gap between the implementers and the department and this is in the following aspects:

- *Insufficient training for educators with regard to HIV and AIDS; Insufficient resources available at institutions;*
- *Insufficient funding to purchase the necessary resources needed to address the issues of HIV/AIDS at institutions,*
- *Inadequate co-ordination of inter and intra-departmental initiatives concerning HIV/AIDS and Policy should be updated at regular intervals to accommodate the progress made in the prevention and treatment of HIV and AIDS.*

Conducting school support visits for an on-going developmental process is one of the important aspects in this document. It involves supporting teachers in a transparent manner at school and classroom levels (PCG, 2007). The other concern is the support that teachers receive from the DoE in equipping them so that they would be able to implement the HIV/AIDS policy in classes. According to Christians (2006), without the sufficient support from the DoE, there won't be any improvement in the implementation to achieve its intended objectives. Research done by other scholars shows that effective management and leadership with regard to HIV/AIDS prevention is of paramount importance in every school (Van Rooyen and Hartell, 2001).

Literature on HIV/AIDS policies in schools is characterized by a number of perspectives. For the purpose of this study, attention is given to implementation of such policies in schools and the impact that this has on teacher and student development in schools. Thaver and Leao (2012) purport that in South African schools; there is a need to focus on developing healthy life skills among the youth. This can be achieved by providing training and resources.

Studies demonstrating the importance of the implementation of HIV/AIDS programmes by teachers in schools suggest that these programmes and policies may be important to teachers, schools, students and the community at large. However, many programmes which have proven to be effective have not been implemented in schools other than those in which effectiveness was demonstrated (Schaalma, Reinders, Matasu, Kaaya, & Klepp, 2004). Moreover, the findings of the study conducted further show that a lack of sound management practices and lack of commitment restrain implementation efforts to

such an extent that management ignore their responsibility regarding keeping abreast with relevant documentation and policy, and continue with business as usual, thereby neglecting the implementation of the HIV & AIDS programme in totality van Rooyen and van den Berg (2009: 20).

According to the UNAIDS Report (2008) on the global AIDS epidemic, an estimated 5.7 million South Africans were living with HIV/AIDS in 2007. The South African Government has attempted to address the epidemic through many means, including expanding sexual and HIV/AIDS education for the country's youth within an inclusive classroom setting.

It is also of great importance to reach out to community leaders and parents. This will create a niche, or rather a synergy between the home and the school. Thaver and Leao (2012) also indicated that there is a need for promoting sex education in communities by taking into account their diverse needs and beliefs. Life Orientation teachers have a great role to play here given that their area is the one that mostly deals with issues to with sex education and HIV/AIDS. They should take a lead in the implementation of HIV/AIDS policies in schools.It is of great significance to note that the HIV/AIDS policy intends to cover three important aspects of life for either the affected or the infected. The aim is to allay fears, reduce stigma and instill non-discriminatory attitudes and surely Life Orientation teachers are better placed to do this.

2.4 Empirical Studies.

Globally, significant progress has been made towards addressing HIV/AIDS(UNICEF, 2011) however, despite these positive strides, HIV/AIDS continues to claim many lives making all the efforts that have been put in place to come to naught (UNAIDS (2012). According to Jordaan research work titled 'The perceptions of teachers at Kylemore High School regarding the teaching of HIV/AIDS education to learners' highlights that Sub-Saharan Africa regions continues to experience the new infections of HIV/AIDS.

In 2010 a national HIV counseling and testing campaign was implemented in South Africa due to the prevalence of HIV/Aids which continued to be high and this led to quite a number of people being aware of their HIV/AIDS. The extant literature also indicates that South African has put in place numerous initiatives namely, HIV/AIDS policy for learners and teachers, testing campaigns and antiretroviral training campaigns to effectively address HIV/AIDS in a bid to monitor progress that has been made to reduce new HIV infections especially among the future generation, which is the youth (UNAIDS, 2012).

In response to this, the education sector has been roped in; with observations being advanced that education may be the antidote to HIV/AIDS crisis. Reason being, schools have been labeled as structures and windows of hope as stated by the World Bank (2002) that can provide timely and effective prevention efforts to the school-going young people so as to put a halt towards new infections of HIV/AIDS epidemic in the near future.

Though, the policy require school-based HIV/AIDS education and life skills education to be a permanent feature meant to disseminate accurate and age-friendly HIV/AIDS education to all learners. Unfortunately, this has been met with numerous hurdles. According to a study by Mostert (2005) in South Africa, teachers felt that much work still needs to be done to ensure optimal implementation of HIV/AIDS policies in both primary and secondary schools.

Ferlan (2010) asserts that teachers in South Africa still believe that although most schools have received the South African DoE's HIV/AIDS policy and guidelines, a wide gap still exists between the policy and the implementation, for instance, teachers from one hundred and twenty-eight schools in the Free State were surveyed and found to have received the National HIV/AIDS policy documents; yet none of these schools has yet fully implemented the guidelines provided in the policy document.

In the same line of thought, recent literature indicates that the teachers view policy and curriculum change with either a positive or a negative eye (Bowins and Beaudoin, 2011; Mosia, 2011). In other words, teachers with positive attitudes made an effort to implement whereas those with negative perceptions showed reluctance to carry out the curriculum subject, or ignored or resisted anything to do with the infusion of HIV/AIDS among their classroom setting (Bowins and Beaudoin, 2011: 8; Mosia, 2011: 122; Wood and Oliver, 2007: 175). On the other hand, some teachers have raised critical points and argued that schools with policies do not keep updated lists of chronically ill learners and this could impair their ability to implement action plans accordingly (Ferlan, 2010).

However, research studies show that some teachers may be justified to show negative attitudes towards the policy. According to it emerged from the study that teachers generally have a dearth in skills, knowledge, attitudes which are critical if one is to be an effective and efficient HIV and AIDS facilitators (Wood and Oliver, 2007). Therefore, there is need for teachers to be trained and even be included in the policy implementation processes so as to address these challenges.

The researcher opines it is not surprising that teachers may show negative attitudes because; once one has a lack of knowledge it becomes difficult to be confident in implementation change. To make matters worse, the researcher is also of the view that this is a very sensitive and emotional subject matters that needs to be approached with care and which teachers have to disseminate making sure they are in line with the policy document on HIV/AIDS. Mungweni et al (2014) also found in their study that teachers find it hard to embrace HIV/AIDS and also feared talking about it because there was a policy in place to defend them in case they are accused of discrimination or stereotypical tendencies.

For instance, it has also been noted that HIV/AIDS, reproductive health and sexuality are complex and controversial issues that teachers and schools may be reluctant to address (Forrest et al., 1989; Mathews et al., 1995; Kinsman et al., 1999 Landry et al., 2000 Ayo-Yusuf et al., 2011; Mbananga, 2004; Oshi et al., 2005). This requires a study on the teachers' attitudes towards HIV/AIDS policy implementation in schools. According to Paulussen et al., (1994, 62) a study conducted in the Netherlands showed that teachers' adoption and implementation of HIV/AIDS policy were:

Strongly influenced by attitudes, subjective social norms and self-efficacy; by various aspects of teachers' general disposition (student-centredness, sexual morality, responsibility and attributions for the causes of students' AIDS related behaviours); and by characteristics of a teacher's HIV-related interactive context (the level of collegial interaction and consensus about, collaboration on, and commitment to HIV education at school).

Therefore, worldwide HIV crisis has compelled education departments globally to recognize the crucial role this can play in curbing the spread of HIV infections (Jordaan, 2013: 12). This author further adds that education sector can ensure the delivery of accurate HIV/AIDS education that school going youngsters are equipped with critical preventive knowledge that will enable them to protect themselves as well as others against contracting the virus. Thus, failure to do this means a continuation of new infections. This would put a severe depression in the nation's progress and this would devastate all facets of the society. Education is one of the key sectors vulnerable to such devastation. One particular factor that compounds the impact of HIV/AIDS and destroys mitigation efforts is the stigma around the disease. Negative and unfair attitudes toward persons living with HIV/AIDS impose enormous pain to the people infected and their loved ones, and could also lead to fear of seeking help or assistance among people living with AIDS (Githinji&Chang'ach, 2011).

Echoing the above, the study by Thaver and Leao (2012) in Cape Town South Africa also highlighted that the current sexual and HIV/AIDS education in South African

secondary schools is problematic. It is problematic because it does have the potential to be one of the most important and effective mechanisms for combating the HIV/AIDS epidemic. This therefore requires an immediate and exceptional policy that needs to be implemented within the whole of South Africa

Boler (2003) researched on HIV/AIDS curriculum implementation and reception in Kenya and found out that 90 percent of teachers in Kenya believe that they are not involved in the policy implementation process yet they have responsibility to teach HIV/AIDS content. Even so, this study did not go further to establish factors that influence teachers' carrying out this responsibility. Besset and Swainson (2002) in their study to assess HIV/AIDS impact on primary and secondary schools in Mpumalanga reported that teachers lacked competence and commitment to teach HIV/AIDS because they are not engaged properly when policies are made. Nzoka (2006) observes that exposing teachers to a greater understanding of the policy adoption and implementation can help them to realize the goals of every policy.

Affirming this position, Bett (2003) also observed that, teachers and support staff need to be educated about HIV/AIDS policies and how they should be implemented. This will be in line with the targeted population according to the policy which is the following; learners and educators in public schools, students and educators in further education and training institutions, broader school community and provincial and district officials. To achieve this, some countries have put in place HIV/AIDS policies. For instance Kenya, The Kenyan Education Sector Policy on HIV/AIDS was crafted to act as a guideline for effective prevention, care and support within the public sector. The

understanding of the policy is that education plays a key role in preventing HIV/AIDS and mitigation of its effects on the individuals, families, communities and the society (Oginga, Muola and Mwania, 2014:3). The same applies in South Africa; there is an existing national policy on HIV/AIDS targeting learners and educators. The Department of Education went a step further by making it mandatory to provide education around the HIV/aids through life orientation SACMEQ (2011).

According to Ahmed et al. (2009) the introduction of the policy and the life orientation subject which tackles HIV/AIDS matters because the teachers and the schools are deemed to be at an advantageous position to disseminate information that will assist the learners to make informed decisions with regard to their sexual activities. However, a study by Esau (2010) disputes the above sentiments. It was found in Esau's study that in schools the issues of HIV/AIDS were on "silent mode" and this silence according to this author is attributed to dearth of in-depth and guided information on policy implementation and how this should be delivered in schools. As such the researcher is of the view that one way of breaking this silence is what has already been raised by scholars that, let there be involvement of teachers in the implementation process. A recent study within the Kenyan context shows that involvement of teachers in HIV/AIDs agenda is possible through integration of the curriculum. According to Oginga, Muola and Mwania (2014), integration is the way HIV/AIDS is taught in Kenya. Integration means the interrelation of studies so that the material of each lesson is made intelligible through its connection with the points involved in others. In other words, this means that all the teachers in a school setup are involved in implementation. Contrary to that, in

South African schools only teachers, who teach Life Orientation, are expected to be conversant with the phenomenon under study.

Consequently, support mechanisms and teacher's workshop and trainings should complement their inclusion in the implementation of policy. Observations have been made that the schools are in a position to change young people's attitudes and behaviours (Boler and Jelema (2005) with the help of the teachers.

Simply put, teachers are the policy implementers and they are in a better position to understand exactly what is taking place on the ground, what should and should not be included in the policy, as such, the supposed exclusion in policy matters raise eyebrows. Therefore, this study also seeks to establish the perceptions of teachers around HIV/AIDS education and policy implementation so that positive change can be realized.

On the other hand, Oluoch, Omulando and Shiundu (2002), in Nigeria, observed that pre-service and in-service training of teachers is key to any policy implementation. For any policy venture to succeed, the teachers involved must understand and accept the ideas contained in the new policy being proposed or implemented. The teachers should look at the particular policy development effort as their own and not something being imposed from outside. Thus, they have to understand, accept and internalize the philosophy or reasoning behind the new ideas, materials and teaching methodology advocated in the new policy.

In Kenya similar observations which echo the above were also made. According to UNAIDS (2014), for teachers to gain an understanding and accept teaching they have to be included in the implementation process, is necessary for them to go through specially designed educational programmes. These programmes should be directed both at the serving teachers and at the teacher trainees. Relevant training programmes should be infused within the regular teacher preparation curriculum so that the new teachers are sensitized while the serving teachers must be given training on new curriculum of HIV/AIDS.

Singh (2003) argues that some educators in South Africa lack the knowledge and updated information and resources used to get along with HIV/AIDS policies. Furthermore, some educators believe that they are unable to teach HIV/AIDS education because there is no uniform content and that more workshops are required to increase their confidence in imparting knowledge (Singh, 2003).In addition to that Angleton and Warwick (2002) one should not assume that teachers know and are prepared to teach HIV/AIDS education, which is a result of lack of training. This study draws from previous literature and attempts to assess teachers' views on the implementation of HIV/AIDS in high schools in Fort Beaufort District.

Linked to the foregoing paragraph, South Africa has responded to the HIV/AIDS challenge by introducing policies and programs which were implemented through Ministry of Education and these policies were meant to provide learners with knowledge and skills to protect themselves from infection and to assist others who are infected. This was done under the watchful eyes of adequately trained teachers. This was

implemented via the life skills approach which is the adaptive and positive behavior that enables individuals to deal effectively with demands and challenges of everyday life (Bialobrzeska, 2007). As such, this will be able to increase the overlapping spheres of influence in the Epstein's theory and this is beneficial to the learners and the educators.

Literature reviewed outlines that HIV/AIDS affects the supply, demand and quality of education in South Africa; a phenomenon found also in the rest of the world (UNAIDS, 2008). In South Africa, HIV/AIDS is affecting access to and provision of education, as well as the quality of education to both learners and educators. However, most of the research done on this aspect lacks accurate data and cannot answer critical questions about the level of impact (Githinji et al., 2011). These studies have shown mixed feelings about how teachers view the implementation of HIV/AIDS policies.

According to Theron (1999) in a study conducted amongst twenty South African rural high school educators, it was established that educators are less likely to hold negative perceptions of HIV/AIDS, primarily because they are educated individuals and the implementation of HIV/AIDS policies in such schools was welcomed. A second study conducted by Donald, Lazarus and Lolwana (2002) among ninety six South African educators suggested more mixed perceptions: educator responses generally expressed sympathy towards AIDS victims, but typical stigmatising responses were included, meaning that such schools would have difficulties in implementing HIV/AIDS policies. Although the Ministry of Education has put in place the HIV/AIDS policy in schools, some schools are lagging behind in the implementation process; educators are the main reason for this lagging behind (Kwakman, 2003).

To circumvent these challenges, (Prinsloo, 2007) posits that a teacher's intentness, personal morals and self-discipline are paramount because they can either influence positively or negatively on their perceptions regarding HIV/AIDS education. In furtherance to this, the support that teachers receive from parents and the community is also imperative. These sentiments are in line with the theoretical frameworks adopted for this study that emphasize on stakeholder involvement because teachers cannot operate in isolation, especially on HIV/AIDS related matters. Therefore, if teachers receive adequate training this may act as a motivational factor in effectively implementing HIV/AIDS education Mathew's et al. (2006).

Meanwhile, from the vast literature on teaching and teacher education, educators generally see HIV positive learners to be ordinary learners requiring special support and deserving of acceptance and care and this is considered as the main cause for the implementation of these policies and training that they will have received on HIV/AIDS. As mentioned earlier on, HIV/AIDS also affects teachers physically and emotionally, resulting in poor teaching. Absenteeism and curriculum disruption, with an ultimate deterioration in school standards, were usually observed; thus, in due course, schools' reputations will suffer which will result in a decline in learner enrolments.

There are a variety of policy gaps in the implementation of the HIV/AIDS policy in South Africa; for instance, a variety of different life skills curricula currently in schools and institutions focus largely on HIV/ AIDS awareness and information. However, it has been noted that policy itself does not sufficiently emphasise the importance of physical and mental wellness in youth (Jordaan, 2013; Esau, 2010).

Though there is a noticeable positive development in the curriculum on students' knowledge and awareness of HIV/AIDS. However, the policy does not adequately meet the goals of the national policy, which is to promote healthy behavior and positive attitudes. Negative attitudes affect home, as well as school. This will negatively affect leaners and the teachers, both affected and infected. Regardless of the many studies carried out on Life Orientation, there seems to be no consensus among scholars, education policy-makers and parents on a multiplicity of issues as evidenced by debates on this educational policy (Schlafly, 1993; Blust, 1995).

Visser (2005) explains that the curriculum being implemented emphasizes information about HIV/AIDS and not the advancement of life skills that would allow students to develop 'healthy life styles'. Life skills over-emphasise Sexual and HIV/AIDS Education in South African secondary schools. According to Thaver and Leao (2014) teaching sexual and HIV/AIDS education in schools has been the subject of debate and discussion for a while now in Southern Africa. The debates have mainly focused around three key issues – at what stage to introduce it, what kind of curriculum is appropriate and who is qualified to provide such teaching.

South Africa is one the few countries in the region that have made attempts to introduce sexual and HIV/AIDS education at the secondary school level. Moreover, the teachers are considered as the principal vehicles for encouraging change through the education system. Accordingly, Rooty (2005) states that the role of the teacher in this phenomenon cannot be over emphasized. This scholar gives valid and solid reasons that teachers are not only responsible for delivery of curriculum. It is their duty to ensure

that they interpret, develop and redefine what they think and believe. Simply put, the teacher just cannot be left out in this equation because the influence they hold over the community provides great platform for addressing HIV/AIDS conversations and education. Therefore, HIV/AIDS education and policy implementation should not be regarded as optional or an additional strategy but, must be viewed as critical. Although this has had benefits, it has not been without its challenges. The major challenge led to the formulation of the policy on what exactly should be done, who should do it, and when should it be done.

Abel and Fitzgerald (2006:.107) purport that increasing youth's knowledge about sexual interactions and HIV/AIDS does not necessarily lead to the prevention of 'negative health outcomes'. They found that when developing a programme, due attention must be paid to the creation of a 'richer conceptualization and methodology to understand and evaluate how messages are received, resisted and re-worked in youth experience' Abel & Fitzgerald (2006, 107). This implies that the relationship between the learners and teachers should be closely monitored so that the knowledge will transform the youth because the aim of the policy to change lives.

Literature also shows that there are several systematic reviews on the programs aimed at the prevention of HIV/AIDS and reduce the prevalence of sexual risk behaviours which is precisely one of the main aims of the HIV/AIDS policy in schools. In an effort to try to decrease the spread of the pandemic, the implementation part should be boosted. (UNAIDS, 2014b; Schaalma et al., 2002;Schaalma et al., 2004).However, concerns have been raised that this may not be possible because the very same people that are

meant to be the change agents actually help in increasing the HIV/AIDS scourge in schools because of their sexual behaviors with school children.

2.4 Summary

The main focus of this chapter was to present the theoretical framework, conceptual framework and the empirical studies that underpin this study. The study presented two theories that underpin this study; the Apprenticeship of observation model and Epstein's theory of overlapping spheres of influence.

The Apprenticeship of observation model revealed that educators' practice are influenced by the way that they themselves were taught about the policies in question and therefore educators adopt and view the policy in a manner that is consistent with the way they experienced the training process. The Epstein's theory of overlapping spheres of influence emphasizes the need for a holistic approach to activities and role players within the institutional setting of a school, community and family. Thus, the greater the sphere of influence between these institutions, the more the interaction between them and the greater the development of good learners. The chapter also discussed the conceptual framework which is the views and perceptions which affect what we eventually do. This therefore, suggests that change in the implementation is on the basis of what the teachers do or think. Empirical studies also showed that there are mixed feelings about how teachers view the implementation of the HIV/AIDS policy is

schools. The study also highlighted that there has been efforts made by the Department of Education in the implementation of the policy, this has been in collaboration with the Department of Health. The chapter that follows will focus on the research methodology that was adopted for this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Basically the chapter looks at the research methodology employed in this study. Methodology refers to the body of methods used in a particular activity or research process (Hair, Wolfinbarger, Ortinau& Bush, 2008). It is the procedure that the researcher follows when a research is being carried out. Thus, methodology is the blueprint for the collection, measurement, and analysis of data in order to achieve the objectives of a research (Cant, Gerber, Nel & Kotze, 2005). The research methodology of this study looked at the following, research paradigm, research approach, research design, and population, sample and sampling procedure. In addition to that, the chapter also looked at methods of data collection. Semi-structured interviews were used to source data for this study. Data analysis procedures were also discussed. Finally, delimitations of the study and ethical considerations were examined.

3.2 Research paradigm

All researchers have different beliefs and ways of viewing and interacting within their surroundings. As a result, the ways in which research studies are conducted vary. Since theoretical questions in education emerge from different conceptions and interpretations

of social reality, different paradigms have been evolved to determine the criteria according to which one would select and define problems for inquiry (Kuhn, 1993). However, there are certain standards and rules that guide a researcher's actions and beliefs. Such standards or principles can be referred to as a paradigm.

Murname, 2010) says a paradigm can also be said to be the philosophical assumptions on epistemologies and ontologies. In other words, ontological and epistemological assumptions make up a paradigm. While ontology address what can exist or what is considered as real, epistemology focuses on knowledge (Grix, 2010). In the same vein, Taylor and Medina (2013) &Mlalazi, (2015: 88) arguing from a philosophical perspective, highlight that a paradigm involves a view of the nature of reality (ontology), whether it is external or internal to the knower; a related view of the type of knowledge that can be generated and standards for justifying it (epistemology); and a disciplined approach to generating that knowledge (methodology). Nieuwenhuis (2007) points out that the ultimate aim of Interpretivist research is to offer a perspective of a situation and to analyse the situation under study to provide insight into the way in which a particular group of people make sense of their situation or the phenomena they encounter. Hence, the interpretive paradigm was suitable for this study as it allowed the researcher to interact with participants, relying upon the participants' views and experiences in secondary schools on strategies used to maintain positive discipline.

Furthermore, Taylor, Kermode, and Roberts (2007: 5), also states that a paradigm is "a broad view or perspective of something". Weaver and Olson's (2006: 460) definition of paradigm reveals how research could be affected and guided by a certain paradigm by stating, "paradigms are patterns of beliefs and practices that regulate inquiry within a

discipline by providing lenses, frames and processes through which investigation is accomplished". A paradigm hence implies a pattern, structure and framework or system of scientific and academic ideas, values and assumptions (Olsen, Lodwick, and Dunlop, 1992:16).

Generally a paradigm is a basic set of beliefs that guides actions specifically in terms of disciplined inquiry (McFarlane, 2000). According to (Creswell, 2009), a research paradigm refers to a world view in which phenomena can be understood. There are three research paradigms commonly used in research; these are positivist, interpretive and critical paradigm (Creswell, 2009).

The positivist paradigm is about distinct concepts that produce constructive results, that is, it involves experiments and testing in order to gather data (Wellington, 2008). The interpretive research paradigm seeks understanding and places emphasis on the human capacity as it seeks to understand others through sympathetic introspection and reflection based on detailed narratives gathered through direct observation, in-depth, open-ended interviewing, and case studies (Cooper & Schindler, 2003). Last but not least, the critical paradigm focuses on oppression whereby it aims to promote democracy by making changes in different social, political, cultural, economic, ethical as well as other society oriented believes and systems. The main functions of a paradigm is that it defines how the world works, how knowledge is extracted from this world, and how one is to think, write, and talk about this knowledge (Neumann, 2006).

The beliefs of the current study are in line with the interpretive paradigm; therefore an interpretive paradigm was chosen. Also since the research is qualitative, an interpretive

paradigm was chosen. Moreover, since the interpretive paradigm was used, this meant that a case study design which is inclined towards personal elucidation of detailed experiences of participants was also employed as it aligns well with interpretive paradigms. This is to give the perspectives of the teachers on the information related to HIV/AIDS as well as the understanding of the policy.

3.2.1 Interpretive Paradigm

The interpretive paradigm seeks explanation within the realm of individual consciousness and subjectivity within the frame of reference of the participant as opposed to the observer's action (McFarlane, 2000).Willis (1995) advances that interpretivists are anti-foundationalists, because they believe there is no single correct route or particular method to knowledge. The interpretive paradigm is concerned with understanding the world as it is from subjective experiences of individuals (Cohen, Marion & Marrison, 2007). In addition, interpretivists assume that knowledge and meaning are acts of interpretation, hence there is no objective knowledge which is independent of thinking, reasoning humans. In this study the interpretive paradigm was adopted because it assisted the researcher to get answers from the participants with regard to the implementation of HIV/AIDS policy in schools.

Moreover, this paradigm allowed the researcher to carry out the study within the natural setting of the Fort Beaufort District. This was an advantage to the researcher because the paradigm gave the researcher the opportunity to capture solid and in-depth information from the participants concerning their real life experiences, challenges

encountered and opportunities given with regard to the implementation of HIV/AIDS policy in high schools because its main aim is to explain the subjective reasons and meanings that lie behind social action.

The interpretive paradigm was chosen because of its methodological approaches that provide an opportunity for the voice, concerns and practices of research participants to be heard (Cole, 2006). This paradigm is sometimes called constructivist simply because it buttresses the ability of human organisms to construct meaning, as they try to understand the world of human experience (Cohen &Manion, 2000).Therefore, through interviews, teachers are going to explain how they view the implementation of HIV/AIDS policies in schools, what they think should be done, how and why to assist the education system to find solutions in educating the youth in schools. In other words the researcher in this case is sorely dependent on the participants' views with the regard to the phenomena under study (Creswell, 2014). In this case, the phenomenon of interest is the implementation of HIV/AIDS policy in high schools. The teachers in the high schools used where the participants of the study and they responded to the interview questions which were used to solicit for data.

Nieuwenhuis (2007) points out that the major role of the interpretivist research is to give views of a particular situation and to analyse the situation under study in order to provide insight into the way in which a particular group of people make sense of their situation or the phenomena they encounter. Therefore, the interpretive paradigm was suitable for this study because it allowed the researcher to interact with participants within their natural settings and also relying upon the views and experiences in the implementation of

HIV/AIDS policies in schools. These views are seconded by Cohen et al (2011) who advance that the role of a research in the interpretive paradigm is to ensure that they understand, explain and demystify social reality through the eyes of the different participants in connection with what is being research on.

In the study, naturalistic qualitative methods are used where there is adequate dialogue between researchers and participants in order to gain understanding of the phenomenon under study. The foregoing views also assisted the researcher to choose the interpretive paradigm in this study. The paradigm was appropriate for this study because the study is an attempt to harness teachers' views and interpret them on how they are likely to affect the implementation of HIV/AIDS in schools. One of the advantages of utilizing this paradigm is because it places emphasis on understanding what exactly is taking place, as compared to the explanations and this, the researcher opines gave the participants the opportunities to voice out their views form real life situations which they have not only observed but situations in which they may have been directly involved in. Moreover, using this paradigm gave the researcher the opportunity to probe and question the teachers about their general feeling, concerns and hopes with regard to the implementation of HIV/AIDS policy in high schools. On the other hand, the participants also had the opportunity and the freedom to express themselves and this assisted the researcher to have a much broader view of the phenomenon under study.

3.3 Research approach

A qualitative approach is a general way of thinking about conducting qualitative research. It describes, either explicitly or implicitly, the purpose of the qualitative research, the role of the researcher(s), the stages of research, and the method of data analysis. Here, four of the major qualitative approaches are introduced (Trochim, 2006). Therefore, the choice of a research approach that is chosen by the research depends if it is going to answer the research questions of the study. Snape and Spencer (2003) indicate that qualitative research is largely concerned with understanding the meaning people give to the phenomena within their social setting. In this case the research sought to find out the meaning that the participants gave on the implementation of HIV/AIDS policy in high schools of Fort Beaufort District. These authors further give main elements which distinguish the qualitative approach namely:

- it is the approach which provides a deeper understanding of the social world;
- it is based on a small scale sample;
- it uses interactive data collection methods, i.e. interviews, observations

Accordingly, the role of a qualitative approach is to ensure that research topics are explored and understood. Moreover, the use of the qualitative approach is aligned to usage of small samples because what is being sought after is that rich and in-depth information that the participants can give to the researcher concerning the research topic. In addition, the research questions that were adopted for this study were appropriate for a qualitative study. These questions sorely focused on the

implementation of HIV/AIDS policy in high schools. (Creswell, 2014). Furthermore, because the qualitative approach values the participants' views on their words, hence this approach aligned with the study under investigation.

Research can be classified into qualitative and quantitative approaches. In quantitative research, the information obtained from the participants is expressed in numerical form. Quantitative research employs mathematical analysis for the measurement of variables and places a heavy emphasis on the use of structured questionnaires (Cant *et al.,*2005), whereas, qualitative research is concerned with understanding participants' feelings, beliefs, ideals, thoughts and actions (Cooper & Schindler, 2008).

The qualitative research approach uses a natural setting as a major source of data collection. During the process of data collection the researcher begins to observe, describe as well as interpret the settings as they are (Patton, 1990). As such, it was an advantage to use this approach because it shows how different components work together to form a holistic picture. Furthermore, the qualitative approach was used in this study because being close to the subject meant that the researcher had the opportunity to capture information within the participants' natural settings and being close to the participants also meant the researcher had the privilege to capture and recognize several issues which could be missed when using other research approaches.

The qualitative research approach is the use of the scientific method to make non-numeric observations, from which conclusions are drawn without the use of statistical analysis (Privitera, 2014). The emphasis is on the stated experiences of the participants

and on the stated meanings they attach to themselves, to other people, and to their environment (Patton, 2002). The qualitative research is concerned with understanding participants' feelings, beliefs, ideals, thoughts and actions (Cooper & Schindler, 2008). Qualitative approach enables researchers to make direct quotations of what the research participants will be saying. Therefore, the voice of the participants is well represented because this approach is not only flexible but inductive as well. Based on reasons, and for the purpose of this study, the qualitative research approach was adopted.

The qualitative approach was seen to be appropriate in this study because of its description and evaluation characteristics (Privitera, 2014). The qualitative approach was used to describe and reveal how teachers view the implementation of HIV/AIDS policies in schools. The qualitative approach was also found to be suitable in this study as it is based on a holistic or complete picture of a given phenomenon (Privitera, 2014). A complete description of how teachers view the implementation of HIV/AIDS policies in schools was the focus of this study.

One other reason why it was appropriate to use the qualitative approach is that it enables a researcher to have a richer and/ or in-depth understanding of people's subjective experiences, actions and understanding (Monette et al., 2008). The goal of the research is to gather a deeper understanding of how teachers view the implementation of HIV/AIDS policies in schools which made it easy for the research to adopt a qualitative approach. According to Liamputtong and Ezzy (2005) one other advantage why the qualitative approach was adopted is because open ended questions could be used to in interview during the data collection. Hence, the participants were in

a position to give answers in their own words rather than choosing from fixed responses.

On the other hand, the qualitative approach has the disadvantage that the research bias can interfere with the data collection; moreover, there are high changes that the participants selected for the study may not be credible (Creswell, 2005). In an earlier study by Mays and Pope (1995) these researchers echo the above view and state that one of the disadvantages of adopting a qualitative approach is way too personal to the researcher such that there is no guarantee that different conclusions would be reached if the study is done by another researcher. Despite these limitations, the researcher believes this approach was relevant to other studies. To avoid bias, all the participants answered the same research questions as a way of bracketing the researcher from additional personal impressions and interpretations (Chitsamatanga, 2014).

3.4 Research design

A research design is a plan, structure and approach for enquiry that is used to gain response to questions and also to control variance and how the study is going to be carried out, Blaikie, (2010).According to Blaikie (2010) a research design involves a summary of what the researcher will do from an inscription of a hypothesis and also their operational inferences to the ultimate analysis of data. Yin (2009:.20) defines a research design as, “a logical plan for getting from here to there, where here may be defined as the initial set of questions to be answered, and there is some set conclusions (answers) about these questions”. On the other hand, Kothari, (2004:31) defines

research design as “the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with the economy in procedure”. The research design in any study is paramount because it brings together all the main components of a research study so that the research question is answered (Thomas, 2010).In this study, the goal was to answer questions and make conclusions on how teachers view the implementation of HIV/AIDS policies in schools. Based on the above definitions one can conclude that a research design is an overall scheme or program of the research which guides the researcher during the data collection, interpretation and analyses phases. For the purpose of the present study, the case study design was adopted.

3.4.1 Case Study Design.

Research met the requirements of a descriptive case study as it seeks to provide a rich description of the phenomenon under study (Merriam, 1998). Mothata, Lemmer, Mda and Pretorius (2000) define a case study as a qualitative, detailed examination of one setting, one subject, one single depository of documents or one particular event. McMillan and Schumacher (2010) define case study as an in-depth exploration of a bounded, i.e. unique, according to the dimensions of time (when), setting (where), and participants (who), is involved.

According to Gillham (2000:1) a case study is “an investigation to answer specific research questions which seek a range of different evidences from the case settings”.

Whereas, Yin (2003) advances that a case study design is an empirical inquiry that investigates a contemporary phenomenon within its real-life context, in this case the phenomenon that was investigated was the implementation of HIV/AIDS policy in high schools, Fort Beaufort District.

The rationale for choosing the case study as the mode of inquiry in the study was that it was suitable to the aim of developing a holistic understanding of teachers' views on the implementation of HIV/AIDS policies in schools. Also a case study was chosen as only five schools were selected for study so as to gain an in-depth understanding of the phenomenon under study. This gave the research the time and the opportunity to be deeply immersed with the participants while soliciting for in-depth and rich data on the implementation of HIV/AIDS policy in schools. According to Zainal (2007) citing Tellis (1997), careful design of the case study is critical because they must be able to prove that;

- it is the only viable method to elicit implicit and explicit data from the subjects
- it is appropriate to the research question
- it follows the set of procedures with proper application
- the scientific conventions used in social sciences are adhered to
- A chain of evidence is systematically recorded and archived by the researcher especially where interviews and observations have been used as the data collection instruments.
- It should be linked to a theoretical framework.

On the other hand, the case study has its own drawbacks. Kothari (2004) highlights that by using case studies:

- there is always the danger of false generalization because no set rules are adhered to during data collection
- only few participants are studied and are bound not to be representative of the general population
- It is based on norms that may not be accurate.

The case study was used despite the limitations that are given above because it enables the researcher to quote the participants verbatim and this was utilized as proof in soliciting for answers with regard to the perceptions of teachers in high school in the Fort Beaufort District above the implementation of HIV/AIDS policy in their schools.

3.5 Population

A population comprises all components that meet certain criteria for inclusion in a study (Burns & Grove, 2003). Paratoo (1997: 218) defines a population as “the total number of units from which data can be collected, such as individuals, events or organizations.”Polit and Hungler (1999) define population as the sum of all the objects, subjects or members that adapt to a set of specifications. McMillan and Schumacher (2010) agree with Polit and Hungler’s (1999) definition of a population as they described a population as an aggregate or totality of all the objects, subjects or members that

conform to a set of specifications.According to Singh (2007), a population is a group of individuals, objects, or items from among which samples are taken for measurement.

The study sought to explore how teachers view the implementation of HIV/AIDS policies in Fort Beaufort Education District. Therefore the population is all teachers in schools that are in the Fort Beaufort Education District in the Eastern Cape Province. The number of teachers in the Fort Beaufort Education District is approximately 400 (Eastern Cape Department of Education, 2013).

3.6 Sample and sampling procedures

3.6.1 Sample

A proportion of the population is known as a sample. The main aim of a study is to make inferences about a whole population, and would therefore seem ideal to include the whole population when collecting data (Flick, 2009). However, various constraints make it impossible to gather information from the entire population; therefore a sample has to be chosen. According to Brink (1996) and Polit and Hungler (1999), sample refers to a sub-section of the population to partake in the research. Polit and Hungler (2001) see a sample as a proportion of a population. Burns and Grove (2003) and Polit and Hungler, (2004) postulates that the sample is taken from entire element of the study known as the target population. Nieuwenhuis (2007) also defines sampling as the process used to select a portion of the population for study. Mason (2002) posits that sampling is a procedure used by researchers to make a well-considered selection that will enable the researcher to gain access to relevant data. Therefore, a sample is the

number of people that a researcher selects from the population of the study. In a qualitative case study, the research process of obtaining a suitable sample was important for data collection, interpretation and presentation of findings. The reason being, choosing the right participants enabled the researcher to obtain credible and trustworthy data.

3.6.2 Sample size

The researcher conducted semi structured interviews with teachers in four schools. Two teachers from each school were involved in the study; hence, the sample had 8 teachers (4 male teachers and 4 female teachers).In addition the number of the participants was in line with what is advocated for when using qualitative study, because samples tend to be small. This is because in qualitative samples, researchers are concerned with analytic numbers to make statements about a general population on the basis of a sample (Mlalazi, 2015).Therefore, the advantage of using sample is that it saves time, Karavakas (2008) thus enabling the research to sort out data easily. In other words it makes the research to be feasible.

3.6.3. Selection of the participants.

- Purposive sampling also termed judgmental sampling is synonymous with qualitative research and is used in research as an information selection tool. Informant selection is highly relevant for research, as people are constantly looked upon for knowledge and information. The purposive sampling technique is

a type of non-probability sampling that is most effective when one needs to study a certain cultural domain with knowledgeable experts within (Tongco, 2007:147). In selecting the research participants, selecting relevant people who possess the necessary information was the aim of the researcher, hence, purposive selection was used. Purposive selection entails looking for persons, sites, or events where one can purposefully gather data related to categories, their properties and dimensions (Corbin & Strauss, 2008:153). Purposive selection entails selecting research participants purposefully through selecting participants who are relevant to the research question and the goal of the study deliberately. In the case of the study, the researcher purposefully chose the research participants in the selected schools. Tongco (2007:151) states that when using purposive sampling, the following must be taken into consideration by the researcher:

- Decide on the research problem.
- Determine the type of information needed. Information from every individual is potentially valuable
- Define the qualities the informant(s) should or should not have.
- Find your informants based on defined qualities. Research about the area and community. Ask for help before going to the site and upon arrival at the site. Realize finding informants may be a trial and error process. Be patient and persistent!
- Keep in mind the importance of reliability and competency in assessing potential informants.
- Use appropriate data gathering techniques.

- In analyzing data and interpreting results, remember that purposive sampling is an inherently biased method. Document the bias. Do not apply interpretations beyond the sampled population.

Linked with the above, purposive sampling assisted the researcher to decide what to do, what the researcher wanted to know and how to identify those people who would give information on implementation of HIV/AIDS policy in schools through either knowledge or experience. For this study, the researcher through the help of the Head of Departments (HOD) who acted as 'gate keepers' assisted the researcher to identify those suitable candidates for the study. These comprised of Life Orientation (LO) teachers in schools under study. Reason being, these teachers are the ones that teach issues related to HIV/AIDS in a classroom setting. Furthermore, the researcher was assisted through the 'gatekeepers' to identify those teachers who had been in the system for a long time thus has vast experience and those teachers who had been in the system for lesser years and had less experience. This was done so that the researcher would be able to solicit data from the point of view of the participants under study so as to have balance. Therefore, these sample techniques were adopted because it was assumed by the researcher that the selected participants were in a position to give rich and in-depth data concerning the phenomenon under study. Nieuwenhuis (2007) states that purposive sampling is usually used in qualitative research since participants are selected because of some defining characteristics that make them the holders of the data needed for the study. Thus, the researcher had to involve teachers who she thought had the relevant information.

A small sample of participants was required for this study. The motivation for having a small sample of participants was based on the fact that, with case studies, the selection of small groups gives the researcher a chance to make a detailed examination of one setting (Mothata *et al.,* 2000), or conduct an in-depth analysis of unique single entities or cases (McMillan & Schumacher, 2010). Out of the eight participants, only four were males and four were females this was necessary in order to get a variety of views and also observing gender equality among the participants through purposive sampling. The researcher was able to choose participants basing on their unique perspectives and roles pertaining to the implementation of HIV/AID policy in schools. In simple terms when a research engages in purposive sampling it signifies that one sees sampling as a series of strategic choices about whom, where and how one does his/her research (Tongco, 2007:697).

3.7 Data collection method

Data collection is regarded as a core activity in social research. Cohen *et al.,* (2007) define data collection methods as a range of approaches used in educational research to gather data which are to be used as a basis for inference and interpretation, for explanation and prediction. The choice of a data collection method depends heavily on the research design and approach adopted in a study. Since this study adopted a qualitative approach and a case study design, qualitative research methods were used

for data collection. The data collection methods employed for the study were semi-structured interviews and document analysis.

3.7.1 Semi-structured interviews

One common data gathering technique used by researchers to gather information from participants is an interview. Interviews are best suited for understanding people views over a certain phenomenon. An interview is a situation where “a researcher asks the respondent questions in either a face-to-face situation or over the telephone using an interview schedule” (Bouma, 1993:63). Interviews are a systematic way of talking and listening to people. Kvale (1996: 14) regarded interviews as “an interchange of views between two or more people on a topic of mutual interest, see the centrality of human interaction for knowledge production, and emphasize the social satulatedness of research data.” Furthermore, interviews knowledge is created and negotiated between the interviewer and the interviewee (Legard, 2003). Therefore, it is important that interviewer builds a good relationship with the participants because he/she will be the research instrument and they have to show the ability to be the recipients of the participants’ views and avoid showcasing their knowledge on the phenomenon under study.

Though there are mainly three types of interviews that can be employed for data collection, namely structured, unstructured and semi- structured, for the purpose of this study, semi-structured interviews were used. Semi-structured interviews were selected

because they are particularly useful for getting the story behind a participant's experiences. The interviewer's duty is to initiate a dialogue so as to be able to pursue in-depth information around the topic. The semi-structured interview starts with the assumption that flexibility is needed in order that participants are not restricted by standardized questions and close-ended structured answering formats. For these reasons, the researcher decided to choose semi-structured face-to-face interviews to solicit information on the implementation of HIV/AIDS policies in high schools. The interviews lasted between 30 – 45 minutes in which the research got the chance to pursue what is called privileged information by Denscombe (2003). This is to gather information from the participants correctly and in-depth.

The use of the semi structured interviews also allowed the researcher to discover how teachers think and feel about the implementation of HIV/AIDS policies and why they hold those views. As such, the use of the interview schedule was critical at this stage because it helped the researcher to remain focused on the research topic. The interviews were carried out with a voice recorder was used in all the interviews to capture the participants' views. Semi-structured interviews also allowed room for more scope to ask teachers open questions since the teachers do not have to write their answers and the interviewer can pick up on non-verbal clues that indicate how the teachers actually feel about the implementation of these policies.

In semi-structured interviews, the objective is to understand the participants' views rather than make generalisations about behaviour. It uses open-ended questions, and these allow for more probing and promote flexibility during the interview (Mertens, 2008).

Furthermore, the semi structured interviews were ideal for this study because the researcher was close to the data and this made it easy to ask for clarification to answers that were not clear during the interview process. Therefore, through the use of the semi structured interview the research was able to amass in-depth and rich data from the participant on the phenomenon under study, which was the Implementation of HIV/AIDS policy in high schools.

3.7.2 Document Analysis

Documents can be utilized as data sources in institutions under investigation (Gall, Gall & Borg, 2006). Document analysis serves to add knowledge to a research study and to explain certain social events (Best & Kahn, 2006). According to Maree (2007) documents in research studies are vital because they have the capacity to unearth exactly what is taking place in connection with the phenomenon under study. This means that during document analysis, the researcher has to focus on all types of written materials that they will have access to. Documents were also used in this study because they are tangible, they could be re-red repeatedly and this afforded the researcher the opportunity for numerous readings and better understanding of the document being analysed. The researcher was mainly interested in examining the HIV/AIDS policy documents; minutes of the meeting whereby issues of HIV/AIDS are discussed, documents indicating that teachers were being given professional support on how to tackle issue of HIV/AIDS in the classroom.

3.7.3 Permission to conduct the study

Permission to conduct the study was first obtained from the University of Fort Hare Institutional Ethics Committee. After obtaining the ethical clearance certificate, the researcher applied to obtain permission to conduct this study from the Department of Education. After obtaining permission from the Department of Education the researcher sought permission to conduct this study from the Educational district office in Fort Beaufort. Once the permission from the district offices was obtained permission was sought from the four principals of the selected schools and these acted as the gate keepers in helping the researcher to identify the most suitable participants to be interviewed.

3.8 Trustworthiness and Credibility

The role of trustworthiness in a research study is to ensure that data and the data analysis are believable, trustworthy and that the findings are worth paying attention to (Chitsamatanga, 2014). According to Guba and Lincoln (2005) there are four criteria that should be considered by the researcher to ensure that a study is credible and these are:

- Credibility
- Transferability
- Dependability and

- Conformability

Whereas, credibility is that true exemplification and explanation of the research under study. Therefore to ensure that the study was both trustworthy and credible, a triangulation of different data collection instruments was used .According to Halcomb and Andrew (2005), the use of numerous data collection instruments promotes the depth of the study, thus the research finding will be rich with thick descriptive data. In this study semi structured interviews and document analysis were used as a form of triangulation to provide guidance on the implementation of HIV/AIDS policy in high schools of Fort Beaufort District and also to make sure that the experiences of the participants were captured in a holistic manner. Furthermore, to ensure credibility of the study, the researcher used tape recorder in all the interviews that were conducted. A draft report with all the captured data was given to the teachers in the schools under study for comment and correction through member checking. This was carried out to find out if the research measures what is set out to measure.

3.9 Data analysis

According to Cohen *et al.,* (2007 p,187) “qualitative data analysis involves organizing, accounting for and explaining the data; in short, making sense of data in terms of participants’ definitions of the situation, noting patterns, themes, categories and regularities”. After data were collected, the responses were organized and categorized in order to obtain recurring themes. Data analysis was achieved through data management by transcribing the interview responses and classifying them according to

themes; interpreting the description of how teachers view the HIV/AIDS policy implementation.

Document analysis was also used during data analysis. Through document analysis the researcher analysed the HIV/AIDS policies in schools and other relevant data. The data were categorized into themes. Similar ideas of each teacher were put together in one theme so as to identify the patterns and themes emerging from the responses of each of the eight teachers.

3.10 Ethical considerations

According to Churchill (1991), ethics are concerned with the development of moral standards by which situations can be judged and they apply to all situations in which there can be actual or potential harm of any kind to an individual or group. Ethical procedures in this study are established in order to protect the participating individuals' physical and mental integrity, to respect their moral and cultural values, religious and philosophical convictions, as well as other fundamental rights including respect to their privacy, and the maintenance of the highest level of confidentiality (Babbie, 2010).The researcher therefore considered the following:

3.10.1 Informed consent

All the participants were firstly given the research's objectives to help them decide whether or not to take part, and, if so, be allowed to give written consent for their

participation. An informed consent form was presented to the participants that had all the details of the research such as the objectives and the purpose. Such information enabled the participants to make an informed decision whether to take part in the study or not. Participants should agree to participate in the study after they have been furnished with all the relevant information about the study. Participants were provided with all the information relevant to the research, thus making them fully informed about the research project.

3.10.2 Voluntary participating

In this study, participants were encouraged to participate out of their free will. A major tenet of social research ethics is that participating should be voluntary (Babbie, 2010). The researcher achieved this by putting a clear statement that participants have a right to terminate their involvement without any penalty because their participation is completely voluntary. No participant was coerced or forced to take part in the present study instead the researcher informed them that they were free to withdraw from the study should they wish to do so

3.10.3 Avoidance of harm

In this study, dangers such as physical, emotional or psychological harm were closely guarded against and thoroughly examined. Research generally involves human beings therefore it is the responsibility of the researcher to protect the welfare and rights of the research participants. When conducting social research the researcher must maximize benefits and minimize the harm that can face the participants (Leedy and Ormonf,

2005). The researcher ensured that none of the research participants was left harmed emotionally, physically or psychologically. The researcher achieved this by asking questions that are not too emotional if the participant feels uncomfortable with the questions being asked, they were allowed to stop and ask for clarity.

3.10.4 Anonymity and confidentiality

The researcher intended to maintain confidentiality by reaching consensus that no one including the researcher will be able to link names of the participants with the data provided. The participants as well as the school principals were assured that the information obtained was strictly for academic purposes and would not be used for other purposes. The information and data that were obtained from the research participants were only used for this research document. Anonymity of participant's names as well as the school name was ensured. The management of the school feared that the names of the participants will be published as well as the names of the school but they were assured that anonymity of names was going to be ensured. Also, the information that was obtained from the participants was strictly confidential and was handled with care. No other person besides the researcher had access to the information supplied by the research participants.

3.11 Chapter summary

This chapter presented the research methodology employed in this study. An interpretive, qualitative approach was adopted in the study. The study was conducted in

form of a case study of four high schools in Fort Beaufort Educational District where teachers were selected as the units of analysis. The instruments used to collect data included semi-structured individual interviews and documents. Various ethical principles were adhered to when data were collected from the participants. After the data were collected, they were analysed to make meaning and conclusions from the study were made.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter analysis and discusses data gathered through semi-structured questions and document analysis. The data were analysed using the thematic approach. The researcher formulated themes from the research questions of the study as well as from the responses given by the participants

The main objective of this study was to assess the teachers' views on the implementation of HIV/AIDS policies in schools. The study had the following secondary objectives:

(i) Identify, from the teachers' perspective, how HIV/AIDS policies should be implemented.

(ii) Examine, from the teachers' view, the challenges and constraints that teachers and schools are facing in the implementation of HIV/AIDS policies and programmes in schools.

(iii) Establish what teachers think should be done to improve the implementation of HIV/AIDS policies in schools.

4.2. How the data were collected, analysed and interpreted

The collected data was analysed in line with the objectives stated above. Table 1 shows the coding of participants from 4 different high schools in the Fort Beaufort area. The schools were coded as S1-S4 and teachers coded as T1-T8. For further understanding of the coding, S1 stands for School 1 whereas T1 stands for teacher 1. Based on the research questions designed, the study therefore was categorised into different segments as follows:

- Demographic data
- Implementation of HIV/AIDS policy in schools
- Suggestions to enhance HIV/AIDS policy implementation

4.3 DATA PRESENTATION

4.3.1 Demographic data of teachers

The respondents were interviewed and their responses were then sorted and analysed. The total number of respondents was 8 teachers from four different schools in Fort Beaufort Area. As mentioned before due to research ethics the researcher gave pseudonyms to the teachers as well as schools. Thus, Teacher one in School one, T1 S1.

Table 1: Demographic data

Pseudonyms	Experience	School	Gender AND Qualifications
Teacher 1 (School 1)	10>	1	Male(STD; B.Ed)
Teacher 2 (School 1)	10>	1	Female(B.Ed); B.Ed Hons)
Teacher 1 (School 2)	4-6	2	Male(STD; FDE; B.Ed Hons)
Teacher 2 (School 2)	10>	2	Female(STD; B.A; B.Ed Hons)
Teacher 1 (School 3)	10>	3	Male (STD;FDE; B.Ed)
Teacher 2 (School 3)	4-6	3	Female(STD; B.A; B.Ed Hons)
Teacher 1 (School 4)	7-8>	4	Male (B.Ed; B.Ed Hons; M.Ed)
Teacher 2 (School 4)	1-2>	4	Female(STD;FDE; B.Ed; B.Ed Hons)

From the above table, we can see that the teachers involved in this study were fairly experienced and were indeed well qualified given that all of them have professional qualifications that allow them to teach in secondary schools.

4.4. Theme 1: Perceptions of teachers on the implementation of HIV/AIDS policies in schools.

Several distinct questions were asked to address the main research problem; hence the section below focuses on the narratives of the participants

4.4.1 Existence of any HIV/AIDS policy in schools

The study sought to find out if teachers were aware of the existence of HIV/AIDS policy in their schools. Six teachers indicated that they had HIV/AIDS policies in their schools and two from the same school claimed that they did not have any knowledge of the existence about such policy in their schools. These results suggest that many schools have HIV/AIDS policies in existence. Their comments are presented as follows:

T1 S1 said:

> *Yes there is a policy in our school which teaches on HIV/AIDS education.*

T2 S1 confirmed:

> *I am aware of the availability of an HIV/AIDS policy in my school although I am not aware of how it is being implemented*.

T1 S2 argued:

> *Teaching sexual and HIV/AIDS education in schools has been the subject of debate and discussion for a while now in Southern Africa. The debates have mainly centred around three key issues – at what stage to introduce*

it, what kind of curricula are appropriate and who is qualified to provide such teaching.

T2 S2 commented:

The HIV/AIDS policy in my school since its inception has been highly embraced by several educators across the school setup. Educators found it necessary to implement and the Principal with his Deputies find time to interpret the policy and help teachers understand the need to make the policy a success.

T1 S3 *said:*

South Africa is one of the few countries in the region that have made attempts to introduce sexual and HIV/AIDS education at the secondary school level. Although this has had benefits, it has not been without its challenges.

Mathews, Boon, Flisher and Schaalmer, (2006) argue that there have been factors around the implementation of the HIV/AIDS policy. They argue that these factors prevent the successful implementation of the HIV/AIDS policy. Even the reviewed literature also highlighted that schools continue to face challenges with regret to HIV/AIDS policy and teaching and learning of this subject in the classroom (Mugweni et al, 2014). Parag (2009) argues that there has been lack of skills, resources and the interaction between learners and teachers has been a challenge in the implementation of HIV/AIDS policy. Thaver and Leao (2012) also argue that South Africa is one of the few countries which have implemented HIV/AIDS policy, but they indicated that the

policy has faced obstacles to do with the training of teachers, community involvement and the content of curriculum.

From the teachers interviewed six agreed that HIV/AIDS policies exist in their schools. Although concurring with T1 S3, T2 S3 argued that she was aware of the existence of the HIV/AIDS policy in her school although there were difficulties in the implementation of the policy. The respondent was quick to point out that the policy was not useful because few teachers are aware that it exists and there is no motivation in implementing it.

T1 S4 and T2 S4 said:

It is for the first time to hear about such a policy being in high schools. There has never been any information with regard to the policy; let alone the implementation itself.

Therefore, it may be implied that there has been no communication that was given to teacher in S4 regarding the existence of the policy, which then comes as no surprise if these teachers find it hard to promote the dangers of HIV/AIDS to their learners in their classroom.

4.4.2 Effectiveness of the current HIVAIDS policy towards meeting learners needs in secondary schools

When the researcher asked whether the HIV/AIDS policy in their school meets the needs of secondary school learners, T1 S4 said that it does to a little extent. The reason

the respondent provided was that, the policy seems to have problems regarding who should implement it and when.

T2 S1 responded:

> *Not only teachers should be involved in handling HIV/AIDS issues with the learners. Some learners could be shy to disclose sensitive information to the teachers. So professional people such as nurses, psychologists, counsellors etc. should have visiting times at the school where they should interact with the learners to find out the information they have concerning their HIV/AIDS statuses.*

T2 S2 remarked:

> *The policy should be known by all educators and learners. There should be an open discussion between teachers and learners about the policy and how it should benefit the school. Such a reason indicates that the policy is not known to many people including teachers and learners. If this is the case, how then can it be implemented?*

T1 S4 said:

> *There is a need as a matter of urgency to implement this policy because it can't be that in this era there is nothing that is spoken about with regard to the policy. There is a need for the responsible authority to see how best such a policy could be known within the school. Unless I am the only one who does not know the policy but due to the fact that there has been silence even from my colleagues I*

still maintain that there has been little or no effort made towards the implementation of the policy.

The above responses provide two distinct points of analysis on the teacher's views towards HIV/AIDS policies in schools. The response by T1 S4 indicates that there is lack of information dissemination to the teachers and to the learners on the presence of the HIV/AIDS policy and how it is being used in the school. Lack of information is due to inefficiencies in the school leadership which in fact, cripples the ability of the policy to make any meaningful change in the academic life of both learners and educators (Visser, 2005). These findings, are also in line with the review of literature where by Esau (2010) highlighted that HIV/AIDS are on the silent mode in schools.

Furthermore, these responses show that there still is a gap to be filled in as far as HIV/AIDS policies are implemented in schools. It requires those in administrative posts to strategise and bring in professionals who can effectively implement the policy to learners and educators, and teach them on how the policy should be implemented and its benefits to the school. Such an initiative will see increased participation from both teachers and learners; this might reduce the scourge of HIV/AIDS (Govender & Edwards, 2009). These sentiments are echoed in the theoretical framework adopted for this study that emphasises that the school, community and the learners must not work in isolation.

4.4.3 Implementation strategies of HIV/AIDS policy in schools

In South Africa, schools implement HIV/AIDS policies differently according to the way the policy has been formulated and what it seeks to achieve. The following are some of the comments made by the teachers regarding implementation strategies.

T2 S3 commented:

> *If a learner suffers from headache, for example, he/she is not allowed to be given a pill by the educators responsible for health. They are asked to bring parents who sign a consent form. On the arrival of parents, the committee further enquiries about reasons for constant headache. Parents are persuaded to disclose any of learner's illness. When they disclose the learner's status, the health team confidentially monitors the learner's condition.*

T1 S2 purports:

> *There is no clear implementation of the HIV/AIDS policy. Cases are dealt with as they arise and it is largely left to teachers who are teaching Life Orientation.*

T2 S4 said:

> *There is no clear implementation or even recognition of the policy; there is a need that such policy should be included in circulars so that the implementation will be done in accordance with the policy so as to educate our learners as well as making the educators to be aware of such a policy.*

The above responses show distinct views on the way HIV/AIDS is implemented in schools. It can be that, the successful implementation of this policy rests on the ability and capacity of schools to promote this policy and involve the teachers because they

are the implementers. Learners on the one hand need to be given an open platform where they can freely express their views regarding HIV/AIDS. This will assist the students to be aware of the pandemic and be able to protect themselves because the high school learners can be influenced by peers. In this case, schools need to have clear defined and documented strategies of implementing HIV/AIDS policy. This is fundamental to avoid negligence or misunderstanding in the policy implementation by either learner's or teachers.

The above findings further imply that, the implementation of HIV/AIDS policy in schools cannot be sorely the duty of educators; instead various stakeholders such as communities, Non-Governmental Organisations (NGOs) Community-Based Organisations (CBOs), Multi-National Corporations (MNCs) should play an active role in launching the campaign. Evidence from this study pointed out that, some teachers and learners are not aware of the HIV/AIDS policy whereas some acknowledged its existence. The majority of the teachers in this study agree that parents together with school leadership have formed committees which are headed by a School Governing Board- (SGB).

4.5 THEME 2: Successes, challenges and suggestions on HIV/AIDS policy implementation in schools.

The view that teachers are not well capacitated to deliver HIV/AIDS education effectively is another setback in improving knowledge on HIV/AIDS in South Africa. This

view is consented to by Parag (2009) in his focus group study when the respondents revealed that skilled educators need to be employed to deliver HIV/AIDS education. The study argues that in some schools sex education was not prioritised in the curriculum; a challenge that requires urgent attention. Furthermore, the study established that educators felt that HIV/AIDS education was taught in a very scientific manner; neglecting the social aspects which relate to the learners' everyday life. In that sense therefore, educators felt that HIV/AIDS education should be covered in all subjects where the scope and applicability exist. Educators receive minimal support in the teaching of HIV/AIDS except for their textbooks. These views draw criticism to the relevant Department of Education in South Africa which should implement monitoring and evaluation mechanisms that guard against schools' employing unqualified teachers who do not have HIV/AIDS-related experience and knowledge.

T2 S4 said:

> *Issues about sexual activities are sensitive within the learning environment bearing in mind that this age group is too experimental. So there is a real need to have both support from school and home so that such knowledge given to the high school learners will not have other unintended outcomes.*

T1 S4 added:

> *There is limited support with regard to HIV/AIDS. This therefore needs special attention to be given so that there will be a curriculum that is designed thoroughly to implement the policy precisely for the high school learners.*

Just like in any other institution, policy implementation comes with its own challenges and schools under study are not spared. The researcher sought to assess the challenges being encountered in schools in the study area and discovered that the majority of learners find it difficult to disclose information on HIV/AIDS. It further emerged from the collected data that most learners fear discrimination and stigmatisation. Few teachers condemned the shortage of time and space for educators to interact with learners as a way of fostering close relationships. This in fact has harmed the desire for learners to disclose their statuses for fear of being humiliated or condemned by fellow learners.

T1 S2 suggested:

> *Only if all stakeholders could be involved in implementing the HIV/AIDS policy. Such a policy should be made transparent to the learners so that they could make a choice whether to go, disclose and be part of the Health Committee.*

T2 S2 said:

> *There is lack of communication between school authorities, teachers and learners regarding the policy implementation. No culture of speaking out (disclosure) about HIV/AIDS. Stigmatization and isolation of those infected by the virus are often witnessed.*

The various responses provided by respondents show that there is greater need for transparency, and openness and accountability in the implementation of the policy. The parents, learners and relevant stakeholders need to be given appropriate information on the nature of the HIV/AIDS policy and how the school intends to implement it for the

benefit of learners. Information dissemination is an obligation of *Bathopele* Principles in South Africa, which are ethical guidelines on how the public should be treated. Transparency, accountability and information dissemination are the right of everyone, hence, to have successful policy implementation, these principles need to be adhered to. Close co-operation with stakeholders is also vital. This is corroborated by findings from Naidoo and Chita's (2011) studies which showed that, educational institutions have an obligation to fight HIV/AIDS within workplaces. The study revealed that educational institutions should create partnerships, to tackle the scourge of HIV/AIDS. This study found out that, if schools engage stakeholders, HIV/AIDS can be reduced among learners which can result in improved matric pass rates.

The fear to disclose is a growing challenge observed in most high schools under study, which the researcher suspects could be a true reflection of other schools in South Africa as well. The fear to disclose owing to fear of discrimination was observed by Thanavanh et al., (2013) in their study when they observed that most learners possess negative attitudes towards disclosing HIV/AIDS status; thereby denying themselves the chance to obtain immediate HIV/AIDS testing and counselling. Evidence coming from the majority of teachers points out that, most learners believed that their HIV/AIDS statuses need to be kept secret. The majority were unwilling to disclose their HIV status in the event they tested positive. This is however, in accordance with their constitutional right to disclose or not to regardless of being positive or negative. The main fear and worry stems from the fact that, they would be stigmatized and discriminated, by other learners and teachers. Also, failure to disclose by learners for fear of being stigmatised shows their personal beliefs and attitudes which may be harmful to the academic and social life

of such learners. It can be argued that these findings have implications for the proposed roll-out of HIV testing and counselling in schools because fear of stigma and discrimination is likely to affect the uptake of the program. On the other hand, these findings offer an opportunity for the development of interventions that seek to reduce stigma and discrimination as part of the implementation of HIV/AIDS policy in schools. These views are in tandem with UNAIDS(2012) as discussed in the literature review that though many interventions have been put in place the status quo remain the same

Moreso, interview data revealed that lack of skilled teachers has hampered the provision of HIV/AIDS education to learners in high schools under study. Usually schools rely only on the Life Orientation teachers who are designated with the duty to inform learners on the policy and how it works. In some instances, due to shortage of qualified staff, some teachers who lack experience or expertise can be asked to interact with learners, which is unproductive to the knowledge and life learning of learners. This means that there will be no attention and full support that will be given to the learners.

These findings concur with reviewed literature and with a study conducted by Samar and Oliveras (2013) in Bangladesh which found that school-based HIV/AIDS education is a common and well-proven intervention strategy for providing information on HIV/AIDS to young people. However, lack of skills among teachers for imparting sensitive information to students was found to lead to programme failure in terms of achieving goals. This implies that there should be continuous staff development programmes in schools whereby teachers will attend workshops and training with regard to the phenomenon under study if change is to be realised.

From the discussion with the teachers, the researcher found out that, teachers are encountering numerous challenges in adopting and implementing the HIV/AIDS policy. These range from lack of enough space to interact with learners, lack of incentives to implement the policy, to lack of stakeholder participation and also lack of clear communication lines. Parag (2009) also found out that, inadequate resources and lack of skills and interaction between learners and teachers act as a hindrance to improving HIV/AIDS education. Moreover, literature illuminates that those teachers that have been in the system for long time find it hard to talk about these issues as they view sexual issue as taboo, leading to continued resistance to infuse HIV/AIDS into the curriculum. It can be argued further, based on the findings of this study, that, teachers need to escape the traditional stereotyping manner and improve on their teaching roles in the fight against reducing HIV/AIDS among learners.

4.5.1 Support given to teachers and learners

In schools countrywide, various forms of support are given to learners affected and infected with HIV/AIDS. When the researcher sought to hear the views of teachers concerning the support rendered to learners, it came with mixed feelings. The majority of respondents stated that, parents need to disclose the HIV/AIDS status of their children at admission in school. This will assist in knowing the type of help needed to assist a certain learner. In that capacity therefore, once the school has been notified, it will be easier for the school to ask help from the Department of Education or Health to intervene with programmes which empower such learners. The respondents also

challenged the teaching staff that, as role models, they should be able to impart the knowledge of HIV/AIDS to learners. This will assist greatly in reducing the cases of learners infected by the diseases.

T2 S1 stated:

The problem is that the parents do not tell us about the status of the children and this can be boring especially if a learner is continually absent from school and when they come back they do not give concrete reasons.

T1 S2 commented:

Parents need to come out and tell us the status of the children so that should a child fall sick we know which attention to give to them.

T2 S4 was of the view that:

Our duty is to teach these learners on the dangers of HIV/AIDS and once in a while if we bring in the parents into the picture you will find that they won't find it hard to tell us that their children are infected, this is where the issue of the school counsellor comes in to assist

T1 S4 advised:

As teachers it is our duty to act as role models and if we do so the learners may find it easy to approach and talk about these issues or even disclose their status.

T2 S2 stated:

We are not experienced in this neither were we trained to deal with such issue and we were not even included in the policy implementation, so what needs to be done is to make sure the school liaises with the nearest clinic for support services and maybe if we also get practical training in case of emergency then we will know what to do to assist our learners and even fellow teachers.

Concerning the level of support given to educators, it has been discovered that, the Department of Education does not provide adequate training and development workshops which are support mechanisms in implementing the HIV/AIDS policy in schools. Lack of clarity and interpretation of HIV/AIDS policies due to poor information dissemination is another hindrance affecting the successful implementation since teachers lack enough background in this area. All these challenges are obstacles in improving implementation of HIV/AIDS policies in schools. Similar sentiments were expressed by Parag (2009) when he argued that although HIV/AIDS education is the vehicle to changing learner's attitudes and mind-set concerning HIV/AIDS, the external environment which includes parents, and the community needs to be active in improving learners' understanding. At the same time, some forces such as the influence of role models which may inhibit learners' attitudes towards HIV/AIDS education need to be dealt with to encourage public participation.

Given this, perhaps it becomes necessary for the Department of Education to revamp its support structures to teachers. In addition to that, it needs to enhance the support incentives for the teachers to fully interact with learners on the implementation of the policy to learners and transform it into practice. Although offering support to teachers seems to be a complex task for the Department, school principals, certified teachers and superiors in the Department of Education need to play a supervisory role which is a positive step towards stretching a hand of support to teachers in schools. A study by (2011) consented to the above accession when it indicated that the Department is supposed to set rules, regulations and standards with specific goals and targets to achieve.

Interview data from this study further revealed that training and development workshops should be used as significant strategies in communicating the HIV/AIDS policy implementation in schools. The DoE needs to launch awareness campaigns coupled with regular training workshops where teachers and learners can be called to discuss vital issues concerning the policy to be implanted in schools. Such an open forum can induce a sense of belonging to both learners and teachers; hence, a bilateral benefit relationship can be enforced towards embracing the policy.

Furthermore, training and knowledge of teachers are important since this can ensure that they become a source of correct information and trusted persons with whom young people can raise sensitive and complicated issues about sexuality. Such training should be targeted towards specific content which will enable the examination of their attitudes toward HIV prevention. A study by Buston et al., (2002) indicates that training exposes

teachers' participatory learning approaches that have been shown to ensure classroom discussion of HIV transmission and prevention.

4.5.2 Strategies for implementation of HIV/AIDS policy in schools

Moreover, emerging literature in South Africa also reveals that, relevant stakeholders such as the private sector organisations and the community can play a pivotal role in launching awareness campaigns and funding of HIV/AIDS programmes for learners in schools. Such a fostered collaboration can make an AIDS- free generation where learners are knowledgeable on the effects of HIV/AIDS by using different strategies.

When the researcher asked the views of the respondents concerning improving strategies for HIV/AIDS implementation, many offered suggestions. The majority of respondents suggested:

> *Parental involvement is of paramount importance. The parents need to be called to the school when learners get sick. It is clear that there are many HIV positive learners these days, parents need to be honest to the school about the status of their children.*

T2 S3 commented:

> *Teachers should also be given much space at school so that they could deal with such learners privately. They also need to be trained on counselling infected learners.*

T2 S4 alluded to the following

*Also other Departments, especially Health and Social Development, should also be part of the School Health Committees so that they could share whatever new information they have on the disease with learn*ers.

Based on the above statements, parental involvement in the formulation, up to the implementation stage of an HIV/AIDS policy is beneficial in the academic life of learners. The reason is that parents know their children better and they can provide meaningful suggestions towards policy formulation. In a similar vein, teachers who are often the implementers of an HIV/AIDS policy need to be given ample time and space to interact with learners in a free and conducive environment. This will assist the learners in disclosing sensitive matters.

T2 S2 said:

> *The implementation of the policy and support given by the Life Orientation lessons give much knowledge to the learners about the HIV/AIDS.*

T1 S3 simply said:

> *This is also supported by the Department of Education in collaboration with the Department of Health. This is the synergy that is longed for in the curriculum.*

T2 S3 added:

The introduction of the LO came at the right time because this is the support that is need in schools because Life Orientation is aimed to reduce the spread of HIV/AIDS and also issues like stigmatisation.

Researchers such as Mayet& Pine (2010) have used the training model for the Life Orientation of Grade 7 teachers. This is where teachers were made aware of how C2005 has been streamlined and strengthened. According to Mayet& Pine (2010), fundamental policy changes in the curriculum cannot be put into practice without the support of the teachers as the main implementers of the curriculum.

4.6 Community involvement

The researcher also noted, from the interviews, that there is a need for the mutual effort by the home, school and community at large. This will help to curb the myths and misunderstanding surrounding the pandemic. The responses are shown below:

T1 S2commented that:

The issue of culture also has an impact on the implementation of the HIV/AIDS policy. In some cultures, issues of sexuality are not discussed by females or with females. This leads to a negative attitude of the learners precisely when the educator is female.

T3S2 commented that:

There is a serious need for even the community leaders and, parents to be involved because the pandemic does not respect either home of school or any workplace of any sort.

T1 S2articulated that:

If the community is not supportive, education remains just but information to which there is nothing to practise?

T2S4 commented that:

There is a need that the community, that is, the people who are responsible for policy-making, should be involved so that they will evaluate if the policy that they had initiated is effective and able to address what it is intended for.

The majority of the respondents agreed that, lack of community involvement has been an obstacle in implementing HIV/AIDS policies in schools. Teachers in schools at times find it difficult to implement the HIV/AIDS curriculum in the face of vehement resistance from some religious groups, parents, and leaders in cultural beliefs among others. Although South Africa has one of the best and most civilised and well integrated legislation in societies , common beliefs still prevail that sexual education should be imparted in the private sector; hence, not suitable for public education (Jewkes, 2009). For instance, Section 10.3 of the National Policy states that the 'ultimate responsibility' for overseeing behavioural changes and development rests with parents (DoE1999). In addition, Section 12.3 states that 'major role-players in the wider school or community (for example religious and traditional leaders, representatives of the medical or health

care professions or traditional leaders) should be involved in developing an implementation plan on HIV and AIDS for the school or institution' (Department of Education 1999).

Religious, cultural and community leaders are central to the implementation of an HIV/AIDS policy in schools. In this study, teachers have expressed their concerns and discomfort when teaching safe sexual behaviour since it can run contrary to community perceptions and other extremist religious beliefs. As a result, teachers found themselves trapped in between the need to impart HIV/AIDS knowledge to learners and respecting community values and norms. This confusion can be regarded as a setback on both learners and teachers.

4.6.1 Programmes that accelerate the implementation of the HIV/AIDS policy

In some organizational setups, legislative, legal or guiding frameworks do exist to legally direct the way on how the department or organization should be run and how rules and regulations should be implemented.

Evidence from this study proves that, as one teacher (TI S3) observed:

> *We have no programmes as a school unless the Department of Health comes to the school for awareness campaigns. This is a growing challenge that requires urgent attention from the authorities to enhance performance of teachers towards policy implementation.*

T1 S1 Our school does not conduct training and development workshops which enlighten the teachers on the nature of HIV/AIDS policy and how it should be implemented towards the welfare of leaner's

These findings reflect a scenario whereby shortage of skills development has hampered the effective implementation of HIV/AIDS policy n schools. Failure to have programmes in place that spearhead the implementation is one major problem in most high schools in South Africa and this calls for the national Department of Higher Education to intervene. These views were also expressed by Enayati *et al*., (2012) when they observed that lack of strategies to enhance the implementation of policies has caused teachers who teach Life Orientation to be backward due to lack of qualifications and expertise to teach the subject. This harms the learners a lot; hence, programmes need to be put in place to cater for effective policy implementation.

4.6.2 Proper dissemination of information to learners on HIV/AIDS

In South Africa, information dissemination in a transparent and accountable manner is enshrined in the Batho Pele Principles which is a set of guidelines that dictates the way public officials such as in the Department of Education should execute their public duties. Likewise, in high schools, the principal who is the superior authority is assigned with the role of distributing information concerning HIV/AIDS policy to teachers, learners and stakeholders.

In an attempt to establish whether HIV/AIDS information has been communicated to learners, the researcher discovered that some learners did not have adequate knowledge on the policy and how it works. Interviewed participants (T3 S3; T2 S2 T2 S4) revealed that:

> *Communicating information about HIV/AIDS policy is the duty of a trusted teacher. Also the health community has visual programmes that they watch.*

T2S2added that:

> *Much of the information concerning HIV/AIDS policy is communicated to learners in the Life Orientation class by the responsible teachers.*

T2 S3 said that:

> *Also awareness campaigns are often conducted to enlighten the learners in schools on the various issues surrounding HIV/AIDS.*

T1 S4 was of the view that:

> *Inviting nurses or HIV/AIDS professionals and responsible counsellors to speak to learners generally inspires a lot and enhances information dissemination.*

The above statements show that, in every school there should be a trusted member who is specifically designated to assist learners in disclosing their confidentiality in HIV/AIDS related matters. Also, teachers who are responsible for Life Orientation should play an active role in broadening the knowledge of the learners on the nature and style of implementation of the HIV/AIDS policy. Those teachers need to specify

clearly why such a policy has been formulated to assist learners in the social issues related to HIV/AIDS that they may be encountering in their academic life. A study by UN (2012) echoes the same sentiments when it revealed that, policies which are not clear are troublesome to teachers; hence, difficult to implement.

The present study established further that, teachers assigned to teach Life Orientation sometimes may not have adequate knowledge on the discipline which can affect the ability of learners to grasp what HIV/AIDS is and how it can be prevented. A study conducted by Van Deventer (2009) also found that, a teacher who does not have enough knowledge and expertise in teaching Life Orientation strongly cripples the learners' capacity to enjoy and grasp the subject well. The study further revealed that, a teacher who is supposed to take a Life Orientation class needs to be well grounded in the subject to act both as an interpreter and a counsellor.

In this sense therefore; schools need to formulate policies which are understandable, and easy to implement so that learners are equipped with necessary knowledge to avoid contracting HIV/AIDS. Basing on the findings of this study, it can be argued further that, transparent and well interpreted HIV/AIDS policies create a healthy and free generation.

4.6.3 Excluding content on HIV/AIDS policy from the curriculum.

In any organisation or workplace, the introduction of a new policy through repealing the old one can cause high alarm, disapproval and can exacerbate fear of change within

employees since most prefer to maintain the status quo. Many may feel the contents of a policy are not structured enough to tackle a given problem, a scenario in the implementation of HIV/AIDS in schools under the present study area is in.

Upon asking one of the teacher on the nature and his/her own perceptions concerning the HIV/AIDS policy the response came with a negative reaction.

T1 S3:

> *Instead we should be looking more at latest interventions regarding the disease and impart that new information to the learners*

T2S4 commented that:

> *It is important to exclude some of the content in the HIV/AIDS policy because HIV/AIDS is no longer a chronic disease. If that could be included and the learners be given other types of chronic diseases that could boost their morale and help them see that they are not in danger of dying.*

These responses clearly show that, some of the content in the HIV/AIDS policy is in line with the current situation learners in high schools are facing. As a result, there is a need for a paradigm shift in policy formulation and implementation to address the challenges facing learners such as failure to disclose sensitive information and parents' reluctance to notify the school on the condition of their children.

4.7 Overall Reflection

In response to the issues raised by the participants it is apparent that HIV/AIDS awareness information being implemented in most schools in South Africa is not enough. The argument is premised on the fact that, such awareness campaigns do not sufficiently emphasise the importance of physical and mental wellness in youth. Their argument was centred on the fact that, the curricula seem to have a positive yield on the student knowledge and awareness of HIV/AIDS; however, they do not adequately address the goals of the national policy such as promotion of healthy behaviour and positive attitudes. Similar findings were also observed by Visser (2005:214) in his study when he found that the curricula being implemented emphasise information about HIV/AIDS and not the advancement of life skills that would allow students to develop 'healthy life styles'. Govender and Edwards (2009) concur that over-emphasising HIV/AIDS information sometimes brings the curriculum into disrepute. Instead, judging from these sentiments, physical and mental health wellness should be implemented too to complement HIV/AIDS education since the two cannot be separated (Govender& Edwards, 2009).

It can be argued that in reviewing teachers' perceptions towards HIV/AIDS policy implementation, students need to be exposed to other forms of education associated with HIV/AIDS. This view has been reflected in the above studies when it is argued that students that are not being exposed to life skills (decision-making skills, communication skills and the development of positive attitudes) that are an integral part of the national policy are likely to suffer much or sometimes fail to disclose their HIV/AIDS statuses freely.

In that regard, Abel and Fitzgerald (2006) argue that, increasing youth's knowledge about sexual interactions and HIV/AIDS does not necessarily lead to the prevention of 'negative health outcomes'. In their study, the authors discovered that, upon developing a programme, careful analysis needs to be conducted to the creation of a 'richer conceptualization and methodology to understand and evaluate how messages are received, resisted and re-worked in youth experience' (Abel & Fitzgerald, 2006). These statements entail that HIV/AIDS policies implemented in South African schools should be workable, should be based on ample research not just mere formulation and implementation. This is important because the policies should assist learners or teachers to embrace the implementation of such polices in a particular set up or school. As a result, HIV/AIDS awareness campaigns need to be conducted before embarking on policy implementation.

On the other hand, there was an overwhelming response from the majority of the teachers interviewed indicating that networking and partnering with other stakeholders is the key to enhancing HIV/AIDS implementation in schools. Non-Governmental Organisations (NGOs) and Multi-National Corporations (MNCs) have a large pool of resources at their disposal which schools in South Africa need to take advantage of. Fostering close partnerships and collaborations can provide meaningful change to the implementation of HIV/AIDS policies since such huge organizations can fund awareness and fund-raising campaigns. Besides financial resources, they can also provide human labour as well as infrastructural development to support, for instance, HIV Testing Centres in various parts of the country.

From the findings of this study, it can be seen that, partnering with other stakeholders has been recognised as an imperative. A study by Buchel (2006) where parents collaborated with SASSA, (FAMSA) Family and Marriage Society of South Africa to influence awareness campaign concerning sex and HIV/AIDS education also stresses this point of partnering.

Mabece (2002) in his study also encourages networking whereby parents can take a leading role in addressing sex and HIV/AIDS education in schools. The parent endorsement, as previously discussed in the findings, makes the job of educators much easier since they will deal with learners fully knowing they have the backup of their parents. Ogina (2003:65) warns that failure by the parents to participate and provide the relevant information about sex and HIV/AIDS education to their children, the peer group will provide it in a wrong manner. The school should ensure that the children receive sex and HIV/AIDS education. School principals should ensure that educators who attend workshops update and share the knowledge obtained with colleagues and parents, so that collaboration can be achieved in controlling the spread of the pandemic (Ogina, 2003).

There is an urgent need for school principals to assume a leadership role in changing the mind sets of learners, educators, parents and the community towards HIV/AIDS and to take a pro-active role in tackling HIV/AIDS problems in their schools (Buchel, 2006:334). Furthermore, the DoE, (2003), also urges school principals to create an open, caring and safe climate in schools for learners. To that end therefore; Buchel (2006), maintains that school principals, who have an inborn and constructive leadership style, in a conducive and supportive school environment, may be in a better

position to provide successful school leadership and management in dealing with HIV/AIDS pandemic in their schools. These attempts provide a point of departure whereby HIV/AIDS in schools under study should be implemented with all stakeholders being recognised. There should be close cooperation and networking in awareness campaigns concerning sex education. If this is properly done, most high schools in the case study can improve in the implementation of HIV/AIDS awareness programmes and South Africa at large.

The findings of this study have also revealed that, socio-economic challenges trigger a negative impact on teacher's capability to implement the life skills programme in South African schools. As a result, teachers in communities encounter conservative criticism towards training in sex and HIV/AIDS education. It can be deduced further that, teachers need to train in problem-solving, critical thinking in order to help learners in case they encounter challenges in the school environment. Ahmed (2006) also thinks that, new policies should be introduced where teachers are educated on how to implement new methods, critical thinking aspects and enhance student participation. The training of educators breeds more skills on classroom discussion and problem-solving which promotes a conducive and more inspiring teaching style rather conservative methods which encourage transmission of information as compared to development of skills.

Current studies (e.g. Parag 2009; Steyn & Mfisi 2013; Rinke, Mawhinney & Park 2014) in South Africa assert that teachers often feel isolated in the formulation and implementation of HIV/AIDS policies in schools. This was recognised in this study also when some teachers reflected ignorance or unwillingness to participate in the

implementation processes due to limited or no consultation by Principals and the Department of Education. Visser (2005:207) condemned the government for its failure to emphases training and development of teachers in life skills programmes which is a hindrance to proper implementation of HIV/AIDS policies in South African schools. Limited time allocated towards the curriculum impacts negatively on the teacher's ability to effectively implement HIV/AIDS education in schools. Based on these arguments therefore; principals in schools need to allocate adequate time to teachers in terms of delivering HIV/AIDS education. Enough time is needed as well as support from the staff and stakeholders to implement HIV/AIDS policies.

4.8 Summary

The chapter has presented, analysed and discussed data on teacher's views towards the implementation of the HIV/AIDS policy within secondary schools. The study noted that many teachers feel that the HIV/AIDS policy could still be implemented in a better way in schools. Teachers themselves need more knowledge to implement the policy successfully; hence, the need for more training through workshops. Teachers felt that there should be more collaboration with other stakeholders such as counselling psychologists, NGOs, parents etc. so that there is harmony and support in the

implementation of the policy. The next chapter summarises the study, draws conclusions and makes recommendations.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter gives the summary, and conclusions based on the findings of the study as well as recommendations for further research.

5.2 Summary

Chapter one focused on exploring the views of teachers on the implementation of HIV/AIDS policies in schools. The study was conducted among four schools in the Eastern Cape Province, Fort Beaufort Education District South Africa. The study was an attempt to address and find solutions of high prevalence rate of HIV/AIDS among school going pupils. To contextualize the study, the research began by showing that there still remain a gap between policy and practice with regard to HIV/AIDS within the classroom setting. Hence, the DoE (2000: 17) duly stated that educators make a valuable contribution to the education and lives of many learners in South Africa. Furthermore, focus was made on the policies and programs that have been put in place and the role they are expected to play. These include, National Policy n HIV/AIDS for learners and educators in public schools and HIV/AIDS emergency guidelines for educators. This was done with the aim of contributing towards promoting effective prevention and care

within the context of the education system. In this chapter, critical points are raised that teachers should be involved in the implementation of HIV/AIDS policy so that they can be adequately prepared to deal with the HIV/AIDS in the curriculum and in the classroom while, taking cognizance of the unique needs of these learners during planning , teaching and learning.

Chapter two focused on the theoretical frameworks used for the study and review of related literature. The two theoretical frameworks that guided the study were the apprenticeship of observation model and Epstein theory of overlapping spheres of influence. These two theories were adopted for this study because they complement each other and thus assist in illuminating why it is critical especially in the 21st century to have an in-depth understanding of the importance of implementing HIV/AIDS policy in schools especially among the youth, given they are the future leaders. These theories aligned with the study because they highlighted that while schools use teachers as the change agents in addressing the phenomenon under study, involvement of all stakeholders cannot be over emphasized (Rinke et al, 2014).

On the other hand, it emerged through the empirical studies that progress had been realised towards addressing HIV/AIDS issues. In addition, the empirical studies show that the South African system has been roped in to assist because schools are viewed as the window of hope and can be used to provide timely and effective prevention efforts (World Bank, 2002). Moreover, literature indicates that on-going support and professional teacher training is required so that the HIV/AIDS policy can be implemented in an effective and efficient manner (Mostert, 2005).

Chapter three focused on research methodology. The study adopted the interpretive paradigm which takes on the qualitative approach. The interpretive paradigm, sometimes referred to as constructivism was ideal because of the methodological approaches that provide an opportunity for the voice, experiences, concerns, hopes, challenges and practices of the participants to be heard. The qualitative approach was used as it allowed the researcher to gather data within the natural settings of the participants. This afforded the researcher to get rich and in-depth data on the phenomenon under study. A case study design was used for this study and the purposive sampling was also adopted. The sample size was eight teachers. The participants were selected because they were in a position to give a holistic picture and an understanding of the implementation of HIV/AIDS in the Fort Beaufort District, Eastern Cape. In addition, two data collections were adopted namely semi-structured and document analysis. All ethical considerations were strictly adhered to.

In chapter four, presentation, analyses and discussion of the collected data was done and this was in line with the research question and objectives of the study. Theme one looked at whether the schools had HIV/AIDS policies and how teachers felt about these polices. It was noted that most of the teachers acknowledged that the policy does exist in their schools. The second theme focused on challenges and constraints that teachers and schools are facing in the implementation of HIV/AIDS policies in schools. There is still a challenge around stigmatization and knowledge regarding HIV/AIDS. The last theme focused on the best strategies to improve the implementation of HIV/AIDS policies in schools.

It was noted that there is a need for programmes that will accelerate the implementation of the policy. Regardless of the fact that many teachers know of the policy, the research study noted that schools did not work with parents when it comes to the implementation of the policy. Working with parents and all other stakeholders would help to ensure that teachers and schools get the support they need to implement the policy. This is critical given that many parents tend to resist the idea of schools teaching children things about sex. As such, community development is also emphasized in the National Policy which states that behavioral change and development rests with the parents. It was further revealed that the policy did not cater for the needs of the learners because there appeared to be confusion on who was supposed to implement the policy. Some of the teachers highlighted that professionals were required to help them implement the policy.

The second theme focused on challenges and constraints that teachers and schools are facing in the implementation of HIV/AIDS policies in schools. There is still a challenge around stigmatization and knowledge regarding HIV/AIDS. Teachers felt that some learners do not disclose their HIV/AIDS status because of stigmatization and discrimination. Parents too, did not reveal the status of their children to the teachers. Interview data showed that teachers felt HIV/AIDS education would be more effective if the real magnitude of the HIV/AIDS pandemic was known. There is a need for testing and re-testing and counseling in schools so that those needing help get it on time. Lack of skilled teachers and accessibility to information was also raised. It was highlighted that to mitigate the problem there was need for clear lines of communication between all stakeholders and continuous professional development for teachers (Samer and

Oliveras, 2013) so that the teachers would be in a position to interpret the policies. Therefore, training and development workshops should be used as strategy in communicating the HIV/AIDS policy.

Findings pertaining to the implementation strategies of HIV/AIDS policy in schools indicated that there was need for transparency and clearly defined and documented strategies so that successful implementation could be realized. It was noted that there is a need for programmes that will accelerate the implementation of the policy. Reason being, it emerged from the findings that sex education was not being prioritized despite the availability of LO teachers and the curriculum to guide them. A call was made for HIV/AIDS to be integrated in all subjects (Mugweni et al, 2014; Jordaan, 2013). The need for proper dissemination of information to learners about HIV/AIDS was one of the strategies frequently mentioned by the teachers. These strategies must be implemented with urgency.

5.3 Conclusions

The study focused on the views of teachers on the implementation of HIV/AIDS policies in secondary schools. The fulfillment of the policy can be possible if all the teachers are involved, the family as well as the learners in various learning institutions. The study also highlighted gaps in the implementation process. All stakeholders need to work together; this would give teachers the support they need to successfully implement the HIV/AIDS policy in schools. Successful implementation of the HIV/AIDS policy would ensure smooth functioning of schools, reduce dropout rates due to illness and increase pass rates in schools

5.4 Recommendations

It is recommended that all schools should ensure that they have an HIV/AIDS policy known by everyone. It should be enshrined in the schools policies documents. This will ensure that that everyone will be well aware of how deal with such pandemic. At the same time it will work as a tool in educating each and every one about the HIV/AIDS. In addition to that it will also bring an understanding to the myths and reality of the HIV/AIDS both to the students as well as teachers. Knowledge and information will also be passed even to the communities as the students will be well versed with the HIV/AIDS policy. Further to that for protection purposes, prevention and care purposes to both the infected and affected within the school parameters they will be assisted.

It is also recommended that that for a successful implementation of HIV/AIDS policy in schools, teachers need the support of the stakeholders. Such as parents; the government; DoE; NGOs; counselors; psychologists etc. this will bring solidarity as well as collective action towards fighting HIV/AIDS. This counselors and psychologists will be working as the supporting structures in making sure that the community the parents and well as the students and teachers have knowledge and understanding of the pandemic. They also play a pivotal role in coping process for either the infected or affected.

Furthermore as the policy will be enshrined in the school documents all teachers should be involved in the implementation of the HIV/AIDS policy not just Life Orientation teachers. This therefore, will ensure that there is collectiveness and collaboration in the implementation and making sure that the goals and targets of the HIV/AIDS policy has

been mate at all times. As it has been noted that some teachers are not aware of the policy if they are involved it will therefore means that it will be not that difficult to achieve the objectives of the HIV/AIDS policy.

The government, NGOs and the department of education should mobilise funds that will assist in educating the communities. This will ensure that the entire community family as well as the students is being educated about the pandemic. As a result the prevention and care will be done spontaneously.

5.5 Suggestions for further research

- This study was conducted in the Fort Beaufort Education District only. A bigger study, covering the whole of the Eastern Cape Province, might shed more light on how teachers feel about the implementation of the HIV/AIDS policies in schools.
- The need for a common policy for all schools to ensure uniformity of content taught. This would make implementation easier since teachers from different schools can help each other
- And the need for Life Orientation teachers to take a lead in the implementation of HIV/AIDS policies in schools

The present study focused on teachers in secondary schools only. Perhaps another study focusing on teachers in primary schools, or even parents, might be useful in understanding how different stakeholders view the implementation of the HIV/AIDS policy in schools.

References

Abel, G. & Fitzgerald, L., (2006). When you come to it you feel like a dork asking a guy to put a condom on: is sex education addressing youth's understanding of risk? Sex *Education* 6(2), pp.105–119.

Ahmed, N. et al., (2006). Process of evaluation of the teachers training for an AIDS prevention programme. *Oxford Journal of Health Education Research*, 21(5), pp.621-622.

Appelbaum, E., Bailey, T., Berg, P., &Kalleberg, A. L. (2006). Organizations and the intersection of work and family: A comparative perspective. In S. Ackroyd, P. Thompson, P. Tolbert, & R. Batt (Eds.), The Oxford Handbook of Work and Organizations (pp. 52-73). Oxford: Oxford University Press.

Kader A. (2001). Minister of Education's Quarterly Report to the President: Fourth Report on the Provinces to the President from the Minister of Education, Professor Kader Asmal, MP. Department of Education, Pretoria.

Kader A. (2002). Minister of Education's Quarterly Report to the President: Fifth Report on the Provinces to the President from the Minister of Education. Department of Education, Pretoria.

Ayo-Yusuf, I., Naidoo, S., & Chita, U.M. (2011).The role of primary school teachers in HIV prevention in South Africa. *Journal of the South African Dental Association, 56 (12), pp.596-98.*

Bennell, P.S. (2003).The AIDS epidemic in sub-Saharan Africa. Are teachers a high-risk group? *Comparative Education*. 39 (4), pp. 493-508.

Besset, M., &Swainson, P. (2008).Effects of in service Training on Implementation of a Health Curriculum in Nova Scotia, Canada*. Junior School Health,* 61.pp.131-135

Best, J. W., Kahn, J. V. (2006).Research in Education. (6th Ed.). Englewood Cliffs: Prentice Hall.

Bhorat H &Mayet N (2013) The impact of sectoral minimum wage laws in South Africa, DPRU, University of Cape Town

Bialobrzeska M, (2007). Systems for Managing HIV and AIDS in Schools in Diverse Contexts. Paper presented at the TEP Conference: Teacher development and institutional change in an evolving education context 28 - 29 May 2007.

Blaikie, N. (2010). Designing Social Research. (2nd edition).City Press.

Bobbie, E. R. (2010). *The practice of social research* (12th ed.). Belmont, CA: Wadsworth.

Boler, T. (2003).*HIV/AIDS and education. Approaches to examining the impact of HIV/AIDS on educators*. UK working group on education and HIV/AIDS: Action aid International.

Boler, T., & Jelema, A. (2005). Deadly Inertia: A Cross Country of Education Response to HIV/AIDS.

Bouma, G.D. (1993). *The research process*. Oxford: Oxford University Press.

Briggs, A. R. J. & Coleman, M. (2007) Research Methods in Educational Leadership and Management. London: Sage Publications Ltd.

Brink, HI. 1996. *Fundamentals of research methodology for health care* professionals. Kenwyn: Juta.

Buchel, A.J. (2006).The leadership role of the principal in dealing with the impact of HIV/AIDS in South African schools. Unpublished thesis. University of South Africa. Available at http://etd.unisa.ac.za/ETDdb/ETDdesc/describe?urn=etd-08022006-124509/unrestricted/07chapter7.pdf. Retrieved 25-04-2016.

Burns, S.N., & Grove, S.K. (2003).*Understanding nursing research*. (3rd Ed.). Philadelphia: WB Saunders.

Buston, K. Wight, Hart, G, Scott, S. (2002). Implementation of a teacher-delivered sex education programme: obstacles and facilitating factors*. Health Educ Res.* (2002); pp, 17:59–72PubMed.

Campbell, C. (2010). Poverty, AIDS and Gender. (pp. 327-332) In: Chant, S. (Ed.), *International handbook on poverty and gender*. Cheltenam, Edward Elgar.

Cant, M. Gerber, C. Nel, D. & Kotze, A. (2005).*Marketing research.* (2nded). Claremount: New Africa Books.

Chitsamatanga, B.B. (2014). An investigation into the perceptions of female academics on their career development: a comparative study of South African and Zimbabwean Universities. Unpublished Masters dissertation. University of Fort Hare, Eastern Cape, South Africa.

Churchill, G. A. (1991). *Basic marketing research.* (6th ed.). Mason: Thomson South-Western.

Cohen, L., Manion, L. & Morrison, K. (2007).*Research methods in education* (6th ed.). Abingdon: Routledge.

Cole, M. (2006). Qualitative research: A challenging paradigm for infection control. *British Journal of Infection Control,* 7(6), pp, 25-29.

Cooper, D. R. & Schindler, P. S. (2003). *Business research methods*. (*8th ed*.) Boston: Irwin. McGraw-Hill.

Cooper, D. R. & Schindler, P. S. (2008). *Business research methods. (10thed*,) Boston: Irwin. McGraw-Hill.

Corbin, J., & Strauss, A. (2008).*Basics of qualitative research*. (3rd ed). Sage Publications.

Coyle, K.K., Kirby, D.B., Marin, B.V., Gomez, C.A., & Gregorich, S.E. (2004). Draw the line/respect the line: a randomised trial of a middle school intervention to reduce sexual risk behaviours. *American Journal of Public Health*, 94, 843/51

Creswell, J. W. (2009). Research Design: Qualitative, Quantitative, and Mixed Methods Approaches. (3rd Ed.). Los Angeles: Sage.

Creswell, J.W. (2009). Research design: *Qualitative, quantitative, and mixed methods approaches.* (3rd Ed.) . London: Sage Publications.

Creswell, J.W. (4th ed). (2014). *Research Design. Qualitative and Quantitative and Mixed Approaches*. Thousand Oaks, CA: Sage.

Crouch, M., & McKenzie, H. (2006). The logic of small samples in interview based qualitative research*. Social Science Information*, 45(4), pp, 483-499.

Department of Education (1997).*Report of the National Commission on Special Needs in Education and Training (NCSNET) and the National Commission on Education Support Services (NCESS).*Pretoria:

Department of Education (2000).Natal Education Department, Curriculum Affairs. AIDS: An education module for secondary school: *Teachers' manual*. Natal Department of Education Pietermaritzburg

Department of Education (2001).*Education White Paper 6: Special Needs Education: Building an Inclusive Education and Training System*. Pretoria: South Africa:

Department of Education (2003).National policy on HIV and AIDS for learners and educators in public schools and d students and educators in further education and training institutions.

Department of Education (2008). National Curriculum Statement Grades 10-12 (General). Learning programme guidelines: Life Orientation. Pretoria: Government Printers.

Department of Education (DoE) (2003). Plan a Comprehensive Response to HIV/AIDS. A Guide for Provincial and District Education Planners and Managers. July

Department of Education [South Africa] (1999). Draft Nationally Policy on HIV/AIDS for Learners and Educators in Public Schools, and Students and Educators in Further Education and Training Institutions. Pretoria: Government Printers.

Department of Education. (1999). National policy on HIV/AIDS for learners and educators in public schools, and students and educators in further education and training institutions of the Department of Education. *Government Gazette* No 20372. Pretoria: Government Printer.

Donald D, Lazarus S & Lolwana P (2002).*Educational Psychology in social context.* Cape Town: Oxford University Press

Eastern Cape Department of Education. (2013). *Interventions in Limpopo and Eastern Cape: Minister and Department of Basic Education progress reports* http://www.ecdoe.gov.za/ecdoe.

Enayati, T., Modanloo, Y. & Mir Kazemi, F.S. (2012).Teacher's attitudes towards the use of technology in Education. Journal of Basic *Applied Sciences of Research,* 2(11):pp,10958-10963.

Epstein, J. (1987). Toward a theory of family-school connections: Teacher practices and parent involvement. In K. Kurrelmann, F. Kaufmann, & F. Lasel (Eds.), Social intervention: Potential and constraints. New York: De Gruyter.

Epstein, J. (1995*). School/family/community partnerships: Caring for the children* we *share*. Phi Delta Kappan, 72(5),pp, 701-712.

Epstein, J. L. (1996). Perspectives and previews on research and policy for school, family,and community partnerships. In A. Booth & J. F. Dunn (Eds.), Familyschool links: How do they affect educational outcomes? (pp. 209-246). Mahwah, NJ: Lawrence Erlbaum.

Flick, U. (1998).*An introduction to qualitative research*. Thousand Oaks, CA: Sage Publications, Inc.

Flick, U. (2006).*An introduction to qualitative research, their deduction*.London Sage Publications.

Flick, U. (2009).*Introduction to qualitative research*.(4th ed). Thousand Oaks, California: Sage.

Forrest, J.D., & Silverman, J. (1989). What public school teachers teach about preventing pregnancy, Aids and sexually transmitted diseases.*Family Planning Perspective*s, 21(2),pp, 65/72.

Fourie, P. (2006). Attitudes of teachers and street hawkers towards people who suffer from HIV/AIDS.*UNISA Psyhcolagia*. 26. pp. 43- 47.

Fox, B. (1987). Morphosyntactic markedness and discourse structure. *Journal of Pragmatics*.

Fox, B. 1987. Discourse Structure and Anaphora. Cambridge: Cambridge University Press.

Fullan G.M (1993). Why Teachers Must Become Change Agents?*Educational Leadership 50 (6) pp. 36-42*

Galindo, C & Sheldon, S.B, (2011). School and home connections and children's kindergarten achievement gains: The mediating role of family involvement. Early childhood research quarterly.*Elserver Journal 2(3)pp. 45-55*

Githinji F.W. &Chang'ach, J.K (2011) Perceptions of Primary School Teachers and Pupils on Adequacy of HIV/AIDS Life Skills Education in Nairobi and Thika districts.*InternationalJournal of Humanities and Social Science*.1(15) [Special Issue – October 2011] 71

Govender, S. & Edwards, S., (2009). Appreciative inquiry into life skills-based HIV/AIDS education in South African schools.*African Journal of AIDS Research*, 8(1), pp.115-121.

Grix, J. (2002). Introducing Students to the Generic Terminology of Social Research. Politics, 22(3),pp. 175-186.

Grix, J., (2004). The foundations of research. London: Macmillan.

Gubrium, J. F. & Holstein, J. A. (Eds.), (2003).*Postmodern interviewing.* Thousand Oaks, CA: Sage Publications, Inc.

Gultig, J. Ndhlovu, T. & Bertram, C. (Eds.), (2002). *Creating people-centred schools*: 88 *School organization changein South Africa*. Cape Town: SAIDE University Press, Southern Africa.

Hair, J.F., Wolfinbarger, M., Ortinau, D.J. & Bush, R.P. (2008).*Essentials of marketing research*. New York: McGraw-Hill Companies, Inc.

Harvard Family Research Project, (2000). The National Network of Partnership Schools A Model for Family-School-Community Partnerships. Document available online: http://www.hfrp.org/var/hfrp/storage/fckeditor/File/nnpsc.pdf. Accessed on 07 December 2014.

ILO and UNESCO.(2006b). Policy*HIV and AIDS workplace for the education sector in Southern Africa*. Geneva: UNESCO.

Jacob, B. (2005). *The political economy of AIDS leadership in developing countries.* New York: Longman.

Jarvela, S, (1995). The Cognitive Apprenticeship Model in a Technologically Rich Learning Environment: Interpreting the Learning Interaction. *Learning and Instruction Journal*, 5,pp. 237- 259

Jemmott, J.B., &Jemmott, L.S. (2000). HIV risk reduction behavioral interventions with heterosexual adolescents*. AIDS*, 14(.2), S40/S52.

Jewkes, R., (2009).Growing up sexual in the age of HIV and AIDS. In: C. Mitchell & K. Pithouse, (Eds.),.*Teaching and HIV & AIDS in the South African Classroom.* Johannesburg: Macmillan pp.147–158.

John, P & O'Toole L.J, Jr. (2001). Federal Governance in the US and the EU: A Policy Network Perspective. In KalypsoNicolaidis and Robert Howse, (Eds.), The Federal Vision: Legitimacy and Levels of Governance in the US and the EU.
Oxford: Oxford University Press, forthcoming.

Johnston, B.T., Carey, M.T., Marsh, K.L., Levin, K.D., &ScottSheldon, K.A.J. (2003). Interventions to Reduce Sexual Risk for Human Immunodeficiency Virus in Adolescents, 1985/ 2000. Archives of *Pediatrics Adolescent Medicine*, 157,pp. 381/88.

Johnston, B.T., Carey, M.T., Marsh, K.L., Levin, K.D., &ScottSheldon, K.A.J. (2003). Interventions to Reduce Sexual Risk for Human Immunodeficiency Virus in Adolescents, 1985/ 2000. *Archives of Pediatrics AdolescentMedicine*, 157, pp. 381/88.

Kaaya, S.F., Mukoma, W., Flisher, A.J., &Klepp, K.I. (2002). *Schoolbased sexual in - sub health interventions -Saharan Africa: A review.of Social Dynamics*, 28(1),pp 64-88.

Kinsman, J., Harrison, S., Kengeya-Kayondo, J., Kanyesigye, E., Musoke, S., & Whitworth, J. (1999).Implementation of a comprehensive AIDS education programme for schools in Masaka District, Uganda.*AIDS Care*, 11(5),pp. 591/601.

Kirby, D. (2001). Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy. Washington, DC:

Kirby, D. (2002). The impact of schools and school programs upon adolescent sexual behavior.*Journal of Sex Research.*

Klepp, K. I., Ndeki, S. S., Seha, A. M., Hannan, P., Lyimo, B. A., Msuya, M. H., Irema, M.N., & Schreiner, A.(1994). AIDS education for primary school children in Tanzania: An evaluation study. AIDS, 8,pp.1157–1162.

Kola, S., Rapholo, G.,, Schneider, M &Everatt, D. (1998). School-based programs to reduce sexual risk behaviours*:* A review of effectiveness. *Public Health Reports.* 109. pp.339-60.

Kothari, C. R. (2004). Research Methodology, Methods and Techniques.(2nd Ed.). New Delhi: New Age International Publisher.

Kvale, S. (1996).to*Interviews - An introduction qualitative researchinterviewing.* Thousand Oaks, CA: Sage.

Kwakman K (2003) Factors affecting teachers' participation in professional learning activities. *Teacher Education*

Legard, R., Keeegan, J., and Ward, K. (2003). In-depth Interviews in J Ritchie and J. Lewis (eds), Qualitative Research practices. A guide for Social sciences students and researchers (139-169) London. Sage.

Liampungttong, P. and Ezzy, D. (2005).Qualitative Research Methods (2nd edition). Australia, Oxford University Press.

Local Government: Municipal Electoral Act 27 of 2000 – Government Notice 700 in Government Gazette 21367, dated 11 July 2000. Commencement date: 11 July 2000.

Lortie, D. C. (1975).*Schoolteacher: A sociological study.* Chicago, IL: University of Chicago Press.

Mabece, N.G. (2002). Knowledge, attitudes and perceptions of HIV/AIDS and HIV/AIDS education among senior primary school teachers.Unpublished M.A thesis. Port Elizabeth: University of Port Elizabeth.

Marshall, M.N. (2006). Sampling for qualitative research.*Family Practice* 13:pp. 522-525.

Martin J.D, 2009. How school practices to promote parental involvement influence student success. A research report. Document available online: http://www.capta.org/sections/parents/downloads/SchoolPracticesSuccess.pdf. Accessed on 07 December 2014.

Mason, J. (2002). Qualitative Research.(2 edition). London. Sage Publications.

Mathews, C., Boon, H., Flisher, A. J. &Schaalma, H. P., (2006). Factors associated with teachers' implementation of HIV/AIDS education in secondary schools in Cape Town, South Africa. AIDS Care, 18(4), pp.388-397

.

Matthew K. A., and Shaun M. Dougherty S.M. (2013). The effect of teacher-family communication on student engagement: Evidence from a randomized field experiment. *Journal of Research on Educational Effectiveness* 6(3):pp.199- 222.

McFarlane, J. 2000. A critical investigation into course development for the preparation of school leaders.Unpublished PhD Thesis.Rhodes University.Graham's town.

McMillan, J.H.,& Schumacher, S. (2010). *Research in education: A conceptual introduction.* : New York:Pearson Education.

Merriam, S. (1998).*Qualitative research in case study applications.*San Francisco: Jossey Bass.

Millward, L.J. (2007). Focus Groups. In G.M Breakwell, S. Hammond, C. Fife-Schaw and J.A Smith (Eds,), *Research methods in Psychology* (3rd ed.). London: Sage. pp 274-98.

Mlalazi, L. (2015). *Strategies used to maintain positive discipline in Secondary Schools in Bulawayo Metropolitan Province, Zimbabwe*: Towards a Holistic Positive Discipline Management Model. Unpublished Doctoral Thesis.University of Fort Hare, Eastern Cape, South Africa.

Mokwatlo, E.A. (2006). The evaluation of the implementation of HIV/AIDSpolicies at school level with particular focus on discrimination and stigma amongst educators. Pretoria: Government Printers.

MOSIA, D.E (2011). How secondary school teachers understand, respond to and implement life orientation. PRETORIA

Mostert, B.J. and Ocholla, D.N. (2005) Information needs and information seeking behavior of parliamentarians in South Africa.South African Journal of Libraries and Information Science, Vol.71 (2),pp. 136-150.

Mothata, S., Lemmer, E., Mda, T., & Pretorius, F. (2000).*A dictionary of South African education and training.* Johannesburg: Van Schaik

Mugweni R.M, Phatudi N.C and Hartell. C.G, (2014). Teachers' Experiences In Teaching HIV and AIDS Education In Masvingo District, Zimbabwe. Journal of Emerging Trends in Educational Research and Policy Studies (JETERAPS) 5(7): 33-41 Scholarlink Research Institute Journals, 2014 (ISSN: 2141-6990) jeteraps.scholarlinkresearch.com

Neuman, W.L. (2006). *Social research methods*. London: Pearson Education Inc.

Nieuwenhuis, J. (2007). Introducing Qualitative research.In K. Maree (Ed.).*First steps in research* (pp. 47-54). Pretoria: Van Schaik.

Nzoka, R. K. (2006). Extent of Integration of HIV/AIDS Issues into Youth Development Programme in Kibera Division. Nairobi. Unpublished M.Ed Thesis.University of Nairobi.

Ogina, T.A. (2003). How School Principals understand and implement HIV/AIDS policy in schools. Unpublished M.A thesis. Pretoria: University of Pretoria.

O'Grady, M. (2000).The Economic Impact of HIV and AIDS in Southern Africa, *AIDS Infothek*, Special Issue supported by the Federal Office of Public Health, Geneva: Switzerland.

Palys, T. (2008).Purposive sampling.In L. M. Given (Ed.) The Sage Encyclopedia of Qualitative Research Methods.. Sage: Los Angeles, pp. 697-8.

Parag A, (2009). Care-giving centers for orphans and vulnerable children: the case of an urban secondary school in Durban. Document available online:http://uir.unisa.ac.za/bitstream/handle/10500/3121/dissertation_parag_a.pdf?sequence=1. Accessed on 05 December 2014.

Parag, A. (2009). Educators' perceptions of teaching learners about HIV/AIDS and of schools as care-giving centres for orphans and vulnerable children: the case of an urban secondary school in Durban. *Unpublished* Master's dissertation. University of South Africa.

Parahoo, A. K (1997).*Nursing research: Principles, process and issues.* London: Macmillan.

Patel, A.D. (2003).The Sounds of Silence, Difficulties in Communicating on HIV/AIDS in Schools.*Nature Neuroscience. 6.* pp. 674-681.

Patton M (1990) *Qualitative evaluationandresearch methods*. London: Sage.

Patton, M. Q. (2002*). Qualitative research and evaluationmethod*s (3rd ed.). Thousand Oaks. CA: Sage Publications.

Polit D.F., Hungler B.P. (1999) *Nursing research: Principles and methods* (6th ed)Philadelphia. Lippincott.

Privitera, G.J. (2014). *Student studyguide w*ith *IBM workbook for research methods forthe behavioral sciences*. New York: Sage Publications Inc. .

Ramirez, A. Y. (2002). How parents are portrayed among educators. *School Community Journal*, 12(2),pp. 51-61.

Reis, H. T. & Judd, C. M. (eds.) (2000). *Handbook of research methods in social and personality psychology.* Cambridge, UK: Cambridge University Press.

Republic of South Africa.(1996). South African Constitution. Act no. (108) of 1996. *Government Gazette* No. 17678. 18 December. Pretoria: Government Printers.

Rinke, C.R., MawhinneyL& Park G (2014). The apprenticeship of observation in career contexts: a typology for the role of modeling in teachers' career paths*, Teachers and teaching: Theory and practice*, 20:1.

Robertson, I. & Richards, P. (2003).*Studying cultural landscapes*. London: Hodder Arnold Publishers.

SACMEQ.(2011). Learner and Teacher knowledge about HIV and AIDS in South Africa.Policy brief number 5 (April 2011).

SarmaE., ElizabethOliveras, E.(2013) Implementing HIV/AIDS Education: Impact of Teachers' Training on HIV/AIDS Education in Bangladesh. *Journal of Health Popululation Nutrition.2013* March; 31(1):pp. 20–27.

Schaalma, H., Kok, G., Abrahams, S.C.S., Hospers, H.J., Klepp, K-I., & Parcel, G. (2002).HIV education for young people: Intervention effectiveness, program development, and future research. Prospects, 32,

Schaalma, H., Reinders, J., Matasu, M., Kaaya, S., &Klepp, K-I.(2004). When researchers have gone home to write their articles. Diffusion and implementation of school-based HIV prevention programmes in Tanzania. East African Journal of Public Health,1, pp. 24-32

Schlafly, P (1993). What's wrong with outcome-based education? The Phyllis Schlafly *Report 26*,pp. 1-4.

Singh, K. (2007). *Quantitative social research methods*. Los Angeles: Sage Publications.

Smit, B & Fritz, E. (2008). Understanding teacher identity from a symbolic interactionist perspective: two ethnographic narratives. *South African Journal of Education* 28:pp. 91-101.

Steyn G.M and Mfusi B.J, (2013).*Strategies for ManagingTeachers with HIV/AIDS in South African Schools.*

Streak, F.W. (2005).Perceptions of school teachers and pupils on adequacy of HIV/AIDS life skills education.Nairobi and Thika Districts, Kenya.Unpublished M.Ed Thesis.Nairobi, Kenyatta University.

Taylor, B., Kermode, S., & Roberts, K. (2007).*Research in Nursing and Health Care: Evidence for Practice,* (3rd ed.) Sydney: Thomson.

Tellis, W. (1997).Introduction to Case Study.The Qualitative Report, 3 (2).

Thanavanh B, Harun-Or-Rashid M, Kasuya H, and Sakamoto J. (2013).Knowledge, attitudes and practices regarding HIV/AIDS among male high school students in Lao People's Democratic Republic.Journal of the International AIDS Society 16.

ThaverL, and Leao. A (2012).*Sexual and HIV/AIDS educationin South African secondary schools*. Oxford. Cape town.

Theodorau, E (2007). Reading between the lines: exploring the assumptions and implications of parental involvement. *Journal about Parentsin International Education*, pp. 90-96.

Thomas, W. J. (2001). Research Methods in Physical Activity.(4th Ed.). Champaign, IL: Human Kinetics Publishers.

Tognco, M.D.C. (2007). Purposive selection as a tool for information selection. A Journal for Plan, People and Applied Research . 5,pp.147-158.

Torjman, S. (2005).*Policy dialogue*. Ottawa: Caledon Institute of Social Policy..

Trochim, W.M.K. (2006). Research methods knowledge base.fromhttp://www.socialresearchmethods.net.

UNAIDS (2014).*Report on the global AIDS epidemic*. Geneva: UNAIDS.

UNAIDS, (2013). Report on the Global AIDS statistics. Document available online: http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/factsheet/2014/20140716_FactSheet_en.pdf. Accessed on 05 December 2014.

Van der Westhuizen, P. C. (2003). *Schools as organizations*. Pretoria: Van Schalk Publishers.

Van Meter, Donald S. & Van Horn, Cark E.(1975), The Policy Implementation Process: A conceptual Framework, Administration & Society, Vol.6 No4, February 1975, pp445-487.

Van Rooyen, L. & Hartell, C.G. 2002. Health of the street child: the relation between life-style, immunity and HIV/AIDS – a synergy of research. South African Journal of Education, 22(3): pp.188-192.

Van Rooyen, L., & Hartell, C. (2001). HIV and Education – Beyond 2000. In: Calitz, L., Fugelstad, O.L. & Lillejord, S. (Eds.), Leadership in Education. Heinemann; Cape Town

Visser, M. J., Schoeman, J. B. and Perold, J. J., (2004).Evaluation of HIV/AIDS Prevention in South African Schools.*Journal of Health Psychology*, 9(2), pp.263-280.

Visser, M.J., 2005. Life skills training as HIV/AIDS preventive strategy in secondary schools: evaluation of a large scale implementation process. *Journal of SocialAspects of HIV/AIDS,* 2(1), pp.203-216.

Weaver, K., & Olson, J. (2006). Understanding paradigms used for nursing research. *Journal of AdvancedNursing*, 53(4),pp. 459-469.

Wellington, J. (2008). *Educational research: Contemporary issues and practical approaches*. London: Continuum.

Woolley N.N & Jarvis Y, 2007.Situated cognition and cognitive apprenticeship: A model for teaching and learning clinical skills in a technologically rich and authentic learning environment. *ElviserJournal*

World Bank (2002).*Education and HIV/AIDS.A window of hope*.Health Promotion Glossary.

Yin, R.K. (2009).*Case study research: Design and methods* (4" ed.).London: Sage.

Zainal, Z. (2007). Case study as a research method.JournalKemanusiaan, 9, 1

Appendences

Appendix A: Ethical Clearance certificate

University of Fort Hare
Together in Excellence

ETHICAL CLEARANCE CERTIFICATE
REC-270710-028-RA Level 01

Certificate Reference Number:	MUS071SKOZ01
Project title:	**Teachers' views on the implementation of HIV/AIDS policies in schools" A case study of four high schools in Fort Beaufort Education District.**
Nature of Project:	Masters
Principal Researcher:	Rebecca Koza
Supervisor:	Prof T.D Mushoriwa
Co-supervisor:	N/A

On behalf of the University of Fort Hare's Research Ethics Committee (UREC) I hereby give ethical approval in respect of the undertakings contained in the above-mentioned project and research instrument(s). Should any other instruments be used, these require separate authorization. The Researcher may therefore commence with the research as from the date of this certificate, using the reference number indicated above.

Please note that the UREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the document
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

The Principal Researcher must report to the UREC in the prescribed format, where applicable, annually, and at the end of the project, in respect of ethical compliance.

Special conditions: Research that includes children as per the official regulations of the act must take the following into account:

Note: The UREC is aware of the provisions of s71 of the National Health Act 61 of 2003 and that matters pertaining to obtaining the Minister's consent are under discussion and remain unresolved. Nonetheless, as was decided at a meeting between the National Health Research Ethics Committee and stakeholders on 6 June 2013, university ethics committees may continue to grant ethical clearance for research involving children without the Minister's consent, provided that the prescripts of the previous rules have been met. This certificate is granted in terms of this agreement.

The UREC retains the right to

- Withdraw or amend this Ethical Clearance Certificate if
  - Any unethical principal or practices are revealed or suspected
  - Relevant information has been withheld or misrepresented
  - Regulatory changes of whatsoever nature so require
  - The conditions contained in the Certificate have not been adhered to
- Request access to any information or data at any time during the course or after completion of the project.
- In addition to the need to comply with the highest level of ethical conduct principle investigators must report back annually as an evaluation and monitoring mechanism on the progress being made by the research. Such a report must be sent to the Dean of Research's office

The Ethics Committee wished you well in your research.

Yours sincerely

Professor Gideon de Wet
Dean of Research

08 June 2016

Appendix B: Letter for the supervisor

University of Fort Hare

FACULTY OF EDUCATION

Alice (main) Campus:
Private Bag X1314, King William's Town, Road Alice, 5700, RSA
Tel: +27 (0) 40 602 - 2412 • Fax: +27 (0) 40 653 - 2448

East London Campus:
Private Bag X9083, 50 Church Street, East London, 5201, RSA
Tel: +27 (0) 43 704 - 7227 / 7218 • Fax: +27 (0) 43 704 - 7113

University of Fort Hare
Together in Excellence

15th November, 2015

TO WHOM IT MAY CONCERN

This letter serves to indicate that Ms R. Koza (Student No.201313476) is an M. Ed student at the University of Fort Hare and is under my supervision. Her research topic is: **Teachers' views on the implementation of HIV/AIDS policies in Fort Beaufort schools.**

Ms Koza is now at the data collection stage. I would greatly appreciate if you would allow her and help her where necessary, to have access to your school(s) which she wishes to involve in her study.

Should there be any queries or problems, please do not hesitate to contact me.

Thanking you in advance.

Prof TD Mushoriwa

Cell: +27 (0) 780830012

E-mail Tmushoriwa @ufh.ac.za

www.ufh.ac.za

Appendix C: Letter from the District office

Province of the
EASTERN CAPE
EDUCATION

CAPE COLLEGE BUILDING * Heald town Road * Fort Beaufort* Private Bag X2041* 5720* REPUBLIC OF SOUTH AFRICA* Tel: +27 46 645 7892 Fax: 046 6451195

Dear Sir/Madam

TO WHOM IT MAY CONCERN

This serves to inform you that the bearer of this letter **Rebecca Koza (student no: 201313476),** had been granted permission to conduct an academic research towards the completion of a Master's Degree in Education. The research, she will be conducting entails using our school as the terrain of her studies.

It is our fervent wish that she be afforded the space she needs as well as all the support necessary for her studies.

Thank you

Yours in service

Mr. S.N. Stofile
District Director

DEPARTMENT OF EDUCATION
Fort Beaufort District
Institutional Development Support & Governance
Education Operations & Resourcing
2016 -05- 12
Date
OFFICIAL
PROVINCE OF THE EASTERN CAPE

Appendix D: Informed consent form

Appendice 2: Informed consent Agreement Form

Name of Researcher: Koza Rebecca

Institution: University of Fort Hare

Degree: Master of Education

Research Topic: Teachers' views on the implementation of HIV/AIDS policies in school. A case study of four high schools in Fort Beaufort District of Education.

The purpose and conditions of participation have been fully explained to me. I understand what my involvement entails and I am aware that my participation is voluntary and freely given. I have read the agreement, and am aware that I can terminate engagement in the interview at any point without penalty.

Signature of volunteer

Respondent..... Date.....

Signature of

Researcher..... Date.....

Contact Details

If you are willing to participate and you need further clarification contact

Rebecca Koza 0822585010

E-mail: nosi.koza@gmail.com or contact Prof Mushoriwa in the School of Further and Continuing Education, Faculty of Education, University of Fort Hare

Appendix E: Letter from the school

LUKHOZI HIGH SCHOOL

PRINCIPAL: MAHANJANA T.T.

TEL: 072 279 1351

TEL/FAX: 040 659 8838

P.O. BOX 86, DEBENEK, 5604

DATE: 15 / 11 / 15

TO WHOM IT MAY CONCERN

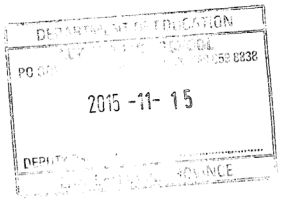
DEAR SIR /MADAM

This is to inform you that the bearer of this letter Rebecca koza (student no: 201313476) had been granted permission to conduct an academic research towards the completion of a mastars degree in education. The research she will be conducting entails using our school as the terrain of her studies.

It is our fervent wish that she be afforded the space she needs as well as all the support necessary for her studies.

Yours in service

.....



Appendix F: Letter from school

Siseko Senior Secondary School

DEBE NEK

85618

15 NOVEMBER 2015

Dear Sir/Madam

TO WHOM IT MAY CONCERN

This serves to inform you that the bearer of this letter **Rebecca Koza (student no: 201313476),** had been granted permission to conduct an academic research towards the completion of a Master's Degree in Education. The research, she will be conducting entails using our school as the terrain of her studies.

It is our fervent wish that she be afforded the space she needs as well as all the support necessary for her studies.

Thank you

Yours in service

S KAMA

EASTERN CAPE DEPARTMENT OF
EDUCATION DISTRICT FORT BEAUFORT
SISEKO HIGH SCHOOL

15.10.15
DATE

SIGNATURE PRINCIPAL

TEL: 073 922 6394 / 073 366 2400 • sisekohigh@gmail.com

Appendix G: Letter from school

Mdibaniso Senior Secondary School

DEBE NEK

85618

15 NOVEMBER 2015

Dear Sir/Madam

TO WHOM IT MAY CONCERN

This serves to inform you that the bearer of this letter **Rebecca Koza (student no: 201313476),** had been granted permission to conduct an academic research towards the completion of a Master's Degree in Education. The research, she will be conducting entails using our school as the terrain of her studies.

It is our fervent wish that she be afforded the space she needs as well as all the support necessary for her studies.

Thank you

Yours in service

Z PIKOLI

Appendix H: Interview Instruments

DEPARTMENT OF EDUCATION

SEMI-STRUCTURED INTERVIEW GUIDE

My name is Rebecca Koza, I am studying a Master's Degree in Education at the University of Fort Hare. I am conducting a study on Teacher's views on the implementation of HIV/AIDS policies in Fort Beaufort schools. I am asking you to spare a few minutes of your time to fill in this questionnaire. The information I am soliciting is purely for academic purposes and confidentiality of responses is strictly maintained. There is no right or wrong answer for each question; all I am interested in are your opinions.

SECTION A: Demographic Information

Instructions: mark the correct answer with an X in the box of your choice

1. Gender: Male ☐ Female ☐
2. Age:

20 and less	21 to 30	31 to 40	40 to 50	50 and more

3. Name of School:

_____

4. Designation:

_____

5. I have been in this school for:

1 to 3 years	4 to 6 years	7 to 9 years	10+ years

SECTION B: HIV/AIDS Policy Implementation Questionnaire

1. Your views about the HIV/AIDS policy?

   .....
   .....
   .....

a) Are you aware of the existence of any HIV/AIDS policy in education at your school? YES/NO

   .....
   .....

b) Would you say this policy is,
   (i) Useful
   (ii) Not useful
   (iii) Not sure

   .....
   .....

2.

(a) To what extent does the current HIV/AIDS policy meet the needs of secondary school learners?
   (i) To a large extent
   (ii) Little extent
   (iii) Does not meet the learner's needs at all
   (iv) Not sure

(b) If you are not satisfied with the policy, how do you think it should be implemented?

   .....
   .....
   .....
   .....

3. How does your school implement the HIV/AIDS policy? Explain fully.

   .....
   .....
   .....
   .....

4. What programme(s) do you have in the school for the implementation of the HIV/AIDS policy?

   .....
   .....
   .....

5. How do you ensure that:
   (a) Appropriate information on HIV/AIDS is being communicated to the learners?
   (b) Accurate information on HIV/AIDS is being communicated to the learners?

   .....
   .....
   .....
   .....

6. Should any content on HIV/AIDS policy be excluded from the curriculum? YES/NO
   If yes,
   (i) Which content?
   (ii) Why do you think this content should be excluded? Explain fully.

   .....
   .....
   .....

7. What are your views about the support given to:
   (a) Learners infected with HIV/AIDS
   (b) Teachers infected with HIV/AIDS

   .....
   .....
   .....

8. To what extent are the various key stakeholders familiar with the HIV/AIDS policy in education?
   (a) Are parents/guardians aware of the HIV/AIDS policy in school? YES/NO
   (b) Would you say they are happy with the policy? YES/NO
   (c) Give reasons for your answer.

   .....
   .....
   .....

9. What do you think are the best strategies for communicating HIV/AIDS policy in secondary schools in Fort Beaufort?

.....
.....
.....

10. (a) What challenges have you been encountering in the implementation of HIV/AIDS policy in your school?
(c) How do you think these challenges should be addressed?

.....
.....
.....
.....
.....
.....

Thank you for participating in this survey

Appendix I: EDITOR'S DECLARATION LETTER

I, BELLITA BANDA-CHITSAMATNGA (LANGUAGE AND WRITING CONSULTANT) confirm that I edited REBECCA KOZA'S MASTERS DISSERTATION ENTITLED:

TEACHERS' VIEWS ON THE IMPLEMENTATION OF HIV/AIDS POLICIES IN SCHOOLS: A CASE STUDY OF FOUR HIGH SCHOOLS IN FORT BEAUFORT EDUCATION DISTRICT

During the process of the editing, the following changes were recommended: punctuation, grammatical and sentence construction. In addition consistency in use of abbreviation, referencing style and capitalization were also recommended.

03 JUNE 2016

Editor's signature Date