# Support provision to schools in a context of HIV/AIDS, poverty and gender inequality

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Supervisor

Professor Dirk Meerkotter

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# Contents

**UNIVERSITY** *of the*
**WESTERN CAPE**

**Note:**

The text was edited according to the *Oxford Guide to Style* (2002), *South African Concise Oxford Dictionary* (2002), *Shorter Oxford English Dictionary* (2002) (fifth edition) on CD-Rom 2.0, *The Oxford Dictionary for Writers & Editors* (2000) (second edition) and the UNESCO *Guidelines on Language and Content in HIV– and AIDS-Related Materials* (2006).

# Abstract

The school environment presents a valuable opportunity for the identification, monitoring and support of children made vulnerable by HIV/AIDS and poverty. Many children are caring for parents suffering from AIDS-related illnesses and/or they are the main breadwinner of the household. As a result of HIV/AIDS and poverty therefore, children might be dropping out of school, or their ability to perform adequately at school might be significantly reduced.

The aim of this study was to use a case study approach to explore and describe support provision in a South African formal school, examining, in particular, the relative significance of leadership, organisational development and gender-related matters in addressing the needs of children made vulnerable by HIV/AIDS and poverty. The availability and quality of this support is analysed within the context of the Western Cape Education Department (WCED) transforming itself from a system focused on controlling schools to a system focused on supporting schools.

The reflexive qualitative research approach was decided upon in order to describe and understand how, and to what extent, the teachers and the principal of a poverty-stricken primary school might benefit from the WCED's systemic change processes when addressing issues related to HIV/AIDS and poverty.

The methodological rationale for this qualitative research approach forms part of a search for meaning within the cultural context(s) of the school in an effort to understand issues related to HIV/AIDS in schools. The research's second aim was to establish principles for an approach to educational support, which would be applicable in similar situations elsewhere. In the case study, the focus is on the WCED supporting the principal and teachers at a poverty-stricken primary school in carrying out their roles as leaders, teachers and caregivers. In order for the principal and teachers to provide quality support to the learners, they themselves need to receive appropriate forms of support from the education system.

For this research to be contextually grounded, questions around HIV/AIDS and the growing number of orphans and vulnerable children in many communities were

considered. One of the central questions was: How are the challenges of daily life in the running of a school met where issues related to poverty and health are dominant? Gender-based sexual violence and sexual abuse of children, as well as other social problems affecting learners in the school investigated for this thesis were included in the addressing of the main questions.

The complexity of the issues involved when exploring the research questions became increasingly more apparent during the research journey of this thesis. I experienced fully the potential of the case study to provide a 'thick' description and contribute significantly to an in-depth understanding of a complex phenomenon from a local and holistic perspective. I was able to focus on how the macro-narratives of support policy connected to the micro-narratives of teachers in primary schools.

Based on the findings of the research, I concluded that the problems of HIV/AIDS-affected children, families and communities do not only overlap considerably with the problems related to poverty – a widely held view among researchers – but that poverty-related problems may, indeed, conceal the very existence of HIV/AIDS. The investigation shows that the wide-spread poverty affecting the case school learners, seems to have 'blinded' teachers in terms of 'seeing' the learner in a context of HIV/AIDS. This phenomenon in the case school was observed in spite of the HIV/AIDS Programme Coordinator claiming that the district's teachers had learned to 'see' the learner in ways which they had not prior to the introduction of the WCED's HIV/AIDS Life Skills Programme.

I trust that the different stakeholders within the field of education and HIV/AIDS will benefit from the findings and recommendations flowing from this investigation. First and foremost, I believe that the lessons learnt from the fieldwork, could be of use to South African stakeholders generally, and, in particular, to the Western Cape Education Department and those working as school support staff at district level (the EMDCs). The findings of the study may provide valuable feedback to the current practices of the school support structures, including the voluntary HIV/AIDS support structure, and form a basis for informed further action by the relevant government departments and other stakeholders in education. In this way, the thesis could contribute to improved formal school support provision in the context of HIV/AIDS, and therefore, serve to enhance the quality of education for all children.

It would, in my view, not be unrealistic to assume that the study could also provide useful insight into the overall transformation process of the education system, not only in the Western Cape, but in other provinces and countries as well.

# Abbreviations

| | |
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| AIDS | Acquired Immune Deficiency Syndrome |
| CADRE | Centre for Aids Development, Research and Evaluation |
| CBO | Community-Based Organisation |
| EMDC | Education Management and Development Centre |
| ESS | Education Support Services |
| FAS | Foetal Alcohol Syndrome |
| HIV | Human Immunodeficiency Virus |
| HSRC | Human Sciences Research Council |
| IMTEC | International Movement for Transformation and Educational Change |
| MFT | Multifunctional Team |
| MRC | Medical Research Council |
| NGO | Non-Governmental Organisation |
| NCA | Norwegian Council for Africa |
| OVC | Orphans and Vulnerable Children |
| IIEP | International Institute for Educational Planning |
| HES | History of Education Society |
| OBE | Outcomes Based Education |
| SAHARA | Social Aspects of HIV/AIDS Research Alliance |
| SANAC | South African National AIDS Council |
| SASA | South African Schools Act |
| SEED | Systemic Enhancement for Educational Development |
| STEDS | Systemic Transformation for Education Development and Support |
| STI | Sexually Transmitted Infection |
| TIP | Teacher Inservice Project |
| TST | Teacher Support Team |
| WCED | Western Cape Education Department |

# Declaration

I declare that the *Support provision to schools in a context of HIV/AIDS, poverty and gender equality* is my own work, that it has not been submitted before for any degree or examination in any other university, and that all the sources I have used or quoted have been acknowledged by complete references.

Signed: …………………………………

Sissel Tove Olsen                    30 November 2007

# Acknowledgements

First of all I want to thank my supervisor Professor Dirk Meerkotter at the University of the Western Cape. He was always there when I needed him, and gave me generously of his time and rich knowledge. Throughout my research Dirk has guided me and been a great source of encouragement and support. I would also like to thank my inspiring mentor and supervisor during the phase of writing the research proposal, Dr Robert Langley Smith at Oslo University College.

Furthermore, I would like to express my thanks to the Western Cape Education Department for granting me access to a primary school in Cape Town. My thanks and great appreciation goes to the principal, teachers and other staff and learners at the school for the friendly and open manner in which they received me.

I want to thank the coordinators and field staff of the Western Cape Department's HIV/AIDS Life Skills Programme for their interest and cooperation. Special thanks goes to the Programme Coordinator for letting me draw on his experience and insight into the fight against the HIV/AIDS pandemic.

The Teacher Inservice Project (TIP) – especially Karen Collett, the Postgraduate Enrolment and Throughput Project (PET), and other support staff in the Faculty of Education, University of the Western Cape rendered valuable assistance, both in relation to providing me with working facilities and as discussion partners.

The Norwegian Government has generously funded part of my work, and I appreciate the opportunity I was given to complete this research.

I thank Wenche, family and friends for care and patience without which I cannot imagine having reached the end of this research journey. A special word of thanks to Marji for all her kind support and for being my interpreter and discussion partner in order to better understand the local cultures under study. Finally, a thank-you to Mikki who came on board during the final haul to dot the 'i's and cross the 't's.

# C H A P T E R   O N E

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# **Introduction**

First, the introduction to this study discusses the rationale for the thesis and how it was developed.

Secondly, the aims and research questions, as well as a specification of relevant concepts and terminologies are presented. The relevance of the thesis for different stakeholders in education is suggested, and finally an overview of the thesis is given.

## 1.1    **Background and rationale of the thesis**

The legacy which the present South African Government faces, both in terms of the heritage of the apartheid era, and challenges connected to the HIV/AIDS pandemic, provided an exceptional historical and contextually diverse and rich opportunity to conduct a case study on how school support structures in South Africa are currently functioning.

The everyday reality of many communities in South Africa is characterised by negative experiences such as crime, sexual abuse, unemployment, poverty, HIV/AIDS and related diseases such as tuberculosis. The consequences of HIV/AIDS have become increasingly more apparent and alarming. Although statistics on the prevalence of HIV/AIDS are not all based on the same models, resulting in differences with regard to estimates and projections, it is widely accepted that the direct and indirect economic, social and educational effects of the HIV/AIDS pandemic on South Africa imply major challenges (Smart, 2003).

In education, the legacy of apartheid has left many schools under-resourced and unprepared to cope with transformation-related policies regarding, amongst others, a new curriculum, rationalisation, redeployment of staff and decentralisation.

In this investigation, I attempt to establish what the challenges of daily life in an under-resourced primary school are, and how these are addressed in a context of

poverty and HIV/AIDS. The research, in addition, seeks to find out whether, and to what extent, leadership and organisational development are critical issues in providing the kind of support and assistance needed. It is also assumed that issues such as poverty, class, urban/rural, race and gender may affect the accessibility and quality of education for every child, especially so in the case of the most vulnerable.

The appropriateness of the support provided by the education department to schools serving marginalised communities is the key area investigated and reported on in this thesis. In order for schools to deal meaningfully with the educational challenges connected to HIV/AIDS, there is a need for a well-functioning school support system. Recognising this need, the South African Education Department has encouraged the introduction of school support structures for this purpose at provincial level (WCED, 2003). In 2004 the Western Cape Education Department (WCED) launched the HIV/AIDS Life Skills Programme, to be implemented through the newly established HIV/AIDS support structures at district level.

There is a lack of contextually situated in-depth studies on how school support structures in South Africa are currently functioning (Smart, 2003). The newly established HIV/AIDS support structures at district level in the Western Cape Education system provide an excellent opportunity for such a study. This thesis also investigates whether leadership and the necessary willingness and ability exist at district level to work collaboratively in order to support schools.

Despite statistical differences regarding the HIV/AIDS epidemic in South Africa, it is reasonable to conclude that the context in which schooling takes place is not always a favourable one for optimal teaching and learning. However, Meerkotter and Lees (2003) make the point that schools – inadequate as they may be – remain the best placed social institutions in South Africa through which appropriately prepared teachers, in collaboration with other professionals, the governmental and non-governmental sectors, the business sector and various structures in civil society could make a difference in the lives of many children.

Also, other strong voices in South Africa, politically and professionally, are calling for comprehensive and well-coordinated approaches to deal with the consequences of the epidemic as well as the need to prevent further spread of the disease (Giese, Meintjes, Croke and Chamberlain, 2003; Richter, 2003; Smart, 2003; Meerkotter and Lees, 2003; Parker, Colvin and Birdsall, 2006).

To fully understand the complexities of the epidemic, researchers emphasise a need to analyse the epidemic from a holistic social, economic, cultural, biological and religious perspective (Smart, 2003). This goes beyond the scope of this thesis, which focuses on how systemic factors related to organisational change and leadership in the Western Cape Education Department have an impact on the quality of the Department's HIV/AIDS support to schools.

According to Meerkotter and Lees (2003) there is little evidence today that teachers make much effort to support their learners and their parents' continuing struggle for survival. The widely acknowledged overall challenge and question for the education authorities in South Africa in the context of HIV/AIDS is therefore to identify what is needed to enable teachers, other professionals and 'caregivers' to effectively address the negative ways in which HIV/AIDS impacts on the lives and learning of children in their homes, schools and communities.

For this research to be contextually grounded, questions around HIV/AIDS and the growing number of orphans and vulnerable children in many communities were considered. How are challenges of daily life in the running of a school met where issues related to poverty are dominant? Gender-based sexual violence, as well as other social problems affecting learners in the school investigated for this thesis were examined. What are the consequences for school leadership when engagement from learners, parents, teachers and the wider community is viewed as an essential component to successfully deal with such challenges? These issues are discussed within the context of the HIV/AIDS Life Skills Programme implementation and the school as a 'learning organisation'. The notion of the school as a learning organisation includes the WCED (Western Cape Education Department) itself.

A number of studies in South Africa have looked at the status and needs of orphans and vulnerable children. At the same time, it is acknowledged that children who are infected with, or affected by HIV/AIDS, face problems that other orphans and vulnerable children may not have, or that they experience these problems in different ways (Smart, 2003). The issue of stigma is therefore explored in this thesis investigation.

The degree to which the particular HIV/AIDS support structures are functioning well, could also serve as an indicator of how well the school support structures in general are functioning in order to facilitate quality education for all.

## 1.2     Personal rationale

My personal rationale for writing this thesis is multifaceted and mainly linked to my involvement in educational work in Africa (Zimbabwe, Zambia, Uganda, Eritrea, DRC, Burundi, Liberia and South Africa) since 1986.

As a volunteer for the Norwegian Council for Africa (NCA), a Non-Government Organisation (NGO) based in Norway with a long history of anti-apartheid solidarity work, I had the opportunity to travel extensively to the Western Cape Province in South Africa during the country's first ten years of democracy. Through this engagement with the NCA, I got to learn about the processes of social, economic and political transformation taking place in the country since then.

In my capacity as consultant for the International Centre in the Faculty of Education, Oslo University College, I learned about the process of educational change taking place in South Africa since 1994, and in particular, about one programme of systemic change (SEED/Systemic Enhancement for Educational Development, which later changed to STEDS/Systemic Transformation for Education Development and Support). The SEED/STEDS programme aimed to assist the WCED in the process of transforming itself into an organisation more able to support schools within the frameworks of school development and the many new educational reforms being introduced since 1994 (Wirak and Olsen, 1998).

In terms of the national policy context in South Africa, schools must become autonomous learning organisations in order to provide quality education. The SEED/STEDS programme of change in the Western Cape Education system seems to be a step in that direction and therefore offers a useful vehicle for examining the conditions under which structural and cultural change in organisations can be made to work.

For several years before my work at Oslo University College, I was a lecturer at two Norwegian Women's Universities offering courses in gender and leadership. As an outcome of this work, one of the universities has since 1996 been working collaboratively on gender issues with NGOs in the Western Cape. This engagement brought me in contact with the debate regarding gender, and in particular, issues relating to gender-based violence in South Africa.

## 1.3    Specification of concepts

*Orphans and vulnerable children:*

There has been considerable confusion in particular with regard to the definition of an orphan in international literature. An orphan is defined by UNAIDS as a child under 15 years of age who has lost the mother (maternal orphan) or both parents (double orphan) to AIDS (Richter, Manegold and Pather, 2004; UNAIDS, UNICEF and USAID, 2002).

For the purpose of relevance, clarity and consistency, I have chosen the same definitions or understanding as described in the South African National Guidelines for Social Services to Children infected and affected by HIV/AIDS (Department of Social Development, 1999).

In the context of the HIV/AIDS epidemic in South Africa an orphan is defined as a child under the age of 18 years whose primary caregiver has died. Affected children refers to children who have become *vulnerable* because their parents or caregivers can no longer care for them as they are either very ill or have died because of HIV/AIDS (1999).

The term 'orphans and vulnerable children', or OVC, is widely used in international research and literature. This recognises that there should be no distinction made related to the causes of orphanhood. Others prefer not to focus on orphanhood and instead use the concept of vulnerable children. As pointed out by Smart: "Orphan-hood is not necessarily synonymous with vulnerability" (2003:70). Richter, Manegold and Pather also make the point that sometimes the use of abbreviations such as OVC is perceived as objectifying or dehumanising children (2004:4). I have therefore chosen to generally avoid the OVC abbreviation in this thesis, and refer when necessary to vulnerable children or orphans.

*Stigma:*

I understand AIDS-related stigma as prejudice, which discredits and discriminates against people perceived to be infected or affected by HIV/AIDS.

*Race/ethnicity:*

For the purpose of this thesis, race/ethnicity is used to distinguish between different population groups with regard to colour of the skin and origin. These are 'Coloured',

'Black' 'White' and 'Indian'. The categories chosen are in accordance with those most commonly used amongst local South African researchers.

*Leadership:*

For the purpose of this study, leadership is understood in terms of leaders' ability to facilitate, within a framework of organisational change, the functioning of the education system's HIV/AIDS school support provisions. Leadership is also understood as the ability and willingness of leaders to access or allocate resources necessary for an appropriate HIV/AIDS support to schools.

*Organisational change:*

In terms of the national policy context in South Africa schools must become autonomous learning organisations in order to provide quality education. How to reach this overall aim involves a complex and non-linear process. The SEED/STEDS programme seems to be a step in that direction in that it assists the Education Department to build capacity for the Department and the schools to become learning organisations. This means that the school (as is the case with all other levels of the education system) learns from its experiences in order to improve its functions (see below).

*The learning organisation:*

In this thesis the notion of the school as a learning organisation is consistent with an understanding based on the experiences faced by a local NGO, namely the Teacher Inservice Project (TIP), in the organisation's developmental work with schools. Based at the University of the Western Cape, and working as a partner with the Western Cape Education Department, TIP has been co-facilitating the process of change, including the SEED/STEDS programme of change (TIP, 2000).

The concept of a learning organisation is constantly being adapted to suit contextual realities in South Africa and the Western Cape in particular. The current definition involves developing a consciousness amongst the organisation's members about their internal and external contexts and their responsive and proactive actions within these contexts (2000). The concept of the learning organisation, in the context of organisational change, reflects that the "… reorganisation is driven not only by a structural imperative, but also by a motivation to re-culture" (WCED, 2001:3). The purpose of SEED/STEDS and other change programmes aimed at both the re-culturing

and restructuring of the WCED, serves as one point of departure for this thesis in analysing the functioning of the HIV/AIDS school support provision.

The SEED/STEDS programme, as well as other training programmes, is acting directly and indirectly through strengthening the decentralised educational management structures. Democratising the organisational culture away from control models towards more supportive 'enabling environments' at school level constitutes a major part of the vision behind the educational reform programmes (Davidoff and Lazarus, 2002). Quality issues are addressed by focusing on whole school development. Whole school development is used as an approach to school development whereby the school works collaboratively with communities and support organisations in order to address specific social and pedagogical issues successfully (TIP, 2000). For this thesis the focus is on how the support structures of the Education Department function in order to enable teachers to deal with challenges related to HIV/AIDS, poverty and related social issues affecting learners, and only to a lesser extent on pedagogical issues.
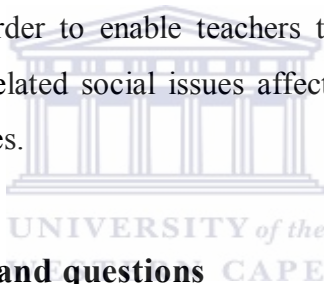
## 1.4    Research aims and questions

The aims of this thesis are:

- To analyse a South African formal school support structure, examining in particular the relative significance of leadership, organisational development and gender related matters in addressing the needs of children made vulnerable in the context of HIV/AIDS and poverty.

- The research seeks to explore and draw out principles for a support approach that could be applicable elsewhere.

The main research questions emerging from the above are:

- How, and to what extent, do the teachers and the principals of poverty-stricken primary schools benefit from the change processes of the education system when addressing issues related to HIV/AIDS and poverty?

- What are the critical and key factors determining appropriate HIV/AIDS school support provision?

- What are the central issues for educational policy and practice that derive from the analysis presented?

Appropriate leadership roles at all levels of delivering social services are recorded as one of the key issues at recent Eastern and Southern African workshops on Orphans and Vulnerable Children in Zambia, for example Lusaka 2000 and 2002 (Smart, 2003). However, it remains necessary to gather more in-depth and comprehensive data in order to determine and to specify what appropriate leadership implies, and what the most important issues are that educational leadership faces when addressing HIV/AIDS.

Recent studies regarding the status and needs of children infected and/or affected by HIV/AIDS in South Africa and other African countries illustrate the complexity of the issues involved (Richter, Manegold and Pather, 2003; Giese et al., 2003; UNICEF, 2004). In the thesis I compare my findings with relevant studies already undertaken.

The assessment and analysis central to this study, focusing on leadership and decentralisation of an available school support system, would hopefully contribute to an increased understanding of what key issues are involved for these systems to function in an appropriate manner.

It is hoped that the principles and recommendations arrived at through the fieldwork undertaken for this study, as well as through the analysis of my findings, would also be of use elsewhere. I am, however, fully aware that I cannot generalise my findings on the basis of the case study of this thesis.

## 1.5    The relevance of the thesis to different stakeholders in education and HIV/AIDS

It is hoped that different stakeholders within the field of education and HIV/AIDS will benefit from the work of this thesis. First and foremost it is expected that lessons derived from the field work will be of use to the South African stakeholders, especially to the central staff of the Western Cape Education Department and those working as school support staff at the district and school level.

It is also expected that the findings of the study will provide valuable feedback to the current practices of the school support structures and form a basis for informed further action by the relevant government departments and other stakeholders in education. In this way the thesis could contribute to improved formal school support

provision in the context of HIV/AIDS, and therefore serve to enhance quality education for all children.

In addition, the study could provide useful insight into the overall transformation process of the education system, not only in the Western Cape Province, but in other provinces and countries as well.

The gap between policy development and policy implementation is recognised as a reality in many countries. Therefore, an equally important outcome of this work could be to communicate research results 'upwards' to policy makers, and 'downwards' to service providers. The latter include researchers and teacher education institutions, which could become even better equipped to utilise the additional knowledge produced in this thesis into informed action.

## 1.6    Overview of thesis

Following on this introductory chapter, the second chapter includes a review of South African and regional studies on education and support to vulnerable children. The situation of children in the context of poverty, HIV/AIDS and formal schooling is highlighted.

In order to form a broader basis for the analysis and discussion of the thesis findings, Chapter Three provides theoretical aspects based on a review of international literature in the field of leadership and organisational change. The complexity of change is in focus.

The fourth chapter presents the methodology used in this study. As the structural and cultural change of the education system is a dynamic project, the reflexive qualitative research approach has been selected in order to describe and understand the process of change implementation in depth. The methodological rationale for this qualitative research is also represented in the search for meaning within the culture(s) of the school(s) and the school communities, in order to understand issues related to HIV/AIDS in schools. The chapter outlines how support to schools in the contexts of poverty and education system change is explored through using a local and holistic approach (case study). Methods utilised include specific research methods in terms of observation and interviews within a grounded theory approach. The qualitative research paradigm is discussed along with the methods used.

The practical experiences of applying these methods, the researcher's role and interplay with the respondents, ethics and access to the field, as well as questions concerning validity and reliability are discussed.

The empirical presentation in Chapter Five presents a brief overview of the policies and approaches adopted by the Government of South Africa and by relevant departments in dealing with issues related to HIV/AIDS and poverty. Secondly, the chapter describes the decentralisation process leading to the establishment of Education, Management and Development Centres (EMDCs) in seven districts under the WCED's jurisdiction. The chapter further builds on a historical description and discussion of challenges with regard to the SEED/STEDS programme with the aim to facilitate the structural and cultural change of the WCED. The third part of the chapter outlines the WCED's HIV/AIDS Life Skills Programme, which is implemented by the EMDCs in order to support teachers teaching the HIV/AIDS curriculum, as well as supporting teachers to support learners infected or affected by HIV/AIDS.

Chapter Six presents the voices of the principal, the teachers and learners at the case school selected for this thesis along with voices representing the school communities. The focus is on the daily challenges faced by the teachers and the principal in a poverty-stricken environment, and how they deal with these and issues related to HIV/AIDS.

In Chapter Seven, the focus is on a case study of how one of the seven EMDCs' HIV/AIDS support structure is functioning within the general school support structures. Perspectives and experiences of both school service providers and recipients are reported.

In Chapter Eight and Chapter Nine, the key findings that emerge from the thesis data presented in chapters five, six and seven are analysed in a comprehensive manner and tested against data from additional thesis interviews and other studies in South Africa and elsewhere in the region. In Chapter Nine, central and crucial issues are discussed in relation to international research and theories in the field of leadership and organisational change.

The conclusion presented in Chapter Ten sums up the findings, and attempts to provide answers to the research questions presented. Finally, suggestions for theory enrichments along with recommendations for improved practice and further studies are made.

The research process of gliding between the handling of empirical material, interpretation, critical interpretation and reflections is a continuous component throughout the research 'journey' of this thesis.

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# 'The silent tsunami'?
# Review of studies addressing the impact
# of HIV/AIDS on children/youth

## 2.1    Introduction

In this chapter a review of HIV/AIDS impact studies on school-going children in the context of poverty is presented. Studies of the underlying factors affecting the spread of HIV in Sub-Saharan Africa, with the main focus on South Africa, are included.

The focus of this thesis is the education system's provision of HIV/AIDS support to schools in South Africa with specific reference to teachers. The literature review therefore focuses on surveys which are addressing the educational and social needs of orphans and other children made vulnerable due to the HIV/AIDS pandemic and poverty, and how the problems resulting from these highly complex matters are addressed by the teachers.

Finally, this chapter briefly reports on researchers' suggestions of what would be the best strategy for appropriate government support provided to schools; this topic is the focus of Chapter Five.

## 2.2    Children in the context of HIV/AIDS: Facts and figures

### 2.2.1    Global

Estimates of people living with HIV worldwide in 2006, range between 34.1 and 47.1 million. The number of women estimated to live with the virus is more or less 17.7 million of the total number of people living with HIV, and the number of children under the age of 15 years living with HIV in 2006 is estimated to be in the region of 2.3 million (UNAIDS/WHO, 2006). Children and youth between the ages of 15 and 24

years are estimated to constitute almost one third of the global total of people living with HIV (UNAIDS/WHO, 2004).

### 2.2.2    Sub-Saharan Africa

Approximately 76% of the young people already infected live in Sub-Saharan Africa, as do over 90% of the world's AIDS orphans (some 12.1 million). In the same region, about 11% of young women and 6% of young men aged between 15 and 24 are estimated to be living with HIV already. In their report entitled, *The tip of the iceberg, the global impact of HIV/AIDS on youth,* Summers, Kates and Murphy (2002) describe several interrelated demographic and multi-sectoral factors which combine to exacerbate the epidemic's impact on young people. A major demographic factor is that nations with young populations become disproportionately hard hit by the pandemic. Sub-Saharan Africa is one of the youngest regions in the world where over half of its population is under the age of 18, and with one in four people between the ages of 10 and 19. In Zambia, Malawi, Kenya and Mozambique over half the population is below the age of 18. In South Africa more than 40% of the population is below the age of 18 (2002).

As a number of researchers have pointed out (Holden, 2004; Social Aspects of HIV/AIDS Research Alliance (SAHARA), 2004b; UNICEF, 2004; Summers, Kates and Murphy, 2002), there are several factors which make youth particularly vulnerable to HIV infection. These include their age, biological and emotional development, and their financial dependence. Rehle, Shisana, Pillay, Zuma, Puren and Parker, found in their data analysis described above, that of all new infections in South Africa, 34% occurred in young people aged between 15 and 24 years of which females accounted for 90% (2007).

Systemic disparities in access to health care may heighten vulnerability to HIV according to age, gender, class and race. As reported by Summers, Kates and Murphy, "... many of the countries hardest hit by HIV/AIDS lack sufficient infrastructure and resources to deliver needed HIV/AIDS-related services, including prevention and treatment services, HIV counselling and testing and mental health care" (2002:7). In addition, they report how barriers to accessing existing services are particularly persistent for adolescents regarding affordability, lack of privacy and confidentiality and staff insensitivity to young people's social needs and perspectives.

The widespread and strong stigma attached to HIV/AIDS counteracts the motivation to go for testing, especially at a local clinic, if available at all. These barriers are among the factors explaining why up to 90% of people living with HIV/AIDS in Sub-Saharan Africa are not aware of their status (Holden, 2004). The estimated figure of people unaware of their status in 2006 was 80% (UNAIDS, 2006a).

Southern Africa has been characterised as the epicentre of the global HIV epidemic, as an estimated 32% of people with HIV globally live in this sub-region, and 34% of AIDS deaths globally occur here. The only evidence of a declining number of HIV-infected adults is found in Zimbabwe where both HIV prevalence and HIV incidence have gradually fallen in the past 10 years (UNAIDS/WHO, 2006).

### 2.2.3    South Africa

UNAIDS/WHO estimates that between 4.9 and 6.1 million people are living with HIV in South Africa, including an estimated 240 000 children under the age of 15 years (2006).

Although HIV prevalence among young people aged between 15 and 24 years, may be stabilising in South Africa, and in spite of the fact that the infection rates have remained relatively stable since 2000 (Department of Health, 2006a), the epidemic in South Africa remains one of the most serious challenges to democracy, transformation and development. The 2002 nationwide household study on HIV/AIDS, estimated that the prevalence of HIV in the South African population was 11.4% (HSRC, MRC, CADRE and ANRS, 2002). The 2005 similar nationwide survey confirms this finding (UNAIDS, 2006a; Rehle et al., 2007).

Rehle et al., have analysed the data from the 2005 South African National HIV Prevalence, HIV Incidence, Behaviour and Communication Survey, commissioned by the Nelson Mandela Foundation (2007). As described in the methodology chapter of this thesis, researchers argue that the relationship between HIV incidence and HIV prevalence has become more complex due to prevention and care efforts simultaneously mitigating the epidemic. Rehle and his colleagues have therefore analysed incidence data which provide what they claim to be critical new insights into the dynamics of the HIV pandemic (2007). They argue that the HIV incidence estimates reflect the underlying transmission dynamics that are currently at work in South Africa, as these data are an estimate of recent HIV infections. HIV prevalence, however, reflects the result of cumulative new infections over time, minus the

cumulative deaths among HIV-infected persons. They interpret the incidence data from the 2005 Survey to confirm the findings from the Human Sciences Research Council (HSRC) 2002 Nelson Mandela national survey (Rehle et al., 2007).

The data analysis conducted by Rehle et al. reveals interesting findings of HIV incidence rates according to race, province and locality type in the population aged two years and older. They calculated that the HIV incidence amongst Blacks (13.3%) is about nine times higher than the incidence found in the other race groups. The estimation for Whites was 0.6% and 1.9% for Coloureds. Their HIV incidence estimation for the Indian population group was 1.6% (2007).

Persons living in urban informal settlements were found to have by far the highest incidence rate, 51%, compared with the 16% of those living in rural formal areas, 14%, in rural informal areas, and an incidence rate of 0.8% in urban formal areas. According to the researchers, the figures clearly demonstrate that people's place of residence is an important epidemiological variable because it embodies socio-economic contexts that influence the risk of HIV infection (Rehle et al., 2007).

Based on the data analysed, Rehle et al. also found that among children aged between 2 and 14 years, the calculated national HIV incidence rate is 0.5%, which translates to 67 000 estimated new infections per year. In their report, Rehle et al. argue that the infections in children aged 2 years to 14 years are probably not linked to mother to child transmission. They suggest that the infections may have occurred through child sexual abuse, circumcision rituals and health care services (e.g. infection control). They therefore conclude that this is a research topic in need of urgent attention (2007).

Smith points to the high rate of rape cases in South Africa. Reported cases of rape increased from 52 733 in 2003/04 to 55 114 in 2004/05. The reported cases of indecent assault, which include sodomy and male rape, are also on the increase and increased by 8% in 2004/05. Child sexual abuse reported to the police increased dramatically from 2002 to 2003 from 2 648 cases to 4 798 cases per 100 000 of the population (South Africa Police Service, 2005 cited in Smith, 2006:14, 50, 56).

As rape is defined as an act perpetrated by a man (or boy) against a woman (or girl), South African Police Service rape statistics did not include the rape of men and boys. These cases were among the statistics for indecent assault, in which the police did not distinguish between gender. This was recently changed when the National Assembly passed the new Sexual Offences Bill on 22 May 2007. The Bill broadens the

definition of rape to include forced anal and oral sex irrespective of the gender of either the victim or the perpetrator. Male rape is thus recognised (Medical Research Council (MRC), 2007). There were 9 805 indecent assaults and 54 926 rapes reported to the police in 2005/06. Of the rapes, 42.7% were of children (National Working Group on Sexual Offences, 2007).

It is widely agreed that the number of cases are under-reported. In the weekly newspaper, *Mail & Guardian*, Joubert refers to a report released by the Human Sciences Research Council (HSRC) in 2006, stating that cases of child rape reported represent only one out of nine actual rapes (Joubert, 2007). Provided this trend has continued, the underlying factor of sexual abuse, as indicated by Rehle et al. (2007), should not be a surprising finding in potential future research that they call for.

The South African National HIV Survey provides the HIV prevalence rate per Province. Out of the nine Provinces, the Western Cape has the lowest estimated HIV prevalence at 1.9%. The national prevalence is 10.8% (Department of Health, 2006a).

## 2.3 HIV/AIDS and poverty: Impact on children at community, family and individual level

The HIV/AIDS pandemic impacts on children in a number of areas of life, and many researchers have described how HIV/AIDS further exacerbates poor living conditions of families and households (Richter, 2003; Giese, Meintjes, Croke and Chamberlain, 2003). It is widely agreed that the problems of HIV-affected children, families and communities overlap considerably with the problems related to poverty. However, as pointed out by many researchers, HIV/AIDS exacerbates these problems, partly because of stigmatisation and partly because multiple stressful events are repeated in affected families and communities. UNICEF refers to focus group discussions carried out by researchers in Uganda revealing that girls orphaned by AIDS were especially vulnerable to sexual abuse in domestic housework because of the stigma attached to their orphaned status (2003).

A large number of research papers document the impact of HIV/AIDS on children e.g. Richter, Manegold and Pather, 2004; Grainger, Webb and Elliot, 2001. They describe the direct ways in which HIV/AIDS impacts on children with specific reference to material problems such as poverty, food security, education and health, as well as non-material problems related to welfare, protection and emotional health.

Indirect effects on children include changes in the population structure, household support and livelihood activities, poverty and insecurity, quality and availability of health and education services, and the morale of the communities in which they live (Grainger, Webb and Elliot, 2001).

The non-material problems noted by Grainger, Webb and Elliot (2001) and by Richter (2003) include stigma and social isolation, forced early marriage, sexual abuse and exploitation, abandonment, grief and depression and anti-social behaviour.

Smith explains how policy measures meant to protect rape survivors against HIV are criticised for being inadequate because they ignore poverty: "Most rape survivors cannot afford the bus or taxi fare to return for the medication – a woman or child who does not take the full 28-day treatment (Post-exposure prophylaxis) is not adequately protected against HIV" (2006:54).

South African and international research investigations suggest that there is substantial evidence that high levels of poverty in the family and neighbourhood increase a child's vulnerability to sexual abuse. Local researchers in Cape Town, commenting on the HSRC report on sexual abuse released in 2006, add that the scourge of abuse can be partially explained by the stark economic reality facing a large percentage of Black and Coloured people in the townships of Cape Town (Joubert, 2007).

The HIV prevalence among children in South Africa has been investigated since 2002. The figures from the 2005 nationwide survey show that South African children have a high HIV prevalence rate. In the two to four-year age group, 4.9% of boys and 5.3% of girls are HIV positive, translating into an estimated 129 621 children. In the slightly older age group of five to nine years, 4.2% of boys and 4.8% of girls are HIV-infected – an estimated 214 102 children, and in the 10 to 14 years age group, this figure drops to 1.6% among boys and 1.8% among girls (Human Sciences Research Council/HSRC, 2005).

According to HSRC most children in the last-mentioned group ... are likely to have been HIV-positive from birth, but the incidence data suggest other factors which could include a breakdown in infection control in health care facilities, or sexual abuse" (HSRC, 2005:1). As shown above in this chapter, the same factors related to healthcare services and sexual abuse were suggested by Rehle et al. (2007).

The HSRC refers to a report by the researchers Brookes, Shisana and Richter (2002), who, based on the 2002 nationwide HSRC/Nelson Mandela household survey,

established that children are at risk for contracting HIV through a number of sources, besides mother to child transmission during pregnancy and early infancy. These sources include:

> … poverty, types of housing settlements, businesses run from home and exposure to alcohol and drugs all contribute to increasing risk for children to sexual abuse because such environments diminish protection and increase exposure to negative consequences (HSRC, 2005:1).

Brookes, Shisana and Richter also pointed to the data which showed that among children aged 12 to14 years, one in ten children reported exposure to someone taking drugs and slightly more than one third were exposed to someone who got drunk at least once a month. They further highlighted that the survey illustrated that schools and communities can also be unsafe, "… especially for children who may be unsupervised in going between school and home" (HSRC, 2005:1).

In the same period, and as described in section 2.2, sexual abuse of children is on the increase in South Africa and this represents an additional exposure to HIV infection. The South African Police Service reported in 2003 that more than 40% of rape survivors were under the age of 18, with 14% under the age of twelve (Smith, 2006:50).

A literature review compiled by Fox refers to many studies giving evidence that most perpetrators of child sexual abuse are known to the child concerned (2003). Fox refers to organisations in the field reporting that an increasing number of children are abused by fathers, stepfathers, uncles or mother's new boyfriend, and she adds: "A few organisations also noted a number of young and teenaged boys who have been sodomised" (Fox, 2003:11).

There is substantial literature on the traumatic impact of poverty and war on children, both of which have a very similar impact on children to those caused by the HIV/AIDS pandemic in the context of poverty (e.g. Save the Children, 1996; Volpi, 2002; Holden, 2004).

Richter, Manegold and Pather (2004) present a wide range of potential ways in which the epidemic might impact on children, families and communities, one of which is the loss of educational opportunities (2004). The researchers of the International HIV/AIDS Alliance describe how orphans and children from affected families are more likely to be poor because of reduced household income while parents are too sick to earn money. This leads in return to reduced access to healthcare, food and education

for children. The International HIV/AIDS Alliance further reports that households with a family member who has AIDS-related illnesses use a high proportion of their income for medical expenses and funeral costs (International HIV/AIDS Alliance, 2003c).

Children in affected households, or who have lost one or both their parents, may have to earn money to contribute to household income. A number of studies across the African continent shows that such children start work earlier than their contemporaries, and often either leave or miss school, affecting their chances to achieve functional literacy. In extreme cases, girl children may sell sex to support themselves and younger siblings. Sometimes girls may get married for economic security (UNAIDS, UNICEF & USAID, 2002; International HIV/AIDS Alliance, 2003c; UNICEF, 2003; UNICEF, 2004; UNAIDS, 2006a).

HIV/AIDS affects children's health and nutrition both directly and indirectly. Children living with HIV have specific health and nutritional needs. At the same time, children who do not have HIV, but are orphaned or living in families affected by HIV, have a larger risk of poor health and nutrition mainly because of poverty and lack of care (International HIV/AIDS Alliance, 2003d). In many African countries, including South Africa, infant morbidity and mortality rates are increasing as a result of the HIV/AIDS pandemic and the effect on children's health and nutrition, as reported by the Children's Institute of the University of Cape Town (Caelers, 2006).

With HIV and AIDS, the hardship hits well before children are orphaned. Parents or caregivers becomes ill because of HIV– and AIDS-related diseases, and unless they have access to appropriate medical treatment, are unable to work. In their report, UNICEF mentions that in many African countries "… the entire family feels the economic impact – children, especially girls, must often drop out of school to go to work, care for their parents, look after their siblings and put food on the table" (2004:1).

UNICEF's representative in Zimbabwe observed that " … four out of five new infections in the 15 to 24 age group are among girls, and orphaned girls in Zimbabwe are now three times more likely to contract HIV than their non-orphaned peers" (UNICEF, 2004:63). Smith claims that in general this is usually due to the girl orphans, especially the oldest girl child, having to resort to prostitution to obtain money and food to care for their siblings (2006).

## 2.4    HIV/AIDS, poverty and education

The education system represents one major sector impacted on by AIDS because of teacher deaths. "UNAIDS reports that as many as one million children and young people in Sub-Saharan Africa lost their teachers to AIDS in 2001" (Summers, Kates and Murphy, 2002:5). In South Africa, 45 000 teachers were infected with HIV in 2004 and 4 000 teachers died of an AIDS-related disease in 2004, according to the South African Democratic Teachers' Union (Manum, 2005).

Across all nine provinces of South Africa HIV prevalence among teachers who are single was found to be 22.9% as opposed to the 18% infection rate amongst those who are married. The study conducted by the Human Sciences Research Council involved 1 714 public schools and 23 754 teachers (Shisana, Peltzer, Zungu-Dirwayi and Louw, 2004).

AIDS-related diseases and deaths of teachers severely impact on access and quality of education in many regions of Sub-Saharan Africa. The impact is clearly exacerbated by poverty and children being orphaned. Studies from a number of regions in the world have shown that orphaned children have substantially lower levels of education than children who are not orphaned. The attendance and completion rates of orphans are more severely affected than the enrolment rates due to the fact that so many drop out of school before completing their school qualification (UNICEF, 2003; UNICEF, 2004).

What is absent from much of the literature is a discussion concerning the impact of caregiver illness on children's enrolment and school attendance, as noted by Giese et al. (2003). Their claim is supported by other studies (Barnard, 2002; Steinberg, Johnson, Schierhout, Ndegwa, Hall, Russell and Morgan 2002). Schooling opportunities for children living with sick caregivers can be negatively affected in terms of absenteeism, which seems to be especially true for girls. It is under these circumstances that research shows clear gender differences in how difficult home circumstances can affect girls and boys differently (see section 2.6).

The research of Giese et al. (2003) documented several instances of children not going to school or attending school erratically because they are often required to complete domestic chores, look after younger children or sickly adults, or to work or beg in order to support themselves and their households. In particular, children, caregivers and teachers described the extent to which attempts to address their hunger

kept children away from school. Teachers and other service providers interviewed by Giese et al. cited many examples of children dropping out of schools or attending erratically, because "… they were begging on the streets, doing piece-work or turning to petty crime to try and feed themselves and their families" (2003:20). The researchers found that children's school attendance was commonly affected while caring for sick or elderly adults or siblings. The research was conducted as a multi-site qualitative research project in six sites, in five out of the nine provinces in South Africa.

UNICEF's data from household studies in most countries in Sub-Saharan Africa support the finding that the impact of HIV/AIDS-related illness in the home reduces access to education (UNICEF, 2003; UNICEF, 2004).

## 2.5 The 'old' issue of FAS (Foetal Alcohol Syndrome) and the 'new' issue of tik (methamphetamine)

### 2.5.1 "Their parents are either at work or drunk" (teacher)

In South Africa there is a legacy of the 'dop' (in literature also referred to as 'tot') system in which wine farm workers were regularly paid, in part or in full, in kind – that is with wine, during the colonial and apartheid times. The system is now illegal and is not practised officially among local wine farmers. It has, however, left a legacy of alcohol abuse among both men and women farm labourers in these communities, according to a study carried out by the Foundation for Alcohol-Related Research (PANA-Dakar News Service, 1999). According to the report, alcohol-related studies had up to 1999 focused on the Western Cape, where most of the country's wine farm workers are based. "The tendency is to assume that the high incidence of alcohol abuse in the Western Cape is a direct result of the 'dop' system of payment where for decades wine farmers have paid their workers with alcohol" (PANA-Dakar News Service, 1999:1).

The phenomenon has caused a significant number of children to suffer from Foetal Alcohol Syndrome (FAS). The national prevalence of FAS in South Africa is high relative to other countries, and the disorder occurs most frequently in the Provinces of the Western and Northern Cape, according to the Foundation for Alcohol Related Research (PANA-Dakar News Service, 1999).

Based on a Ph.D. study in 1996 and a follow-up investigation in 2006 in one of the rich wine farm areas of the Western Cape, Levine argues that without any measures to implement programmes which could combat the widespread alcoholism among farm workers, the abolition of the 'dop' system has resulted in a predictable social crisis. Farm workers report that they are now forced to spend nearly their entire cash wage on liquor. Levine argues:

> Some workers buy food on a Friday evening, and trade the food for liquor the next morning at the shebeens (local beer hall). There is no food in these households on the weekends, which forces children to beg, steal food or sniff glue as a means to suppress their hunger (2006:13).

According to an article published in the *Mail & Guardian*, researchers of the National Institute of Alcoholism and Alcohol Abuse found that, among children in Grade One, the prevalence of FAS was 40 to 46 per 1 000 children in the year 2000 (Makgetla, 2006). Other studies have shown that in some communities in the Western Cape, as many as 8% of children are born with alcohol-related birth defects (Ross, 2006).

### 2.5.2 "Scientists warn of youth tik crisis" (Kassiem, 2007)

According to statistics from the Medical Research Council (MRC), substance abuse in the Western Cape over the past three years "… has skyrocketed, with the age of drug users ranging from 10 to 54" (Kassiem, 2007:5). The largest group with tik as their primary drug of choice is aged between 15 and 19, closely followed by the 19 to 24 year age group (Medical Research Council, 2006). As reported in this chapter, these age groups coincide with the age groups particularly vulnerable to HIV infection (see section 2.2).

The statistics also reveal that "… while the 'face of tik' is predominantly male, Coloured, unemployed and single, the drug is gaining popularity among females, with both sexes using the drug in almost equal numbers" (Kassiem, 2007:5).

In the context of HIV/AIDS, these findings have prompted researchers to start examining the link between tik use and risky sexual behaviour. The Alcohol and Drug Abuse Research Unit at the MRC (Medical Research Council) has conducted a survey among 4 600 Grade Nine learners at 30 schools in Cape Town in 2005. The survey found that more than half of the learners had used tik in the past 12 months, and of those, more than a third had used it in the last 30 days. Other surveys by MRC units

also reveal that alcohol, dagga (marijuana) and heroin are among the key drugs used in the Western Cape Province (Kassiem, 2007). The alarming HIV infection figures amongst young people in the Western Cape could point to the extensive tik and alcohol abuse as high risk behaviour in the Province. "Further research is also needed to be conducted into why so many young people are still putting themselves at risk of HIV despite the comprehensive awareness and AIDS campaigns" (2007:5).

## 2.6    "Face of AIDS: increasingly young and female" (Kathleen Craveru, UN)

Women comprise an increasing proportion of people living with HIV. In Sub-Saharan Africa, the proportion comprises almost 60% of the total number of people infected. Among the youth aged 15 to 24, girls comprise 75% of the total number (UNAIDS/WHO, 2004).

As in the rest of Sub-Saharan Africa, the epidemic in South Africa disproportionately affects women. Young females aged 15 to 24 years are four times more likely to be infected with HIV than young males in the same age group. In 2005, young women had a prevalence rate of 17% compared to 4.4% of young men (Shisana et al., 2005).

### 2.6.1    Issues of power and gender-based violence in the context of HIV/AIDS

The cultures of Sub-Saharan Africa are profoundly patriarchal in which women in general have low social and cultural status (SAHARA – Social Aspects of HIV/AIDS Research Alliance, 2004a). There is evidence from a number of surveys that the main HIV risk factor for a woman is to be married to a husband with previous or current other sex partners. Studies in Kenya, Zambia, Uganda and South Africa report that HIV infection levels are higher among married females than unmarried women (UNAIDS/WHO, 2004). Shisana, Zungu-Dirwayi, Toefy, Simbayi, Malik and Zuma have pointed out that the relationship between marital status and HIV is complex. The risk depends on various demographic factors and sexual behaviour practices (2004).

A study among women attending antenatal care clinics in Soweto, South Africa, found that women were more likely to be HIV-positive in relationships where men wield considerably more power and control than the women (UNAIDS/WHO, 2004). Based on an extensive literature review on gender-based violence and HIV/AIDS in

South Africa, Kistner argues that a form of 'masculinity' has emerged as one of the key factors in the behavioural change models addressing the interface between gender-based violence and HIV/AIDS. 'Masculinity', she argues, is constructed by many South Africans in terms of positively valued views and forms of behaviour, such as: "... commanding sex within a relationship, men's 'uncontrollable' sexual needs, decision-making about sex, sexual experimentation, and having multiple partners" (Kistner, 2003:45). 'Femininity', in contrast, is frequently described in terms of "… not having multiple partners, providing sexual pleasure to men, and taking responsibility for contraception" (2003:45).

Apart from the biological factors, the many cultural factors, including the general perceptions of 'masculinity' and 'femininity', increase a woman's risk of getting HIV/AIDS. As pointed out by many researchers, Kistner (2003), Holden (2004), Summers, Kates and Murphy (2002), SAHARA (2004b) and Parker, Colvin and Birdsall (2006), women and girls are made more susceptible to HIV infection if social norms dictate that they should submit to their partners' demands to have sex. Holden argues that, in general, where girls and women have less control over their lives than men and boys do, they are less likely to be able to protect themselves from HIV infection (2004).

The SAHARA publication referred to in the paragraph above partly supports Kistner's interpretations of 'masculinity', saying men perceive themselves as superior to women, and they take this as a right to have multiple partners, and often to force sex onto women. They are conditioned to correlate the number of sexual conquests to their virility (2004).

The MRC's 2006 report reveals that almost a fifth (16%) of South African men (based on interviews with 1 370 men, aged between 15 and 26), have raped a woman at least once in their lifetime. The mean age at which the study's respondents had first raped a woman was 17 years. The researchers looked at reasons why men rape, and found common factors in their background like adversity in childhood, alcohol abuse, peer pressure, gang membership and the use of drugs. The other noticeable set of factors are those related to particular ideas of masculinity where women are seen as objects to be conquered and controlled (Breytenbach, 2006). The analysis is supported by Kistner who claims this constitutes the common understanding of 'masculinity' (2004).

According to Breytenbach, the MRC itself considers this research report of substantial international importance as the institution claims it is the first of its kind outside North America. The report describes a surprising finding, opposing much research within behavioural/gender studies, which adds to its importance. Contrary to popular belief that men who rape are poor and unable to engage women in consensual sex, the research found that men of relatively higher social status were more likely to rape (Breytenbach, 2006).

The SAHARA Research Alliance claims that school teachers often coerce female learners into sexual practices. This represents age mixing, young women engaging with older men, which is believed to be partly responsible for the fact that more adolescent girls are HIV-positive than age-equivalent boys (2004b). Many studies in Southern Africa, including South Africa, demonstrate that going to school may place girls at risk as they can face sexual harassment and violence both from male learners as well as from teachers (Human Rights Watch, 2001).

Based on the data of the 2005 South African National HIV Prevalence, HIV Incidence, Behaviour and Community Survey, it is clear that sexual harassment at schools is a serious problem. Three out of ten children aged 12 to 14 years reported that boys sexually harass girls, and 8% reported that male teachers propose relationships with girl pupils. Two out of ten children reported that girls sexually harass boys, and just above 4% reported that female teachers propose relationships with boys (HSRC Media Brief, 2005).

Kistner (2003) argues in line with the 'gender practitioner' Lewis (2003), and she is supported by Strebel, Crawford, Shefer, Cloete, Henda, Kaufman, Simbayi, Magome & Kalichman (2006) that teachers, peers, parents and social service providers face the challenge of providing opportunities for children to contest gender constructions and gender roles, as well as to develop alternative practices (see section 2.9).

Holden underscores how AIDS can deepen gender inequality, a consequence perhaps less obvious than how AIDS compounds poverty when someone falls ill, and the household loses that member's labour and income (2004). Literature has shown poverty and gender to contribute to HIV infection rates. This is particularly true in rural areas where both the lack of formal education and discrimination makes it difficult for women to access even those few resources that are available. Often women depend on men for an income which, depending on how poor they are, makes

them unable to negotiate when and how sex takes place, for example to insist on the use of condoms. Holden argues further that girls have usually less negotiating power in a sexual relationship, which often involves a male partner of a considerably older age than the girl. The difference in age makes it even more difficult for her to influence sexual decision-making, such as whether to use a condom and/or other forms of contraception (Holden, 2004).

SAHARA emphasises that older partners constitute another problem for the girl since they are more likely to be infected with HIV than men of her own age; because they have been sexually active for longer increases the risk for the girl. In patriarchal societies, it is still culturally accepted that older men initiate sex with much younger girls (2004b). Rehle et al. report a high incidence among some older sub-populations, which they interpret as a lack of perceived risk among older people in South Africa (2007).

Holden refers to a number of factors which can increase susceptibility to HIV infection. She argues that the cause of susceptibility could be biological in the case of malnourished people who are in poor health and are therefore more likely to become infected with HIV, if exposed to it, than those who are well-nourished and in better health. All researchers mentioned above in this section argue that HIV is linked to gender and poverty in many ways. For example, women are likely to be more impoverished when widowed or when leaving a relationship with a male partner (Holden, 2004). The same reasons force many women to stay in abusive relationships even when their male partners sexually abuse a child in the household. This was reported by Joubert in the *Mail & Guardian* (2007).

All the above factors, biological and cultural, led UNAIDS to the conclusion that girls living in Sub-Saharan Africa are two and a half times more likely to become infected between the ages of 15 and 24 than their male counterparts (2004).

### 2.6.2    Gender, school enrolment and orphans

A survey conducted by Steinberg et al. (2002) on the impact of HIV/AIDS on 728 AIDS-affected households in South Africa reveals that 11% of girls and 6.5% of boys of school-going age had either dropped out of school or never enrolled. Giese et al. (2003) did not examine gender differences among children who were not attending school. They refer to Ainsworth and Filmer (2002) who found that orphanhood did not exacerbate gender differences in school enrolment. On the contrary, Giese et al.'s

research shows that the difference between enrolment rates in orphaned boys and girls is the same as that of non-orphaned boys and girls. Differences between enrolment by orphan status were in most instances dwarfed by gaps related to poor and wealthy households (Giese et al., 2003). UNICEF points to another factor other than poverty as crucial in determining an orphan's school attendance. The organisation refers to studies that show the critical determinant is the nature of the relationship between the orphan and the decision-making adult in the family or household. The greater the tie, the more likely the child will go to school (UNICEF, 2003).

Giese et al. argue that,

... while there are some additional factors impacting on school attendance among orphans, such as domestic and/or caregiving responsibilities and grief, most of the reasons that poor orphans are not in school are the same as those that prevent poor children from attending school (2003:9).

As described in section 2.8.2, they therefore argue that in most countries – including South Africa – orphan status is not an appropriate targeting criterion for programmes aimed at raising enrolment rates through subsidised school fees, textbooks and uniforms.

### 2.6.3    "A growing burden of care" (UNAIDS/WHO, 2004)

UNAIDS/WHO refers to a number of studies showing that AIDS underscores and exacerbates the unequal division of labour and responsibility concerning labour within households. An estimated 90% of AIDS care takes place in the home and women bear a disproportionate burden of those responsibilities (Ogden and Esim, 2003). UNAIDS (2006a) states that women across Sub-Saharan Africa are not only more likely to be living with HIV than men, but they are also more likely to be the ones caring for people infected with HIV.

In South Africa, a survey in three provinces found that almost 75% of AIDS-affected households were female-headed. In more than 40% of the female-headed households the main caregiver had taken time off work or school to care for an AIDS patient. Most of the surveyed households were already poor before AIDS appeared, and women and girls paid a price beyond the immediate toil and distress. Their opportunities to advance their education or income generating activities were gradually diminished together with the increase of care duties (Steinberg et al., 2002).

Several studies also reveal that much of the care and household burden generated by the death of a female adult then tend to shift onto another, usually an older woman, such as a grandmother, who would step in to accept responsibility for the children (Steinberg et al., 2002; UNICEF, 2003; UNICEF, 2004).

Gender-related issues are reported in more detail as an integral part of the topics dealt with in most of the other sections of this chapter.

## 2.7 Stigma and discrimination

Researchers of the International HIV/AIDS Alliance capture the deep-rooted nature of HIV/AIDS-related stigma when they, on the one hand, write about how HIV/AIDS is associated with controversial behaviours such as prostitution, drug use and homosexuality. On the other hand, they refer to the fact that since AIDS was first recognised as a fatal disease (which it still is to some extent), it has caused widespread fear and denial, which in turn has resulted in discrimination, abuse and violence, not only against people with HIV, but also against their families (2003b).

Stigma also prevents people with HIV from disclosing their status and getting access to available support and care services. As reported in many surveys, stigma may play a role in young people's willingness to seek services. Summers, Kates and Murphy also argue that especially young women and girls may avoid health care services due to their fear of stigmatisation or even violence – particularly if it becomes known that they are sexually active (before or outside of marriage) or infected with HIV. South Africa has witnessed a number of violent incidents where young girls or women have been killed, because their HIV status became known (Summers, Kates and Murphy, 2002).

According to the International HIV/AIDS Alliance, denial and shame linked to AIDS-related death is particularly harmful to children as they are especially sensitive to the damaging psychological effects of stigma (2003b).

HIV/AIDS-related discrimination in South African schools was investigated by Giese et al. (2003). Without exception, all teachers and principals in the schools studied were aware of the Department of Education's policy on non-discrimination on the basis of a child's HIV status. They found that

> … while children and caregivers spoke about being discriminated against at schools for not paying fees or not having a uniform, there were very few reports

from children or caregivers of educators openly discriminating against them on the basis of HIV status (2003:43).

The International HIV/AIDS Alliance reports that most support programmes for orphans and vulnerable children seem to focus on material support and meeting children's physical needs. Relatively few apparently consider the psycho-social effects on children of being infected with HIV, caring for a sick parent, living in a household affected by HIV/AIDS or losing one or both parents (2003b).

Visser describes sources of stigma, which include fear of illness, fear of contagion, and fear of death, noting that it constitutes such a powerful force that "... it will persist despite protective legislation or even disclosures by well-known public figures that they have AIDS or are infected with HIV" (2007:1).

He claims that it has become just as important to combat the stigma as it is to develop medical cures to prevent or control the spread of HIV. Acknowledging that changing attitudes is not easy, he argues that an overview of the main research suggests that something can be done through a variety of creative interventions. Visser (2007) refers to Brown, MacIntyre and Trujillo (2003) who suggest focused information dissemination, counselling, coping skills acquisition and direct contact with someone living with HIV or AIDS to combat stigma (Visser, 2007).

Some of the suggested interventions are:

▫ People living with HIV/AIDS need to be educated on their basic human rights; and

▫ HIV-negative people need to be educated too, in order to create an environment free of fear of HIV-biased social attitudes and stereotypes towards HIV.

Visser (2007) makes the point that one would expect stigma to decrease with increased visibility of HIV, but this is not the case, especially in much of Sub-Saharan Africa. Even in areas with a high HIV prevalence, stigma is widespread and persistent.

## 2.8    The role of schools addressing the needs of learners

As pointed out in the research report by Giese et al. (2003), some of the literature in the field argues that the greatest challenge to the system will be the number of children orphaned as a result of the epidemic. Others are emphasising the challenge of the

number of teachers lost to the pandemic and the system's ability to replace them equally (Kelly, 2002; Kelly, 2003/2002; UNICEF, 2004).

### 2.8.1    Teachers as caregivers

The impact of HIV/AIDS on the whole education system is complex, and it has therefore been argued by researchers in the field that at school level the response should be comprehensive and integrated. According to Giese et al. (2003) the emphasis should be placed on schools as potential "nodes of care and support" through which access to, and delivery of much-needed services to children could be strengthened. The research report further explains that the concept of schools as nodes of care and support also resonates with a number of government policies and programmes which aim to promote service delivery through schools, and to create schools as centres of community life (2003). One such programme, HIV/AIDS Life Skills, is presented in Chapter Five of this thesis.

Giese et al. argue that, during the period prior to the death of a sick adult caregiver, differences between enrolment and attendance rates between children experiencing orphanhood and other poor children may be observed. Based on these observations, they advocate the need for schools to be aware of children being absent over longer periods of time and establish measures to accommodate them, especially in the process leading to orphanhood (2003).

However, Giese et al. further highlight that efforts to support children during this phase are often hindered by the silence and secrecy surrounding HIV and AIDS. This can result in reluctance on the part of caregivers and children to inform teachers of illness in the home, which can be further explained by the following finding in their research:

> Several children who participated in the research were reluctant to return to school or faced difficulties in doing so after being absent for long periods of time, often as a result of being sent home for some infringement, or as a result of caring for a sick or dying member of the household (Giese et al., 2003:22).

Kelly has emphasised the need for the education sector to ensure an enlarged cadre of guidance and counselling personnel qualified to provide the kind of support and assistance needed to address the trauma, loss and discrimination experienced by children affected by or infected with HIV/AIDS (Kelly, 2002).

Richter (2003) stresses this argument when claiming that every effort must be made to ensure that affected children have stable, preferably family-based care and that they have adequate social support. Her research indicates that social support at the level of the family, school and the wider community reduces the impact of a variety of stress factors on children living in difficult conditions. In particular, Richter points to the role of the school in this regard and highlights the need to adapt the schools to provide a range of support for children. Her view is supported by a number of researchers in Southern Africa (Giese et al., 2003; Meerkotter and Lees, 2003; Kelly, 2002; Kelly, 2003/2000; UNAIDS, 2006b).

Teachers as caregivers seem to be overlooked in HIV/AIDS programmes. In the study conducted by Giese et al., a significant number of teachers complained that they ended up being social workers rather than teachers, and not receiving the support they needed (2003). Giese et al. referred to the Minister of Education making the following clarification regarding the teacher as caregiver:

> Educators are not social workers. Nevertheless, they can work with others to provide care and support for those affected by HIV/AIDS, especially orphans, creating a culture of caring in schools, ensuring a secure environment, observing zero tolerance for violence or abuse in the school setting… (Giese et al., 2003:39).

According to Giese et al. the core of an education response to the care and support of children made vulnerable in the context of HIV/AIDS rests with good leadership and motivated and caring staff. They point to the findings of research conducted by the Education Department in 2000, which identified low morale among teachers and principals as a significant problem in schools. A conclusion emerging from Giese et al.'s study is that a large component of the Department of Education's strategy to address the needs of learners must be a strategy to improve the working conditions of staff. This becomes a critical issue to address "… in the light of roles and responsibilities teachers are being asked to assume in the context of HIV/AIDS and poverty" (Giese et al., 2003:43).

## 2.8.2 Schools identifying and responding to signs of the vulnerability of learners

Reporting on the roles that schools could and do play in identifying and supporting children experiencing HIV/AIDS, poverty and orphanhood, Giese et al. (2003) argue

that the response should not only be on orphans, but rather be addressed within the context of *all* vulnerable children. They conclude that the role of the teachers in this regard would be important, but limited, and therefore the emphasis should be placed on the schools as nodes of service delivery; that is the school needs to work in close collaboration with service providers from other government departments, as well as non-government sectors. Giese et al. had noted that where support from individual teachers or school programmes did occur, it was not directed exclusively at orphans. They found that teachers across the research sites repeatedly reiterated their concerns about the identification of orphans as recipients of support over and above other poor children in their schools. Teachers claimed that most of the problems they observed orphans experiencing were shared by other learners living in poverty (2003).

In the same study, however, Giese et al. also report that schools and individual teachers across the sites provided varied degrees of support to learners. The researchers found that in some instances the schools were exceptional in responding to the needs of pupils experiencing difficulties. Other schools were ambiguous and represented spaces of variable sensitivity and support for children, and the researchers found some school environments to be uninterested and abusive and discriminating against vulnerable children rather than assisting them (2003).

A remarkably small number of the schools investigated implemented any kind of formal mechanisms for the identification of vulnerable learners. Although some basic information about children's home circumstances was routinely collected by most schools at the beginning of the school year, this tended to focus on determining who would be responsible for paying school fees. The researchers found only a few schools that recorded any kind of detail regarding children's home circumstances.

In the absence of any formal identification mechanisms, teachers were seldom able to provide the researchers with numbers of children in their school who were either living with sick caregivers or who had been orphaned.

Giese et al., in addition, stress the need of teachers to be alert to particular vulnerabilities and to be provided with the necessary resources and skills to respond appropriately. With regard to this, they highlight the importance of reviewing the ways in which schools currently operate. The case school investigation of this thesis should therefore represent such a contribution.

In Giese et al.'s study only two schools demonstrated how they can "provide ideal vehicles through which the health and social needs of vulnerable children could

be met" (2003:45). The identification of vulnerable children – including children experiencing orphanhood – and the appropriate referral of children when necessary, was optimally utilised in these two schools. Furthermore, they illustrate that an extension of school feeding schemes, as well as a provision of psycho-social support in the school environment are ways of ensuring that support reaches children directly.

The findings of their study document that a supportive school environment is critical – and that this, in fact, goes beyond the education sector alone. The importance of collaboration between education and other sectors are stressed by the researchers. With the exception of the two outstanding schools, the research reveals that more effort is needed on behalf of all sectors to ensure a collaborative partnership, for example, collaboration between teachers and social workers at the sites which were, in general, found to be poor. Referrals to social workers from schools were usually linked to non-payment of school fees and seldom associated with any longer-term collaborative relations. On the one hand, the study shows that collaboration between education and health at school level was, in general, limited to an annual visit by the school nurse. On the other hand, several cases of teachers accompanying children to the clinic were noted.

Giese et al. report little evidence of a supportive collaboration between the schools themselves, despite this being a valuable option for establishing support systems, especially among under-resourced schools.

The study by Giese et al. supports evidence suggested by Visser (2007) that silence and stigma, so widely associated with HIV/AIDS, present particularly difficult issues for the identification and support of affected or infected children. Giese et al. found that reluctance on the part of teachers to identify vulnerable children is linked to the lack of available services to which teachers could refer such children for support, and the lack of support available for teachers themselves. To the contrary, it was clear that in schools where mechanisms were in place to support teachers and children, teachers tended to be more proactive in identifying vulnerable children in general.

Another finding that emerges from the research by Giese et al. is that one of the reasons for poor turnout at parent/teacher meetings, is that the meetings were perceived by parents and other caregivers as opportunities for teachers to chastise caregivers for non-payment of school fees. The teachers were, in some cases, found to publicly humiliate those who had not paid fees, in the hope that this would motivate them to pay. In contrast, one school principal described how meetings of parents/caregivers

were well-attended when linked to some form of support or provision of information regarding, for example, access to grants (2003).

The study also reports that in the absence of any more formal mechanisms of identification, teachers across the sites were nonetheless quick to report a variety of indicators, which they understood to be associated with vulnerability in children:

These included signs of hunger (such as children vomiting water, shivering or collapsing in class, stealing food, lack of concentration or falling asleep in class, begging for food, and not playing with the other children); exhaustion; changes in behaviour; being dirty; not having a uniform or wearing a uniform that is too small or that is torn; decline in performance at school; appearing withdrawn and sad; repeated and prolonged absenteeism; regularly arriving late at school; and content of their work assignments. Two indicators of vulnerability that were raised significantly more frequently than the rest were the appearance of the children's clothing, and children's hunger (Giese et al., 2003:25).

In spite of the teachers' fairly detailed responses regarding indicators of children's vulnerability, and in spite of the school environment providing an ideal opportunity for the identification and support of vulnerable children, the research carried out by Giese et al. documents numerous instances where teachers failed to respond to warning signals and thus missed opportunities to appropriately support or refer children. Instead, the study documents that when teachers were encountering children exhibiting indicators of vulnerability that they themselves identified, teachers were repeatedly found to be punishing the children rather than investigating the reasons for their behaviour. "Thus, when children fell asleep or were late for class, failed to complete their homework, or struggled to concentrate, they were commonly reprimanded by teachers" (Giese et al., 2003:27).

Giese at al. quote an NGO worker who interfaced with one of the schools in their study. Her impression was that the "… objective of children is to get through the day without being noticed" (2003:28).

In particular, the study by Giese et al. indicates resistance among some teachers to respond to evidence of child abuse. A variety of responses to extended periods of absenteeism were documented at the research sites. In an attempt to assess reasons for absenteeism, some teachers made the effort to follow up on children by visiting their homes, or sending other children to visit and report back to them. More commonly, however, very little or nothing was done. One teacher is quoted as saying: "… children just disappear" (2003:29).

Giese et al. conclude with regard to the role of teachers addressing the needs of children made vulnerable in the context of HIV/AIDS: "For many children who had been orphaned or who were at risk of being orphaned, being noticed by a perceptive and compassionate teacher represented their best chance of a referral to any other form of assistance" (2003:29).

### 2.8.4 Understanding teachers' responses

As reported in the section above, Giese et al. (2003) produce substantial evidence that teachers were in general aware of warning signs of children's vulnerability, but yet commonly failed to act or to act appropriately. They found a complex range of factors which contribute to explaining this widespread lack of action.

Firstly, over-extension of the role of teachers in contexts where very little other support is available − either to them or to children − is noted by the researchers as a critical factor. The attitude of teachers that they have a lot to do already and therefore could not be expected to help every child was frequently documented. According to Giese et al., the teachers' reluctance to bear the responsibility for single-handedly supporting vast numbers of vulnerable children is understandable and justifiable. However, they claim that the attitudes of a number of the teachers who participated in the study were alarming in terms of handling learners who experienced difficulties with regard to, for example, school fees, uniforms and stationery. They found that teachers often revealed disparaging attitudes through the language which some of the teachers used to speak about the children in their schools. For example, caregivers who were unable to pay school fees were labelled as "irresponsible", "dishonest" and "lazy" (2003:30).

On the contrary, the study demonstrates that in some cases teachers were sensitive to the vulnerabilities of their learners. Across the sites there were examples of teachers who, in their personal capacity, lent or gave children money, paid their school fees, purchased uniforms, bought food, and drove children to the clinic in their own vehicles.

Giese et al. found that the teachers' motivation was often linked with school leadership:

Frequently the motivation for teachers to assist children came from good leadership. In most schools participating in the research, where the principals were sympathetic towards children, the staff was also encouraged to be. The

head of the school can have an impact on the attitude of the staff and learners (2003:33).

However, the teachers and principals were registered to feel frustration with regard to the inadequacy of referral options to other services. In a number of instances, teachers complained that it was of little use to refer children to social workers and sometimes even to particular NGOs to ask for assistance, because these support services were similarly overloaded or, in some cases, dysfunctional. They repeatedly complained that very few of the children's caregivers attended meetings at the school or followed up on referrals. This was found to constitute another constraint for teachers to adequately support children. Furthermore, many teachers did not even know who to refer children to, and some were not aware of the services provided by social workers, or of how to contact them if they needed to. With the exception of one school, none of the schools in the study were reported to be linked in any way to organisations providing home-based care (Giese et al., 2003).

The general inappropriate, or lack of responses to children experiencing difficulties − particularly in relation to instances of sexual abuse − also revealed teachers' concerns about fears for their own safety. In the urban sites school staff indicated their reluctance to visit children at home: "The main reason given was crime and/or anxiety about parents and other caregivers' responses for the intrusion" (2003:32). The study also shows that children's disinclination to reveal their home circumstances to teachers further constrained the potential to identify them for support at school. Many children and caregivers were found to be reluctant to share their personal struggles with the teacher. Instances of teachers lacking sympathy for the position many children found themselves in, were recorded in this study, and Giese et al. claim that teachers' attitudes diminished the likelihood of caregivers or children requesting assistance, for example, to apply for exemption from paying school fees (2003).

On the other hand, Giese et al. underscore the fact that many teachers had a perception that children were reluctant to speak about their home circumstances, because they did not want "to be seen as needy" (2003:32). This actually prevented the teachers from following up on children whom they suspected were experiencing difficulties.

Other reasons that emerged from Giese et al.'s study, which can contribute to explaining why schools were not able to assist children more, were resource

constraints within schools – exacerbated in many schools by repeated burglaries (2003).

The investigation carried out by Giese et al. is supported by other reports (UNICEF, 2003; UNICEF, 2004; Richter, 2003) in that, despite the many barriers to assisting and supporting children through schools, teachers and principals can play a positive and supportive role in the lives of many children.

The research by Giese et al. identified two outstanding schools, demonstrating that where individual initiative was combined with the capacity of collaborative efforts, the schools were able to facilitate support systems for children and teachers in spite of limited resources. The researchers describe this support as "remarkable" and suggest that the achievements "… highlight the potential of schools to be centres of community life and the ways in which this can be achieved without placing unrealistic burdens on educators" (2003:37).

### 2.8.5  Teachers' willingness to communicate about HIV/AIDS

In the literature review conducted for this thesis, I have only identified one study dealing with factors that can contribute to explaining teachers' willingness to teach about HIV/AIDS. Visser-Valfrey was motivated to conduct such a study because he found there was a gap in the research on teachers and HIV/AIDS in relation to how teachers' knowledge and attitudes were translated into practice. His argument is that a better understanding of the personal and contextual variables influencing teachers' willingness to communicate about HIV/AIDS provides a key input into policy decisions in terms of the design of practical interventions that will strengthen the teachers' role as communicators about HIV/AIDS (2004).

The main findings from Visser-Valfrey's study in primary and secondary schools in Mozambique is that younger teachers, teachers who know someone who is sick or has died of HIV/AIDS, and teachers who teach upper primary classes were more likely to talk about HIV/AIDS. Also factors like teachers' own condom use, their perception of personal risk, and a high positive overall attitude towards talking about HIV/AIDS had a positive impact on teachers' willingness to teach, and in general communicate, about HIV/AIDS (2004).

## 2.9     Awareness, knowledge and behaviour change

According to Summers, Kates and Murphy, "... few large-scale prevention efforts have been geared towards the youth, although those implemented have shown to lead to increased knowledge about HIV/AIDS, delays in sexual activity, and increased condom use among those having sex for the first time" (2002:10). In South Africa, based on the analysis of condom use, Rehle et al. argue that HIV incidence rather than HIV prevalence is the more appropriate measure to interpret the effects of recent behaviour concerning HIV infection (2007). They support the conclusion by Strebel et al. (2006), reported below in this section, saying that the complexity of contextual factors needs to be considered to elaborate on the findings in the older age group (25-49 years). The reported condom use during the latest sexual activity in the younger age group, 15-24 years is, according to Rehle et al., associated with lower HIV incidence (2007). Contradictions observed in the data are discussed in the methodology chapter of this thesis.

A study carried out by Simbayi, Kalichman, Jooste, Cherry, Mfecane and Cain (2005), examined risk behaviour and HIV risk factors among young people living in a Black South African township. Results showed that men (68%) and women (56%) reported high risk sexual behaviour related to HIV infection. Although knowledge about HIV transmission was generally high, the study produced evidence that misconceptions about AIDS persist, particularly myths related to HIV transmission. For young men, HIV risk factors were associated with fewer years of education, lower levels of AIDS-related knowledge, attitudes about condom usage, and dagga (marijuana) use. Among young women, HIV risk factors were associated with beliefs that condoms get in the way of sex and counts for unprotected sexual behaviour. The study report concludes that there is an urgent need for behavioural interventions targeting youth living in the most economically disadvantaged areas (2005).

Summers, Kates and Murphy refer in their report to several surveys indicating that HIV/AIDS awareness does not necessarily translate into practical knowledge; that is, important facts about the disease and how to prevent or treat HIV infection. This was found even in countries of high prevalence, including South Africa. Girls were found to know less than boys in all surveys (2002:6).

SAHARA, the Social Aspects of HIV/AIDS Research Alliance, claims that in spite of extensive condom campaigns, condoms still remain an unpopular preventative

option – even though, other than abstinence or fidelity – they are currently the only reliable means to prevent infection. SAHARA researchers explain this by referring to deep-rooted traditional beliefs in African cultures, as well as the influence of the Catholic Church. Condoms are seen as unnatural and as a waste of sperm. Some cultural beliefs link condom use to the breaking of the symbiotic bond between the living (sperm) and the dead (ancestors). Roman Catholics discourage condom use because sex is supposed to be for procreation only. Use of condoms in long-term relationships may also be seen as lack of trust or admission of infidelity, and therefore often avoided (SAHARA, 2004b).

According to Holden (2004) and Summers, Kates and Murphy (2002), behaviour change programmes targeted at population subgroups in specific contexts have had some success. The authors mention projects within subgroups like gay men, injecting drug users, and brothel-based sex workers, who have shown an increased ability to protect themselves against HIV infection. However, Holden concludes that HIV infection has become endemic, meaning that it is continuously prevalent and likely to be long-lasting. It is not likely that 40 million people currently living with HIV/AIDS will live and die without passing HIV on to anyone else, in particular since an estimated 80 to 90 percent of them are unaware that they are infected with HIV, as is also reported in section 2.2.

SAHARA Research Alliance refers to the nationwide 2002 Mandela Household Survey in South Africa, which included self-reported behaviour change among youth and adults:

> When asked whether they had changed their sexual behaviour in the past few years in response to HIV/AIDS, 46.8% of male and 38% of female youth and adult respondents reported having done so. The main behavioural strategies reported were having one partner and/or being faithful, followed by always using condoms, sexual abstinence and reducing the number of sexual partners (SAHARA, 2004b).

As described in section 2.6.1, the HIV/AIDS epidemic is revealing how gender systems that embody ideas and practices of inequality, as well as a power imbalance between men and women (boys and girls), work to the disadvantage of sexual health in all societies. The fields of study and analysis within gender research, feminist theory and gender equality politics are envisaging how more equal, caring and collaborative relations between men and women can be enhanced (Lewis, 2003; Strebel et al., 2006).

In the extensive work to encourage safer forms of sexual behaviour and change among youth in European and African countries, Lewis has developed an understanding of the importance to link the discussion of gender-related issues to the individual, to what she describes as "... a very immediate personal questioning of the dilemmas the gender systems pose" (2003:10). She claims that the main question in HIV/AIDS behavioural change and prevention programmes should be linked to gender and relationships between men and women. How girls and boys imagine they should behave within the cultures of expectations of masculinity and femininity should be critically questioned and connected to HIV/AIDS (Lewis, 2003). Understandings of 'masculinity' and 'femininity' in South Africa are reported on in section 2.6.1.

Strebel et al. (2006) studied social constructions of gender roles, gender-based violence and HIV/AIDS in two communities of the Western Cape. The study looked at the same issue as Lewis (2003), that is, the links between gender roles, including gender-based violence and HIV/AIDS risks. They found the links to be complex and culturally specific. In a qualitative study, they investigated women and men in two Black communities in the Western Cape, South Africa. The purpose was to study how the respondents constructed their gender identities and roles; how they understood gender-based violence; and what they believed about the links between gender relations and HIV risk. Key findings reveal that shifts in power between men and women were occurring even though perceptions linked to traditional gender roles were very evident. Gender-based violence was regarded as a major problem throughout the communities. The respondents explained this to be fuelled by unemployment, poverty and alcohol abuse. Understandings of what causes rape, often linked to unemployment and poverty, are contested by findings in the MRC study, reported in sub-section 2.6.1 of this thesis.

Strebel et al. also found that HIV/AIDS is regarded particularly as a problem of African communities, with strong themes of stigma and discrimination. The researchers conclude in their report that effective HIV/AIDS interventions in these communities need to consider the emerging issues from the study, suggesting that social constructions of gender, gender violence and HIV are both divergent and overlapping (2006).

## 2.10    Individual or systemic approach to address the needs of children?

Like Giese et al. (2003), Richter (2003) highlights the fact that the intersection between HIV/AIDS and poverty makes it necessary to shift perspectives in the approaches designed in order to meet the needs of affected children. She argues for the need to shift from an emphasis on the AIDS epidemic and a focus on individuals to an emphasis on the pervasive and increasing poverty of certain vulnerable groups of children. This focus on social determinants of poverty would, according to Richter's argument, necessitate interventions directed at social institutions. This implies a response with a different scope and on another scale, as well as the need to think beyond HIV/AIDS orphans and vulnerable children (2003).

Given the shift from individual children to large numbers of children made especially vulnerable by poverty, Richter builds her argument through asking a number of questions linked to what she describes as the combined or synergetic effects of the epidemic on children in the region of Southern Africa:

> Together with sexual exploitation and the trafficking of children, school drop-out and child labour is both an expression of disintegrated social institutions that serve to protect and develop children and by their existence, they further undermine fragile families and communities (2003:20).

Richter therefore argues that the efforts to combat HIV/AIDS need to be focused on poor children with tenuous social, institutional and material support. The most important intervention for children would be at a national level aimed at identifying, targeting and effectively implementing mechanisms to provide economic assistance to poor families and to maintain and improve their access to services. She believes that in this way, "… the values and organising coherence of families, neighbourhoods and schools, will assist children with the increasing adversity accompanying the epidemic" (2003: 20).

Richter is supported by Giese et al., who conclude that their research findings "… highlight the need for an approach by the Education Department which does not target orphans per se, but rather remains true to the call for education for all, ensuring quality and accessible education for every child in South Africa, including, and especially, the most vulnerable" (2003:46). Giese et al. found that despite the South African legislation providing free basic education through the school fee exemption

process, numerous vulnerable children were unable to access schooling. The primary reasons for this lack of access they attribute to prohibitive costs which, in addition to school fees, include the costs of uniforms and school equipment. They also found that the right to fee exemption was not widely known by children and their families. This, they argue, was due to many of the extremely poorly resourced schools being reluctant to publicise the exemption policy because the school fees constituted the school's only discretionary income (2003). This leads Giese et al. to conclude that, in spite of the cost and complexity involved, the provision of universal free education – including subsidised uniforms and books – is a crucial component of a response to widespread poverty and to addressing the impact of HIV/AIDS on children in South Africa (2003). It is interesting to note that the report by Giese et al. was commissioned by the National Department of Health with the purpose to inform an appropriate and coordinated national response to children experiencing orphanhood (2003).

UNICEF (2003) and UNAIDS (2006b) also identify education as a critical part of a much-needed comprehensive approach to meet the needs of children. The UNICEF report *Africa's orphaned children* (2003), keeps the emphasis on how to ensure access to essential services for orphans and vulnerable children.

The organisations are also more concerned about building a local approach and capacity, and UNICEF claims that increased access to essential services "… will depend on the building of district-level capacity for effective decentralisation and targeting of services as well as multi-sectoral coordination among service providers" (2003:38).

Smart (2003) concludes, like Richter (2003), that in order to ensure appropriate focus on orphans and vulnerable children, there is a need to integrate issues related to this group into poverty reduction planning and programming, and to increase the roll-out of appropriate responses to care and support.

Richter (2003) sums up the international literature in the field of the role of education addressing the needs of children made vulnerable in the context of HIV/AIDS, by arguing that a combination of an individual and systemic approach represents challenges that far exceed any previous experience in the modern age. She concludes that the needs of both children and their caregivers across sectors are beyond the limited capacity of the systems to deal with. Giese and her colleagues underscore the fact suggesting that more effort is needed on the part of all relevant sectors to ensure that collaborative partnerships are realised (2003).

Richter (2003) and Giese at al. (2003) are supported by Meerkotter and Lees stating: "In view of the disastrous effects of HIV/AIDS on the people of Sub-Saharan Africa, it should be clear that the plight of parentless pre– and school going children could not be addressed from an educational perspective only" (2003:9).

Meerkotter and Lees conclude that a successful research and action programme against HIV/AIDS will require "… well-coordinated, inter-disciplinary and inter-institutional work in cooperation with the governmental, non-governmental and business sectors" (2003:14).

The views of the researchers above are supported by Parker, Colvin and Birdsall:

In spite of a broad-based response to the epidemic, however, there has been inadequate coordination of strategies, lack of clear leadership in Government and in many sectors, overall lack of capacity and a failure to harness local level responses in a systematic way. Whilst there is no clear answer as to how these responses might be mobilised differently, realignments in any of these areas could have significant impacts on all aspects of the epidemic in the short term. Conversely, without concerted leadership in the spheres of government and civil society, and without coordination, South Africa seems destined to lag behind in responding to the epidemic (2006:30).

## 2.11    Summary

This chapter has presented surveys into the impact of HIV/AIDS and poverty on children in Sub-Saharan Africa with a focus on South Africa.

An extensive South African study focusing on the role of schools and teachers in addressing the needs of poor children affected by HIV/AIDS was reflected on to illustrate the complexity of the issues involved.

Holden (2004) argues that there is no obvious solution and quotes Loewenson and Whiteside (2001) in her book:

There are no easy answers or simple technical and scientific solutions to dealing with the epidemic's spread and impact. The most effective response, or the best international 'vaccine' against this disease, is sustained, equitable development (2004:24).

Findings from the data of a number of studies in South Africa presented in this chapter demonstrate that a sustained and equitable development programme would have to address the underlying structural factors impacting on the spread of HIV and AIDS; that is, poverty, migration, race, gender, age and violence.

This chapter has presented some figures and estimates with regard to the HIV/AIDS epidemic in Sub-Saharan Africa. As pointed out by Meerkotter and Lees (2003), South Africa is in a relatively good position to take the lead in addressing the negative impact of HIV/AIDS on children. They stress, however, that much is to be learned from research and action in other African countries (2003).

Other examples of successful approaches are pointed out by Parker, Colvin and Birdsall:

> Some of the most successful responses to HIV and AIDS have occurred at the grassroots level in the gay community in the United States, in relation to casual sex in Thailand, and in communities in Uganda, yet lessons learned in these contexts have not been systematically drawn upon in South Africa (2006:30).

Strategies to deal with the challenges of HIV/AIDS are suggested by a number of researchers. In Chapter Five the national strategy designed by the South African Government is briefly presented along with the Western Cape Provincial Government's programme of education system change, reforms and HIV/AIDS support to schools. The following chapter addresses the theories and studies of education system changes and reforms with particular reference to South Africa.

**C H A P T E R   T H R E E**

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# Theories and studies of educational reform and change with particular reference to South Africa

## 3.1 Introduction

This thesis seeks to test the proposition that despite changes in educational structures and culture, powerful economic, societal and psychological forces are at work to constrain the intended impact of change programmes. In order to have more tools for analysis and discussion of the findings of the thesis investigation, this chapter attempts to provide a theoretical understanding based on international literature in the field of theories of organisations, change and change leadership. Focusing on education and change, the concepts of educational reform, the learning school, whole school development, decentralisation, change of organisational structures and culture, as well as an enabling teaching/learning environment form an essential part of the conceptual framework for this study. The relationships and interrelationships between the concepts illustrate the complexity of change and, in particular, of educational system change.

## 3.2 Understanding organisations and change

Organisations and change cannot be viewed exclusively from one perspective. Theories dealing with organisations and change offer different perspectives which can contribute to describing and analysing processes of change. School leadership and the concept of school development, or school improvement, are understood as fundamental in analysing educational change.

### 3.2.1 Organisational theory

Organisational theory is usually presented in terms of three distinct traditions: classical theory, humanistic theory and systems theory. The scope of this thesis made it necessary to select theories that could provide the most relevant perspectives in understanding processes of organisational development in a context characterised by turbulence, complexity and rapid change. I have decided to present and use the theories of Mintzberg (1991), Senge (1990) and Gomez and Zimmermann (1992) of the St Gallen Group who tend to integrate aspects from the classical traditions mentioned above. In addition, I have decided to present the contingency theory of Burns and Stalker in accordance with how I understand Dalin's interpretation of the theory (1998).

Before presenting the above-mentioned theories, the work of Gareth Morgan (1997) is an important reminder in revealing that to embark on analysing an organisation and to understand organisational change is an ambitious task involving a very complex phenomenon.

In 1988, which is almost two decades ago, Morgan presented a then new contribution to the understanding of organisations by making use of a number of metaphors to describe and analyse organisations, not specifically educational organisations. Morgan's eight images from which organisations can be viewed, demonstrate that there is no single theory that can be said to encompass all aspects of all kinds of organisations (Dalin, 1998).

Each metaphor or perspective can, however, contribute to the understanding of an organisation. Humes (2000) suggests that "most schools are governed by mixed metaphors and that such governing metaphors are largely taken for granted" (1996:118). Humes points to different metaphors representing "attempts to 'manage meaning' and shape the perceptions of those who work in an institution" (Humes, 2000:39-40). He refers to Morgan (1998) who observed that "… any given metaphor can be incredibly persuasive, but it can also be blinding and block our ability to gain an overall view" (Humes, 2000:40). The overall view on organisations is represented by the St Gallen Group below.

In the next section, researchers that I have chosen in this presentation in fact use some of the same metaphors, however without making explicit reference to Morgan.

Contingency theory "… is concerned with the relationship between the organisation and its environment" (Dalin, 1998:35). The organisation responds first and foremost to changes in the external situation. Dalin (1998) presents the work of Burns and Stalker as an example of this theory. Burns and Stalker found that organisations could be categorised into 'mechanistic' and 'organic' structures respectively. Mechanistic organisations are often found in relatively stable environments and share features with the bureaucratic model, such as complexity and with a clear-cut hierarchy of strictly defined rights and duties. Organic organisations, however, usually appear in situations which are characterised by rapid changes in the external environment. "Power and influence are shared maximally (which leads to a common sense of responsibility for solutions) and communication (both horizontal and vertical) is encouraged" (Dalin, 1998:36).

Dalin claims that much of the current organisational development in schools has 'organic ideals' in the sense that "…schools in many ways are unbound and needn't fear the reprisals of their environment to any large extent" (1998:37). Mintzberg, however, includes the internal environment in his perspective looking at which forces influence organisations (1991).

Mintzberg has identified two internal forces potentially active in an organisation of which two are important during phases of organisational transformation. These are identified as *cooperation* and the opposing force of *competition*. He understood competition in a political sense where each member of the organisation first and foremost looked after his or her own interests (1991).

Mintzberg claims that organisations with a highly cooperative culture are better able to resolve structural conflicts during transformation processes. Dalin, however, describes the limitations of cooperation as follows: "In the first place, it is difficult to develop a cooperative culture, let alone maintain it once it has been established … Even though a cooperative culture does make it possible to renew organisations within established norms, it nevertheless resists fundamental change" (Dalin, 1998:50).

Dalin suggests that in an overly cooperative and assertive culture that has stopped fundamental criticism over a long period of time, management can encourage an increased form of competition to balance the impact thereof. "Increased competition can help to bring about important and necessary changes in an organisation" (Dalin, 1998:50).

Senge (1990) challenges the contingency theory with regard to the view that organisations react to short-term variations in the external environment or market. Senge argues that organisations naturally depend on their environment, but he argues that the environment does not distinguish clearly between *short-term* and *long-term* needs (1990).

Humes also refers to the environment and points to the concept of *community*, which he claims has become a popular metaphorical representation of more specifically "… the school as a learning community, one embodiment of the learning society …" (2000:40). However, Humes emphasises that communities are not invariably or inevitably positive: "Some communities are negative and destructive in their effects (rife with crime, vandalism and drugs)" (2000:40). Humes argues that in such communities all kinds of *negative* learning takes place. Teachers suffer from stress and overwork and learners have learned "… how to suppress fears and emotions, how to conceal feelings of worthlessness, how to remain silent in the face of unfair treatment" (2000:40).

Senge (1990) demonstrates how organisations react on the basis of how processes affect the whole, whether within a short time or over a long period. Dalin supports Senge's view of processes of change within the organisation and writes: "Senge shows us that without a deeper understanding of an organisation's culture and systemic conditions, there is a major risk that 'development', instead of working as planned, will prove self defeating" (1998:53).

Dalin concludes that the key to *systemic thinking* is to "… understand the organisation as a whole pattern and not just as bits of the whole" (Dalin, 1998:53). In accordance with the understanding of Senge (1990) and Dalin (1998), I chose to conduct a case study of one school and its HIV/AIDS support structure within the education system ('bits of the whole') for this thesis investigation. In order to get a picture of 'the whole', I explored the systemic conditions under which the school and its support structures were expected to function.

Senge also sees a deep form of personal learning continually taking place on the part of the individual member of an organisation. He views this personal learning as a prerequisite for a sound organisation (1991). In my case study, the experiences of the respondents and their self-reflections and learning based on these experiences are given substantial space in this thesis (Chapter Six and Chapter Seven).

In line with the above understanding of the learning taking place, and as noted by Dalin, the St Gallen Group of researchers therefore suggest looking at an organisation in a comprehensive way, in which "… the whole is greater (or something different) than the sum of its parts" (1998:63).

### 3.2.2 "Never a checklist, always complexity" (Michael Fullan)

Fullan argues that "… our purpose is to understand change in order to lead it better" (2004:42). He presents five key components as a contribution to understanding the change process:

▪ Change is rapid and nonlinear, which creates "messiness". It also offers great potential for creative breakthroughs. The paradox is that transformation could not be possible without the messiness;

▪ Most change in any system occurs as a response to disturbances in the system's external or internal environment. If the response to the disturbance is immediate and reflexive, it often is unmanaged, and other problems can arise as a result. Problems also arise when one attempts to "manage" change;

▪ A-rational factors in organisations include strategies and operations that are not well-integrated; different individual idiosyncrasies, approaches, and problems; friendships and animosities that affect the functioning of subsystems; and political factors, such as power and authority, protection of turf, and competition for resources;

▪ Key stakeholders and the organisational culture are primary considerations in organisational change;

▪ Change cannot be 'managed' (controlled). It can be understood and perhaps led, but it cannot be fully controlled (2004:42).

Among the five components contributing to explaining the changes listed above, the most outstanding or challenging ones are probably the arguments that firstly, change cannot be managed (perhaps only led), and secondly, that change is rapid and creates messiness. One can perhaps draw from this that both arguments relate to each other and to the complexity of change. The situation in South Africa can serve as a case of rapid and complex change of the society which constitutes the external environment of any organisation. Davidoff and Lazarus explain that over the past years in South Africa a number of new policies have been introduced to address the

imbalances of the apartheid past. This also applies to the education sector. They claim that "… for many schools, and teachers, the introduction of so many new policies over a relatively short period of time has proved to be confusing and overwhelming" (2002:4).

Fullan makes the point that most organisations today have been, or will be reorganised, resulting in changed structures and organisational charts (2004). He argues that structure does make a difference, but is not the main factor to achieve success: "Transforming the culture – changing the way things are done – is the main point. I call this re-culturing" (2004:53). He argues that this does not mean adopting one innovation after the other, "… it means producing the capacity to seek, critically assess, selectively incorporate new ideas and practices – all the time – inside the organisation as well as outside" (Fullan, 2004:53). This is in line with the concept of a learning organisation as described by Senge (1990). Fullan underlines that when it comes to the process of re-culturing, change takes time (2004).

Other international research literature supports Fullan in that processes of change are complex and non-linear, and that they often break with the intentions of change (Dalin, 1994; Dalin, 1998; Smith, 1996). Davidoff and Lazarus refer to Fullan (1993:19) who underscores this when he lists forces that influence change processes and which, in turn, need to be influenced to make for productive change:

> Take the idea that unplanned factors are inevitable – government policy changes or gets constantly redefined, key leaders leave, important contact people are shifted to another role, new technology is invented … recession reduces available resources, a bitter conflict erupts, and so on (Davidoff and Lazarus, 2002:46).

The last point illustrates that there is very likely to be resistance to change (Davidoff and Lazarus, 2002; Fullan, 2004). As pointed out by Davidoff and Lazarus, "… participants in the process move from a situation which is known to a situation which is unknown, and which might or might not be better than the situation which has preceded it" (2002:46). Fullan argues that in a culture of change, emotions often represent fear or differences of opinions. "The nature of changes includes fear of loss and obsolescence and feelings of awkwardness" (2004:97).

Volan (2003) refers to Fullan (1993) who points out that educational systems are fundamentally conservative. Fullan found that the way teachers are trained, the way that schools are organised, the way that the educational hierarchy operates, and the

way that educationalists are treated by political decision-makers results in a system that is more likely to maintain the status quo than to change (Volan, 2003).

Dalin (1998) uses the political change perspective which stresses that school improvement is political in the sense that it is a process in which power, authority, competing interests, values and ideologies are in focus. Conflicts of interest can be taking place at individual level, group level and organisational level (1998).

Volan's work (2003) – her study of educational reform processes in Zambia – can serve as an example of a situation where the political perspective is meaningful as an analytical tool. Volan came to the conclusion that one can easily understand that the different actors in the school system will feel challenged if a new value system, which they have not participated in developing, is introduced overnight. Volan had no difficulty either in comprehending that Ministry officials will be the first to resist a new structure depriving them of their present status and power (2003).

Humes reported that in the context of England and Scotland in the 1990s, there was a dominant culture of compliance among those who held leadership positions in the education system. "They have found, in some cases from bitter experience, that compliance and conformity are rewarded while resistance is penalised" (2000:39).

Fullan highlights, however, a positive side to resistance and claims that effective leaders in a culture of change in fact appreciate resistance. According to Fullan, these leaders reframe resistance and regard "… dissent as a potential source of new ideas and breakthroughs" (2004:97). Fullan cites Pascale, Millemann and Gioja who note that "equilibrium is death" (Fullan, 2004:97).

According to Fullan (2004), successful organisations have been found to appreciate resistance in seeking potential valuable information from the so-called resisters, including "… how things work now, the impact that particular changes might have, and the amount of support or resistance that is likely to be encountered in a specific area" (2004:97). Fullan concludes that effective leaders work with resistance by acknowledging the uncertainty, anxiety and disagreement that exist in the system at individual, team, and higher levels. He argues that the opposite would cause problems at a later stage of the change process: "By supporting the like-minded, leaders trade off early smoothness for later grief" (2004:98). This leads to the issue of structural versus cultural change which is dealt with below.

Davidoff and Lazarus understand a school culture as comprising the values – the underlying norms that are given expression in daily practice – and the overall ethos of

the school. They suggest that a way to describe the culture of a school is to look at the meaning of "the way we do things here" (Davidoff and Lazarus, 2002:21).

Davidoff and Lazarus relate the general understanding of culture to the way in which the environment either supports or hinders the teaching and learning processes. They therefore claim that "… the teaching and learning environment is a central organising feature of school culture" (2004:22). They explain how the school culture is determined by both external and internal forces, and that the school culture reflects the particular society's values and norms. This, they claim, is the situation in South African schools, and unless this is recognised, attempts to change the school are unlikely to be "successful and sustainable" (2002:22).

Volan (2003) refers to Fullan (1993) who points out that many reforms are failing because of an excessive preoccupation with structure and legalities, and an inability to focus on teaching and learning and supportive collaborative cultures among teachers. She argues that workable, powerful solutions are difficult to conceive and even harder to put into practice (Volan 2003).

Another hindrance to change is underscored by Shaeffer (1994) who argues that central planners and managers often make the fatal assumption that once educational innovations are designed as a reasonable and feasible programme at the top of the system, the innovation, through various central regulations and guidelines, will automatically and systematically be implemented by schools and officials at the very bottom of the bureaucracy. Shaeffer makes the point, however, that in order for change to happen, institutions must *want* to change. Volan adds that *people* must want to change (2003).

Dalin (1998) highlights the point that concepts such as change, renewal, innovation, reform and educational improvement are often used interchangeably in everyday language, and that there is little agreement among researchers on clear definitions for these terms. Dalin makes an attempt to define innovation as a "… well-considered attempt at improving practice with respect to stated goals" (1998:94). Dalin describes how the political perspective on change shifts focus from innovation to the consequences of innovation in a given situation (1998).

## 3.3    Educational change, educational reform and the school

As pointed out by Dalin (1998), much of the change literature on educational change and educational reform are used as if they were interchangeable concepts. In order to clarify the difference between the two concepts, Volan writes:

> One could argue that 'change' is an open, value free concept. It is by nature neither good nor bad. Change is always there as a latent force and might be triggered by unforeseen events. It may be planned or unplanned, depending on the circumstances. Educational reform, therefore, is usually intended to be carefully planned change … frequently it is conceived at the top, with the troops further down the system being ordered to move (Volan, 2003:9-10).

In the 1990s a number of projects of structural alteration of the entire school system, referred to as 'restructuring', which involves a redefinition of the content, methods and roles of individuals, were implemented (Murphy, 1991; Dalin 1994).

Fullan demonstrates that a number of factors related to the characteristics of innovation, the school as an organisation, the local school district and the broader context are all crucial to the implementation of change. Fullan stresses that implementation is a process and not an event and that the process of change itself is a learning process, that technical assistance is essential and that the innovation should adapt to reality in the process (2004).

McLennan and Thurlow (2004) express the challenges schools in South Africa are facing in responding to the implications of the new policy and legislation as such:

> First schools will increasingly have to learn to manage and govern themselves, meaning for most schools a profound change in their culture and practice. Secondly, again for most schools, the challenge is compounded by the enduring effects of the apartheid past (2004:16).

Bush and Anderson claim that the interpretation of culture as a unique feature manifested by symbols and rituals of organisations is well suited to self-managing schools. They understand the concept of culture as the "… informal features of organisations rather than their official aspects" (2004:87). Bush and Anderson argue that the concept of culture is "… less obviously valid for systems, such as those in South Africa, which are still largely centralised despite the intention to locate extra responsibilities with principals and governing bodies in due course" (2004:88).

The big challenge, according to Fullan (1993; 2004) is how to make the educational system a learning organisation, to become an expert in dealing with change as a normal part of its work, not just in relation to the latest policy, but as a way of life.

Fullan and Miles (1992) offer several propositions that could lead to success of a change process, of which one is that all large-scale educational change is implemented locally by everyday teachers, principals, parents and learners. This is the only way that change happens, according to the authors. Fataar underscores the need to conceptualise and support change over a long period of time when he discusses the shift to a new pedagogy and thus teacher identity in South African schools (2000). He claims:

> The Education Ministry's unwillingness to institutionalise teacher development, and instead to have information workshops on the new curriculum, points to a lack of understanding of teachers' capacity to implement the curriculum (2000:28).

Dalin supports the local perspective, the concept of a learning organisation and the need of central support through the findings of a qualitative research project that included a detailed study of 31 rural primary schools in Colombia, Ethiopia and Bangladesh. The processes of reform were analysed in each of the 31 schools and the comparative analysis forms the basis of the findings in the study (1994).

Among the findings of the study in Colombia, Ethiopia and Bangladesh, the following relate to issues of educational reform and change which also form part of the focus for this thesis investigation:

- Educational reform is a local process. The school is the centre of change, not the ministry or the district administration. The schools therefore need to play an active and creative role;

- Central support is vital. More responsibilities to the individual school presupposes a strong support structure from the system at large, one that must be built around the real needs of schools in development;

- Effective systems linkages are essential. The strategy in complex systems is to identify effective linkages, non-bureaucratic in nature, between the national, district and local levels. Local empowerment, usually as a result of decentralisation, is needed to enhance effective communication. A clear administrative role that combines pressure and support and ensures delivery of needed resources is also essential;

▪ The reform process is a learning process. The process is evolutionary and developmental in nature; it cannot be blueprinted ahead of time. The key to success is to get good data from all parts of the system on a continuous basis, and worked on at the school/district level, and subsequently at the central level;

▪ Commitment is essential at all levels. However, it cannot be transmitted directly to schools. Commitment at the school level results from empowered successful action, personal mastery that starts with good assistance and develops from practice (Dalin, 1994).

According to Dalin, the findings echo what has been found in major studies of national reform efforts in industrialised countries (1994). Volan's conclusion, which is based on her study of the national reform process of the basic education sector in Zambia states a divergent view to Dalin's: "I maintain that even if educational reforms in the South seem to face many of the same problems as in the North, developing countries also have to cope with additional hindrances linked to poverty and underdevelopment" (2003:37).

Bush and Anderson warn against using perspectives based on norms developed in the United Kingdom or other developed countries with long-established education systems, and a significant measure of power devolved to schools (2004). As Volan (2003) also points out, Bush and Anderson argue the need to pay particular attention to issues of context when assessing education management practice (2004).

Pym and Lazarus (2001) applied the thinking regarding issues of context to the link between the processes of whole school change and classroom change. They explored this in their case study conducted at a high school in Cape Town, South Africa, with a particular focus on teaching quality at the school being enhanced by building a common school vision. In a concluding comment, they write:

> Individual classroom change had a fairly limited impact on its own, and could be undermined and diminished if it existed in a culture that opposed and did not nurture that intervention. Thus, the question of whether it is possible to change one aspect of a school without a change in the whole school framework was highlighted (2001:54).

Davidoff and Lazarus reinforce this idea of the interrelatedness of different components of system change when they look at school organisation development, and point out the need to consider what they describe as the particular and the central purpose of schools, namely, that

… it is about learning and all the strategies used to facilitate learning. The curriculum and curriculum development give the school its particular nature and are therefore intricately linked to the organisational development of the school. Curriculum development is affected by the organisational structure of the school and in turn gives it shape (2002:43).

But, what do the authors mean by organisational development? They claim that organisational development can be described as

… a 'normative' re-educative strategy for managing change, which is aimed at facilitating development of people and the organisation as a whole for the purposes of optimising human fulfilment and increasing organisational capacity (2002:42).

As researchers, Davidoff and Lazarus claim, one must look at the whole school, which is more than all of its aspects, the whole school being greater than the sum of its parts (Davidoff and Lazarus, 2002; Smith, 1994). Davidoff and Lazarus emphasise the school as an organisation consisting of a system of interweaving parts (2002).

It is interesting to note that researchers such as Davidoff, Lazarus, Bush and Anderson write about managing change, apparently opposing the view of Fullan (2004), who states that change cannot be managed (at least not fully). It is, however, a possibility that they differ in their understanding of the concept 'manage'. Fullan refers to 'manage' as 'control' (2004) whilst, for example, Davidoff and Lazarus seem to have a more flexible understanding in linking 'manage' to 'facilitate'. All, however, seem to share a common understanding of managing change as a complex and non-linear process.

Davidoff and Lazarus claim that the context or external environment of the school is often underemphasised or ignored in development interventions targeting the school as an organisation. The relationship of the school within an education system located within a particular society and global context needs to be considered in order to achieve any satisfactory interventions. They suggest that factors linked to various aspects of the milieu, including social, political, economic, technological, legislative, ecological, physical, cultural and institutional dynamics need to be identified and analysed. Their contextual and overall framework for understanding and working with schools as organisations involves an environmental analysis at three levels; the micro–, macro–, and global levels (2002).

The micro context includes resources in the local community, covering both formal education support services and various forms of community resources, such as families of learners, community organisations, religious institutions and the business sector. Davidoff and Lazarus highlight the fact that the analysis of the micro context includes various local social dynamics such as poverty, violence and political coalitions that impact on the school (2002).

Dawes (2003) argues, however, that many family support systems in South Africa are increasingly compromised because of AIDS and poverty, and that children have very few supportive resources left to them. In this context, he claims that positive school environments can play a supportive role in learners' lives without going beyond what he describes as teachers' "overstretched schedules" to become therapists to children (2003:8). He claims that a whole school development is needed, with preferably simple interventions to reduce commonly occurring key risks to children's health, such as violence and sexual abuse. He argues that "… complex interventions for teachers and learners simply will not work if the support base for such interventions is lacking" (2003:9). In his conclusion on how children's health can be promoted in the school, he states that *the systemic health* of all levels of the educational environment need to be promoted in which he points to the key factor being "… the full professional and legal accountability of all the individuals who play a role in that system" (2003:10).

At macro level, Davidoff and Lazarus point to national and provincial education policy and management frameworks within which schools operate. However, they stress that also other national and provincial policies impact on schools and stress the effects of economic policies as well as "… various systemic dynamics that reflect and perpetuate particular values, norms and practices in society" (2002:40). They underscore the fact that schools can not be understood or developed in isolation, but only as "… part of an education system which is located within broader societal structures and dynamics. The impact of these factors are enormous and they provide both the constraints and possibilities for development" (2002:40).

According to Davidoff and Lazarus, the global context of the school is understood as international trends and dynamics within education. These influence national education policies, and include, for example, the international movement toward a more decentralised education system. In South Africa, this is reflected in interventions like the school-based management model. The purpose of this and other

responses is to enhance democracy, economic efficiency and accountability and, in that sense, reflect other international (and national) political and economic forces behind the educational trends (Davidoff and Lazarus, 2002). The national and global context of the South African school in terms of educational reforms is a topic addressed in Chapter Five of this thesis.

The role of education in social transformation is widely recognised, or as stated by Jonathan in the case of South Africa:

> The crucially important role of public education in the social and political transformation of South Africa cannot be doubted by anyone who rightly recognises education as the key social practice which reflects, interprets and modifies the social world at the same time as it aims to foster the intellectual, cultural and social development of individuals (2001:13).

Findings of the study referred to by Dalin, and the analysis by Davidoff and Lazarus are supported by the International Institute for Educational Planning (IIEP). In a Medium Term Plan, 2002 to 2007, the Institute refers to research undertaken by IIEP and others revealing that efforts to improve the quality of education need to focus on what happens at school level, and in particular on two elements (IIEP, 2002):

- the support the school receives from the administration, including regional and local offices;

- the way in which the school is managed by the principals or head teachers, other senior staff and school boards or school councils (2002: 55).

Several countries have made use of the research and recommendations of the IIEP in decentralising certain responsibilities to the levels closer to the school, and through the introduction of school-based management reforms. The Institute draws attention to a concern regarding how these reforms are being implemented. The IIEP writes:

> Many countries have adopted such policies through imitation of an international trend, without trying to build capacity or raise awareness … Neither have sufficient steps been taken to improve school management and to strengthen the position of the head teacher. In quite a few cases this has led to greater disparities between regions and between schools, also to the detriment of disadvantaged groups (2002:55).

The IIEP points to the need for turning what the Institute sees as "… piecemeal and uncoordinated reform efforts into a comprehensive policy framework, which

distributes responsibilities and resources between the different levels in a clear and effective way" (2002:55).

The Institute also highlights the fact that such a policy framework should focus on strengthening the capacity of overburdened school leaders, and that policies should contribute to lessen disparities within the education system and within society (IIEP, 2002). In the Medium Term Plan for 2002 to 2007, the Institute emphasises the need to do research concerning the experiences of countries that have decentralised responsibilities to the local level, including the implementation of school autonomy policies. The IIEP also points to the need to conduct and synthesise studies on the impact of HIV/AIDS on education, including the identification of "… best practices and measures to help curb, as well as cope with the effects of the pandemic in the formal and non-formal education systems" (IIEP, 2002:57).

Young (2004) discusses the consequences of the assumption widely held among education reformers in South Africa that anything associated with the old regime was to be rejected. He stresses: "The horrors of apartheid made it difficult to grasp that the system had any positive features. It may be that even in a society with such acute divisions as South Africa, reforms should focus on expanding trust in existing institutions rather than necessarily seeking to replace them" (Young, 2004:11). One of the conclusions Young draws from the experiences of analysing education reform in South Africa is that "... theory and policy discourses have their origins in different communities and need to be treated in their own terms if theory is to inform policy" (2004:12).

He concludes his argument concerning the relationship between educational practices and other social practices by claiming that there is a need to develop "... a theory of both the content and the context of educational policy and practice as well as the relationship between the two" (2004:12).

Before focusing on leadership and management in a context of change, Fullan's (2004) understanding of the organisation as a living organism and not a mechanistic machine describes core concepts of complexity theory. The factors can serve as a summary of theories, approaches and learning presented in this chapter so far:

- Equilibrium is a precursor to death. When a living system is in a state of equilibrium, it is not prepared to respond to changes in its environment in ways that will enable it to survive. In the face of threat, it is unprepared.

▪ A complex adaptive system has high degrees of internal interaction as well as external interaction with other systems in a way that creates continual learning.

▪ As systems interact, they influence one another, correlate, and move toward new patterns.

▪ Change is not linear; reforms do not unfold as intended.

▪ Change is unpredictable; surprises occur as a result of dynamically complex interactive forces (Fullan, 2004:55).

## 3.5    Leadership, management and change

In the organisation's 2000 annual report, TIP concludes that hierarchical structures are inadequate to address the complex demands made on organisations. The report cites Senge who underscores the importance of leaders' commitment to *deep* change:

> Ideally, leaders should be people who are genuinely committed to deep change in themselves and in their organisations, and who demonstrate their commitment through action. They lead through respectfully developing new understandings, new skills and new capabilities for individual and collective learning (TIP, 2000:8-9).

The importance of leaders being open to change is reinforced by Volan (2003). She refers to Hallak (1990), who claims that there is evidence indicating that the first line of professional support is the school principal. Volan deducts from this that a principal who is receptive to change and sees the importance of creating an enabling learning environment in the school could have a powerful influence in relation to the entire teaching staff (2004).

Riley (2000) explores the context for educational reform and she questions some of the conventional orthodoxies about the nature of educational change. She argues that the structural reforms which have been the preoccupation of governments over recent years, have been limited in their impact because of their lack of connection to learning – teacher learning and student learning – and because of the ways in which policy-makers have embarked on the change voyage. She further argues that governments need to move away from a compliance model of educational reform towards an approach which reflects the aspirations of schools and communities, and which is supported by forms of leadership connected to learning (2000).

A number of studies have sought to understand the processes of change in schools and the role played by the principal or head teacher. The studies reveal variations in the extent to which principals either perceive the importance of their own role in change processes, or how the principal's role is being regarded from the perspectives of the teachers. Some results in fact show that the head teachers are not as important to development work as the head teachers themselves had thought (Dalin, 1998).

Dalin refers to research conducted in American schools by Lortie in 1975, revealing a tendency among head teachers to uphold the *status quo*: Firstly, it had to do with recruitment and socialisation. The head teachers are recruited from the ranks of the teachers, and they had very little experience, and depended on being accepted by their colleagues. Secondly, a head teacher has few reward options to encourage acceptance of change among the staff. Most teachers know that reforms mean extra work, and to convince them that changing things will 'pay off' is difficult (Dalin, 1998).

Other studies show that a head teacher can play a critical role, especially by legitimising a given school improvement process through active participation together with the teachers in seminars and planning meetings (Dalin, 1998). Louis and Miles pointed to how the head teacher or management could create motivation to work with changes in at least three ways (cited in Dalin, 1998: 90):

- To conceive a vision for the school;

- To create a common sense of ownership for what is being changed;

- To create a recurring planning process which can capture the learning that takes place in the development process.

Dalin concludes his brief review of research into the head teacher's role by underscoring the fact that management styles can vary, that effectiveness is context-sensitive, and that interaction with others is essential. He further highlights the need for more research into "… what management ought to be in a world of rapid change" (1998:92).

The question about what management is about and what leadership can perhaps bring to take our understanding a step further, is addressed by the South African educationists Davidoff and Lazarus (2002). They quote Louis and Miles's definition that "… leadership relates to mission, direction, inspiration. Management involves

designing, carrying out plans, getting things done and working effectively with people" (2002:37).

The above definition of management is in line with the 1996 Report of the Department of Education's Task Team on Education Management Development, which argues that the key challenge for education management is to recruit and educate managers who are able to work in a democratic and participative way (Thurlow, 2004).

Davidoff and Lazarus underscore that while a distinction is made between leadership and management, the two "… are closely associated functions that can not be attended to separately" (2002:37). They refer to leaders in school contexts and argue that they have "… an important role to play in drawing people together and motivating them to take leaps into often risky futures" (2002:37). Davidoff and Lazarus continue to stress that this is particularly important for South Africa in the current unstable context of educational change processes taking place. They write about the 'inspirational' aspect of leadership as a quality needed to address fears and anxiety so often accompanying a transformation process (2002).

Of relevance here is Fullan's reference to six leadership styles as identified by Goleman. These leadership styles are referred to as follows by Fullan:

   ▫ Coercive: the leader demands compliance ("Do what I tell you");

   ▫ Authoritative: the leader mobilises people toward a vision ("Come with me");

   ▫ Affiliative: the leader creates harmony and builds emotional bonds ("People come first");

   ▫ Democratic: the leader forges consensus through participation ("What do you think?");

   ▫ Pacesetting: the leader sets high standards for performance ("Do as I do, now");

   ▫ Coaching: the leader develops people for the future ("Try this") (2004:43-44).

According to Fullan, Goleman found that two of the six styles elicited reactions from people to such an extent that the organisation's climate was negatively affected, which, as a result, affected performance negatively. The coercive style evoked resentment and resistance, and the pacesetting style led to people becoming overwhelmed and experiencing burn-out. The other four leadership styles had a positive impact on climate and performance (Fullan, 2004).

Billing and Alvesson discuss some main perspectives on women/gender and leadership in a review of international literature in the field (1989). Amongst these perspectives is the equal opportunity assumption that women do not have any special leadership orientation differing from that of men. It is assumed that men and women can be evaluated against the same criteria (Billing and Alvesson, 1989). The special-contribution view argues that there are differences with regard to gender. Gilligan (1982) and Sørensen (1984) argue that women are bearers of a different rationality from that of men. The rationality is seen as a result of the socialisation process, and it involves the capacity for taking care of other people's needs. Gilligan (1982) describes this as a morality of responsibility and Sørensen (1984) writes about a rationality of responsibility. In feminist theory the socialisation process is seen by many researchers as resulting in powerful expectations of certain behaviours relating to sex and gender (Moi, 1998; Blom, 1994; Scott, 1988; Kanter, 1977).

According to many writers, among them is Grant (cited in Billing and Alvesson, 1989), women tend to see power not so much as domination and an ability to control, but rather as a capacity, both stemming from and directed towards the entire community. "Women's view of power is thus more relational and less purely individualistic" (1989:72). According to Billing and Alvesson, "… some authors, e.g. Schmidt, 1987, suggest that compared with men, women possess more flexibility, more intuition, and a greater ability to be empathetic and to create a more productive work climate" (1989:72).

The South African researchers Davidoff and Lazarus (2002) also draw attention to power and control as essential concepts when analysing leadership, management and governance in schools, and how these power relations are still influenced by the past hierarchical forms of leadership and management in South Africa. The authors claim that there has been a change towards a more consultative style of leadership and management, allowing many voices to be heard, but without, however, adequate guidance. According to Davidoff and Lazarus, there is a challenge to "… develop the sensitivity and wisdom to use the right style of leadership *at the right time*" (2002:38).

The right leadership style at the right time indirectly raises the issue of the external and internal environment of the organisation. For example, the Teacher Inservice Project emphasises that the contextual realities in and around many schools in South Africa – characterised by poverty, HIV/AIDS, crime and abuse – have compelled an understanding of organisational development that goes beyond Senge's

definition of the learning organisation. The ongoing transformation process since the apartheid era poses enormous and extraordinary challenges to leadership at all levels. "While the transformation process has mobilisation towards positive change at its centre, there is a long hard struggle before its benefits reach all communities" (TIP, 2000:5).

McLennan and Thurlow (2004) claim, however, that all schools in South Africa, including the well-resourced, share the same management challenges as a result of new policies and legislation. As shown, this view is supported by findings in the international study referred to by Dalin (1998) and argued against by Volan (2003), in claiming that issues like poverty pose additional challenges to schools as a result of reform implementation (see section 3.3). Humes claims that leadership is among the areas of fashionable discourse: "… it is widely invoked and subject to very little in the way of critical scrutiny" (2000: 41). He argues that "… politicians find educational leadership an attractive concept because it places responsibility for success or failure largely in the hands of professionals; thus 'failing' schools are presented as victims of poor leadership rather than ill-conceived policies" (2000:41). Humes is critical of attaching "… considerable weight to 'in school' factors in explaining differential results by apparently 'similar' schools and perhaps underestimating the extent to which external social factors influence pupils' achievements" (Humes, 2000:41). Fullan (1993) focuses on leadership, and MacBeath (1999) highlights the importance of school self-evaluation. MacBeath's study of the ways in which schools manage their own strategies of improvement through a process of self-evaluation, does not include leadership as one of its key categories (1999).

## 3.6 "When there is consensus above and pressure below, things happen" (Fullan)

Dalin reminds us that where decentralisation occurs, there is a redefinition of the role of the centre, which in fact can result in a stronger role, and as such there can be decentralisation and centralisation occurring at the same time. Dalin continues by asking:

> More fundamentally, it is a question of what serves best to promote the quality and objectives of the schools in general: a decision-making process that most

closely resembles actual practice (bottom-up) or one that is governed from above (top-down) (1998:5).

Humes refers to the Scottish context of policy, implementation management and the issue of top-down instructions. He argues that the continuation of reform programmes "… ensures that a chronically tired and largely demoralised teaching force lacks the strength and the will to engage in any kind of sustained critical interrogation, let alone develop an effective strategy of resistance" (2000:38-39). Humes continues to argue that the position of the teachers is worsened by the fact that those who occupy leadership positions "… have succumbed to the pressure to concentrate narrowly on matters of implementation, without any serious reflection on the justification of official policies. They simply wait for the directives from above and pass them down the line" (2000:39).

According to Volan (2003), Fullan (1993) emphasises that centralisation errs on the side of over-control and decentralisation errs towards chaos. Cited by Volan, Fullan reflected on these processes involving a top-down change as follows:

> We have known for decades that top-down change doesn't work. Leaders keep trying because they don't see any alternative and they are impatient for results. Decentralised solutions like site-based management also fail because groups get preoccupied with governance and frequently flounder when left on their own. School and district development must be coordinated. The centre and the local units need each other (Volan, 2003: 37).

Further referred to by Volan, Fullan draws the conclusion that change flourishes best in a 'sandwich'. When there is consensus above, and pressure below, "things happen" 2003:22). Volan claims that research on change processes shows that both top-down and bottom-up strategies are necessary.

The conclusion related to the combined forces of change from the 'top down' and from the 'bottom up' echoes arguments suggested by a number of researchers and organisations studying educational change processes in South Africa, e.g. Lazarus and Davidoff and TIP (Teacher Inservice Project) and IMTEC (International Movement for Transformation and Educational Change). The conclusion referring to the picture of a 'sandwich' is also supported by aspects of the theories reported on earlier in this chapter (see section 3.2 and 3.3).

Volan points to the need that government staff at the centre be retrained to assume new roles as collaborators rather than enforcers of regulations. She also argues

that there is usually a significant demand for training at the other end, namely at the district and local level. Volan's findings from her study of the educational decentralisation process in Zambia indicate that the required skills and competencies to undertake the new responsibilities are often not there, and that the need for training requires high priority if decentralisation is to succeed. She argues that the mental barriers of people, both at the central and local levels, should not be underestimated. She emphasises that change takes time and much effort in order to break down the traditional role pattern where some actors give instructions from above and other actors obey instructions received (2003).

## 3.7    The teacher as change agent

As described in the section above, decentralisation aims at involving people on the ground in educational development. Davidoff and Lazarus argue that leadership and management not only relate to those in positions of power (e.g. principals and heads of departments), but include everyone who holds a leadership position, such as teachers and other role players in the school. They further claim that the capacity and ability in all staff members to be creative and responsible as leaders can be understood as elements within the concepts of whole school development and the school as a learning organisation (2002).

Davidoff and Lazarus emphasise – as Fullan and Miles (1992) do (see section 3.3) – that the school is at the heart of educational change, and where most of the educational policy is put into practice. Davidoff and Lazarus believe that the school can be equipped to manage change effectively, which in this context means that the school needs to become a learning organisation (2002). Volan (2003) refers to Davidoff and Lazarus (1997) who argue in line with Fullan (1993) that change is unpredictable, and part of the challenge of development is to ensure that the school as a whole, and the people connected with it, are able to cope with and manage change proactively and effectively. This requires that the teachers need to participate and contribute to policy formulation in order for that policy to address real needs experienced by teachers and schools. Davidoff and Lazarus write that "… if teachers do not implement what the policy provides or expects, then that policy needs to be reviewed, or the implementation process needs to be re-examined" (2002:5).

Dalin (1998) asks what the indications would be if teachers were to become effective agents of change, and under what conditions this would be most likely to happen. In an effort to address these questions, he refers to a number of researchers, one of them being Fullan. According to Dalin, Fullan finds that teachers use new ideas and methods in their teaching when they find the content of the in-service training relevant and specific, when the transfer of knowledge happens on an interpersonal basis, when there is sufficient personal follow-up in the implementation phase and when the school and the district have a positive attitude to school development (1998). Dalin points to the fact that in-service training for teachers is a widespread approach used by education authorities to introduce new curricula and for other changes in the schools, but little research is carried out to evaluate the effect of these (1998). However, Fullan came to some conclusions which characterise the usual in-service training programme, and which could, probably be said to limit the effect of these. The characteristics are cited by Dalin as follows:

▫ One-time seminars with no follow-up, where topics are determined by someone other than the participants;

▫ These programmes are rarely geared to the needs of the individual participant, and an evaluation is seldom carried out;

▫ Participants come from schools and municipalities with vastly different challenges and problems, and there is no built-in plan for how to implement what is learned back in the participants' schools and home municipalities (1998:154).

Dalin emphasises the need for sufficient support to the teacher in the implementation phase. Fullan, according to Dalin, also points to difficult work conditions which can limit the teacher to a more reactive role and refers to evidence from a number of reports in the United States suggesting that teachers' work at the time is characterised by an increasing amount of routine and overwork (Dalin, 1998).

Davidoff and Lazarus highlight the difficult situation of teachers in South Africa and the need for support. They refer to the many policy and legislative changes taking place, which mean that teachers are constantly faced with having to adjust to new circumstances – a stressful situation unless appropriate support is provided (Davidoff and Lazarus, 2002). Their research in South African schools underscores the argument that it is the people in the schools who make a difference and that without people

changing their attitudes and forms of behaviour, very little change is likely to take place (2002). Shaeffer (1994) argues along the same lines when he states that educational planners cannot expect more than half-hearted support from teachers unless the teachers are consulted before introducing reforms.

## 3.8    Summary

In this chapter I have described a selection of theories and approaches regarding organisations and change. The complexities of the change process in relation to educational reforms, whole school development and the concept of learning organisations were discussed. I have looked at challenges facing the education system and leadership to deal proactively with change. The main findings from international and South African studies were presented with particular reference to the lessons learned regarding the importance of local participation in change processes. In Chapter Five, the focus falls on educational change taking place in the Western Cape Province of South Africa, within the framework of national policy and reform processes since 1994. Before turning to those issues, the following chapter presents the methodology of my investigation.

CHAPTER FOUR

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# Methodological Framework

## 4.1    Introduction

This chapter presents strategies, themes and characteristics of the qualitative research approach which informed the choice of methods employed for this thesis.

The practical implications of applying these methods are outlined and the researcher's role and interplay with the respondents is described. Ethical considerations and access to the field, as well as issues related to validity and reliability are also addressed below.

Research can be defined as systematic inquiry or investigation, traditionally perceived to follow the methods of the natural sciences in the gathering of measurable data, which would lend themselves to the objective quantitative presentation thereof. Over the past few decades, researchers in the social sciences have experienced an increasing acknowledgement of the usefulness of qualitative research approaches. Qualitative research in this thesis is understood as an umbrella term referring to several research strategies that share certain characteristics. Merriam (1988) points to traditional research as being based on the assumption that there is a single, objective reality that one can observe, understand and measure. Qualitative research, however, assumes that the world consists of more than one reality and that these realities are highly subject to multiple interpretations (1988).

"It is primarily the nature of the enquiry which should decide which methods are most suitable" (Volan, 2003:64). The rationale for this study is to examine the extent to which support structures in a provincial education department are addressing the needs of children rendered vulnerable in the context of HIV/AIDS and poverty in a meaningful way. Enabling or disabling factors such as leadership, systemic change and issues related to gender, race and social class are also examined. The complex nature of the study, which demands the interpretation rather than the measuring of data,

suggests a qualitative research approach. I have, however, also made use of 'other voices' than those from the case study as a means of triangulation. Also, statistical information and quantitative data analyses conducted by South African based researchers are used as means of triangulation of data from the case study of this thesis.

### 4.1.1    Qualitative research strategies, characteristics and underpinning theory

The research strategies chosen for this thesis bear a strong resemblance to the early phase of the development of qualitative research. The 'Chicago School' in the 1920s and 1930s is linked to the tradition of ethnographic fieldwork from Malinowski onwards. Methodologically, the Chicago sociologists relied on the study of the single case, whether it was a person, a group, a neighbourhood or a community (Bogdan and Biklen, 1992).

As pointed out by Bogdan and Biklen (1992:30), the concern qualitative researchers have for 'meaning', as well as the other features described below as characteristics of qualitative research, are guided by a theoretical orientation or theoretical perspective. In other words, this is understood as a way of looking at the world or the assumptions researchers have about what is important, and what makes the world work. All research is underpinned by some theoretical orientation. For this thesis, *theory* is used more in line with its use in sociology and anthropology and similar to the term *paradigm,* defined by Bogdan and Biklen as "… a loose collection of logically held-together assumptions, concepts or propositions that orient thinking and research" (Bogdan and Biklen, 1992:30).

Theory or paradigm, as defined by Bogdan and Biklen (1992), is understood to influence the researcher's actions throughout the research process, shaping what is done and contributing to decision-making processes about what has to be done. In a seminar on the role of theory in research at the University of the Western Cape (South Africa), Wickham formulated the connection in her statement that: "There is nothing as practical as (good) theory" (2005).

The chosen triangulation of different perspectives and sets of data for this thesis include specific research methods rooted in a case study, conducted within a grounded theory approach, understood as a methodology requiring the researcher to generate or refine existing theory from the data collected.

Parker, however, argues that researchers must be aware of grounded theory. He writes that:

> … there is still a good deal of anxiety among researchers about the way 'theory' seems to separate us from the things we find rather than bringing us closer to them. This is where 'grounded theory' has come to the rescue, with the false promise to enable the discovery of theory from data (2005:56).

Parker continues to argue against how the grounded theory approach is practised: "Of course, every theory should be grounded, but the way it is set out in that approach is neither grounded, nor theory" (2005:56). According to Parker (2005), one problem arises when referring to the approach of induction – when the researcher comes to believe that the data 'speaks for itself', and that concepts and categories 'emerge' from the material. He writes:

> The claim that theory is really only 'context-specific' – confined to the data – shows the hollowness of its attempt to throw light on what is going on. It adds nothing to our understanding because it has forbidden the researchers to step back and think about what they see (2005:57).

On the basis of how the data collection and analysis process of this thesis were conducted, reflection and self-reflection were used in order to not simply believe that what is observed 'speaks for itself'. I regularly took 'a step back' to reflect on what I had heard and seen, and how my position might have influenced my interpretations of what I had heard and seen.

I will therefore argue that throughout the research period of this thesis, the variety of methods employed, including the processes of reflection, contributed to a gradual acquirement of a deeper insight into the issues investigated. The research required flexibility in the sense that I had to adapt my investigation as my understanding of the issues deepened. As pointed out by Østberg (1999), and cited in Volan (2003): "…the research process is characterised by backward and forward movements, overlapping phases and the reshaping of research design" (2003:67).

In addition to the characteristic of flexibility, a number of researchers (Bogdan and Biklen, 1992; Miles and Hubermann, 1994; Lauglo, 1995; Volan, 2004) have listed certain characteristics of qualitative research. Even though no study conforms exactly to a standard methodology, as underscored by Miles and Hubermann (1994), the research process of this thesis was informed by the themes and characteristics

outlined by these researchers. My own understanding of this research process could be summarised as follows:

*Qualitative research has the natural setting as direct source of data, and the researcher is the key instrument:*

In the field of education, researchers spend considerable time in schools, collecting data and learning about educational outcomes and processes. They are motivated by a concern for context and the underpinning view that action is best understood when it is observed in the setting in which it occurs. The qualitative researchers assume that human behaviour is significantly influenced by the setting in which it occurs.

*Qualitative researchers are concerned with process rather than simply with outcomes or products:*

The natural context and history of the phenomenon (or phenomena) focused on in a particular study are explored. Issues examined could relate to how people negotiate meaning, how certain terms and labels come to be applied, how certain notions develop as part of what is regarded as 'common sense', and/or how certain attitudes of some people are translated into their interaction with other people.

*Qualitative research is descriptive:*

The data collected are in the form of words or pictures rather than numbers. In the search for a comprehensive understanding, one or more sets of data are analysed without reducing these to numerical symbols without more. Different categories of data are analysed as closely as possible to the form in which they were recorded or transcribed in order to capture all the richness. Qualitative descriptions in reports and articles are often described by some as 'anecdotal' and/or 'thick'. This is because they often contain quotations when describing a particular setting or view of the world in a narrative form.

*Qualitative researchers tend to analyse data inductively:*

The researcher does not assume that enough is known to recognise all important concerns before undertaking the research. The qualitative researcher uses the study itself to learn what the important questions or issues are. The abstractions are built as the particulars which have been gathered are grouped together and analysed. Theory

developed this way emerges from the bottom up, rather than from the top down (grounded theory). As Bogdan and Biklen illustratively explain:

> You are not putting together a puzzle whose picture you already know. You are constructing a picture which takes shape as you collect and examine the parts. The process of data analysis is like a funnel: things are open at the beginning (or top) and more directed and specific at the bottom (1992:29).

*"Meaning" is of essential concern to the qualitative approach:*

According to Bogdan and Biklen, phenomenologists believe there are multiple ways of interpreting experiences available to us through interacting with others. The complex nature of the thesis topic suggested a research approach in which meanings of events and forms of behaviour could best be captured by qualitative data, characterised by the rich, nuanced and contextual information embedded therein (1992).

*The complexity of educational problems:*

Lauglo points to the complexity of the problems confronting decision-makers and practitioners, and therefore may not be readily reducible to those aspects which research can address. He claims that:

> … the knowledge base can be weak, unclear and ideologically fraught when research addresses complex policy problems, as for example the question regarding what is the best distribution of power and authority in an education system if the goal is to promote equality of opportunity and good quality of learning (1995:4).

The complexity involved can, according to Lauglo, lead to a tendency to dismiss research as irrelevant or insufficiently applied, because it fails to give clear guidance for action. He highlights the alternative where the research " … will be all too eagerly embraced if it fits the preconceptions which external users have of education, though it can then be criticised for merely telling us what we already know, if the match is too close" (1995:4).

Both Patton (1987), Smith (1996) and others write that the qualitative inquiry is characterised by providing a holistic perspective to the phenomenon under study and therefore requires an understanding of the complex system involved that is more than the sum of its parts.

The choice to conduct a case study within a multi-method approach for this thesis was informed by all the above characteristics. The potential of the case study to

provide a 'thick' description and understanding of a complex phenomenon from a local and holistic perspective and focusing on process, as well as allowing ample space for continuous reflection and flexibility is highlighted by many researchers as being embedded in a case study (Bryman, 2001; Yin, 1993; Merriam, 1988). The characteristics became increasingly apparent throughout the research process, and are therefore evident in the text produced for this thesis.

As reported above, the methodological rationale for this qualitative research will be represented in the search for meaning within the context of the cultural setting of the participants in this study in an effort to understand issues related to HIV/AIDS in schools. Support to schools in the contexts of poverty and education system change is explored through using a local and holistic approach.

The same fundamental approach to research is found in the book *Learning from each other* where Meerkotter refers to South Africa, and argues that the socio-economic environment of the school must be conducive to what happens in school in order to make learning meaningful and relevant. The quality of education for the student can not be improved unless the situation for the student outside the school is also fully understood (Meerkotter, 2001).

Crossley and Broadfoot bring the usefulness of the local case study to a global level when they argue that the significance of context at micro level has become increasingly apparent in recent years in understanding more direct linkages between qualitative research and comparative and international research in education (1992).

The case study has also been met with criticism by researchers within social sciences. Yin (1993) raised concerns regarding subjectivity in terms of bias entering the research process of a case study more frequently and is less frequently overcome than in quantitative methods. During my own case study process, I made efforts to be aware of my own biases and how these could influence data collection and analysis. Another drawback with case study research is that it provides a poor basis for scientific generalisation. Yin introduced the concept of *analytical generalisation,* different from *statistical generalisation,* which is based on empirical data collected from a sample of a population considered to be representative of the whole population. He argues that *cases* are not sampling units as such. They are context-related units of study used to compare with previously developed theory. I argue that the potential of analytical generalisation, as understood by Yin, is strengthened in the data analysis of this thesis through the use of triangulation of case study data. In particular the work of South

African-based researchers is employed in an effort to understand the wider context of my case study.


## 4.2 Data collection

For this thesis a literature review and a documentary analysis of literature, which includes documents on the design and implementation of training programmes facilitating organisational change of the Western Cape Education system were conducted as a main method. In addition, written records of what was observed in schools on the schools' AIDS day were kept and supplemented by other data such as written records of the case school vision, school policy on HIV/AIDS and extracts of attendance and drop-out records over the past four years. The literature on change and education reform programmes has been used to provide an analytical framework to develop a deeper understanding of the impact of change and reforms on the daily running of the case school, as well as to explore the adequacy of the Education Department's support to schools in this context of change.

The choice of research methodology to document the implementation of reform processes is supported by the thinking of Miles (1991), who claims that qualitative educational research can document actual, close-up implementation of policies/innovations and illuminate the process and the outcomes. He argues that the qualitative study can show significant features accounting for success and failure, and how the research can focus on the 'curriculum as implemented', and actual teaching practice. Findings can also point to unanticipated outcomes, both positive and negative. I agree with Miles who further highlights the ability for a qualitative study to reveal how implementation is affected by different local contexts, and how it can strengthen local practices by identifying needs for training, technical assistance and support (1991).

As the data for this thesis needed to be rich in description, the instruments or techniques chosen for the case study are in-depth interviews and observation. Loosely-structured or semi-structured interview guides were employed in order to capture complexities and nuances of the data. The semi-structured interviews were conducted with the case school's principal, teachers (focus group and individual) and selected learners (focus group), as well as with field staff working within the structures of the Department's HIV/AIDS Life Skills Programme. Other respondents, linked to the

school and school community, were interviewed individually. In addition, a focus group interview of ten teachers (including one principal and one deputy-principal) representing five schools from a variety of areas in Cape Town was conducted. The purpose of this interview was to collect data from a sample unit which represents a larger population of teachers to infuse the method of triangulation.

Unstructured, non-participant observation of everyday school life and of one HIV/AIDS school cluster meeting constituted a part of the research methods 65

employed.

In addition, a number of quantitative data analyses carried out by South African researchers have been used as means of triangulation in the data analysis of this thesis. HIV prevalence data reported by UNAIDS provided information to illustrate the magnitude of the epidemic across Sub-Saharan Africa. HIV prevalence refers to estimates of people living with HIV at a given time. I am also referring to HIV incidence in this thesis – "… these are estimates of the number of new infections that occur over a given period – e.g. the number of new infections per year" (Parker, Colvin and Birdsall, 2006:10). The main purpose of HIV incidence is to measure trends in HIV incidence and relative differences in incidence in the same population or between sub-populations over time (Rehle, Shisana, Pillay, Zuma, Puren and Parker, 2007).

In South Africa, the HIV data collections are primarily from two sources. Surveys among pregnant women attending public sector antenatal clinics provide estimates crucial to developing plans to mitigate HIV infection and address the effects of the epidemic. The second source of information builds on national population-based surveys, which include a much wider range of demographic data: gender, race, housing, employment status, marital status and migration. In addition, the data provide information on knowledge, attitudes and sexual and other HIV/AIDS-related behaviour. Limitations with regard to the use of the data include under-sampling of particular demographic groups, e.g. 'Whites' and 'Indians' (Parker, Colvin and Birdsall, 2006).

As pointed out by both Parker, Colvin and Birdsall (2006) and Rehle et al. (2007), the HIV incidence estimates reflect the underlying transmission dynamics that are currently at work in South Africa. I found that the data analyses conducted by Parker, Colvin and Birdsall (2006), and Rehle et al. (2007) regarding gender, the younger age groups, race, residence location and HIV/AIDS-related risk behaviour

were useful in terms of triangulation of the qualitative data produced from the case study of this thesis. However, while using the data, the limitations embedded therein were acknowledged. Rehle et al. refer for example to survey data which reveal a significant discrepancy between biological tests and self-reported sexual behaviour (2007).

The selection of a primary school as the site for the case study of this thesis was carefully conducted based on a number of selection criteria. The school had to be a primary school participating in the WCED's education and training programme to facilitate the change processes within the education system. In addition to this, the school had to:

- be situated in a poverty-stricken area;

- accommodate learners of a variety of home backgrounds;

- be in a district where the EMDC was active in the processes of change (past and present);

- have a principal who would be supportive of the research;

- be relatively close and easy to access by the researcher;

- be relatively safe for the researcher to carry out her investigation.

All of the above-mentioned criteria were fully met, except for three:

- Participation in the WCED's education and training programme was only partly met (the principal and one teacher had participated in the training);

- Practical access (the school was situated in an area with no public transport and was hampered with floods during the rainy season);

- Learners were of Black and Coloured background only. The case school had no white learners.

When I first entered the field and engaged with the school selected, my research questions were challenged by the school principal saying that I would not find what I was looking for, because the school did not have any learners infected or affected by HIV/AIDS (only some time later two learners were identified as affected by AIDS). This was unexpected because the literature review undertaken for this thesis indicated a high HIV prevalence rate in the school communities, which had all the characteristics of communities hardest hit by the pandemic, and not only in South Africa. The principal advised me to find another, more suitable school in the sense that the school would have learners infected or affected by HIV/AIDS.

I decided, however, to continue as planned. I kept to the original research questions, but at the same time, my focus became increasingly diverted into an attempt to explore *why* the teachers and the principal in the case school had not identified any learner infected or affected by HIV/AIDS. I felt that the *why* question might contribute to answering the original thesis questions regarding the Education Department's support provision to primary schools in the context of HIV/AIDS and poverty. It became, therefore, important to include other schools in similar circumstances in the same district as reference points.

As researcher I was motivated to get to know and be known in order to build a relationship of trust between myself, the principal, teachers and learners. In the South African educational context I soon realised that it was of particular importance to be aware of the power relations inherent in my research project. The psychological effects of the apartheid ideology are still apparent in South Africa, and were taken into consideration throughout the thesis work. The history of authoritarianism that impacted on the South African political, governmental and educational systems, as well as the tensions and mistrust in society this generated, especially in relation to information sharing, were acknowledged. I was aware that achieving confidence from the respondents would require a particularly sensitive approach in this historical context, in particular since I am 'White' (the school had only 'Coloured' teachers). However, the experience I had when making contact with the respondents was that my Norwegian nationality, to some degree, weighed up well to the fact that I am 'White'. Norway seemed to be associated with the anti-apartheid struggle and history of non-colonialism.

Another effect of being an 'outsider' could have been that people participating in the research interviews spoke more openly to me because I did not represent any of the political groups in South Africa. This is highlighted by Wieder (2002), who reports that his colleagues at the University of the Western Cape (South Africa) were convinced that people spoke more openly to him because he was an 'outsider'. However, Wieder points out that the question of the possibility of an 'outsider' capturing the tone of a culture is often asked in fields like anthropology, sociology and history. He also cites Glesne (1998) presenting the "… position of the 'insider' being incapable of seeing past her own involvement" (Wieder, 2002:67).

Like Wieder, I was associated with the University of the Western Cape (UWC), a fact that clearly had positive connotations with the respondents when I introduced

myself and the purpose of the study. One of the case school's teachers undertook her teacher training at UWC, and the principal at the time was participating in a leadership course at UWC. Positive perceptions concerning the University's history (the 'Coloured' University), as well as its current community outreach programmes should not be underestimated. This image seemed to work as an 'agent' of goodwill in the surrounding disadvantaged communities, which I would argue, benefited my access to the field, as well as the quality of the information I received from the respondents.

The practical experience of the interviews conducted for this thesis (group and individual), could be described as more of a conversation than a set of fixed questions and answers. The interviews were 'in-depth' interviews, guided only by some main questions or points. "This permits the respondent to describe what is meaningful without being pigeon-holed into standardised categories" (Smith, 1996:36). The individual interviews served as the primary means of collecting the qualitative data for this thesis. These were combined with the use of focus groups, observation, document analysis and the statistical information in a multi-method study. One school of thought "… broadly defines focus groups as a research technique that collects data through group interaction on a topic determined by the researcher" (Morgan, 1997:6).

Parker makes the point that "… it has been said that an interview is a conversation with a purpose" (Parker, 2005:57), and he adds that "… the way an interview really differs from most conversations, which also have many purposes, is that the initial purposes are determined by the interviewer" (2005:57).

The focus group approach, understood in line with Morgan (1997) and Parker (2005), was used in the group interviews conducted for this thesis. As advised by Morgan, the focus groups were not only planned with regard to moderating a group discussion (1997). In addition, other elements that go into a focus group approach, as well as the individual interviews, were carefully considered. Amongst these elements were: the research goals; the questions that needed to be asked; who the research participants would be and how they would be recruited; the nature of the ways in which the participants would participate; the languages which would be used; and the use of an interpreter (Morgan, 1997; Parker, 2005). The focus group interviews with the teachers participating in my study gradually developed into a discussion between the participants.

The focus group interviews with the learners never reached the level of discussion and authentic interaction. My interpreter/assistant asked questions (in

Afrikaans and English), and the learners answered one by one. The groups were small with three to four learners, which provided the opportunity to let every learner be active in terms of giving answers. Often they agreed, which could be a result of group or peer pressure, but the answers also varied at times.

I found the teachers in general to be speaking openly and freely, and in the group interviews they became very engaged in the topics discussed, and at times these discussions developed their own dynamics, which sometimes needed my guidance to get 'back on track'. However, with regard to issues directly related to HIV/AIDS, in general regarded as sensitive, I experienced that most of the case school teachers spoke more openly during the individual interview which followed a few weeks later. Morgan points to various ways of how focus groups can link to individual interviewing (1997).

The focus group interview with the teachers in my case study was not planned as part of the research design, but was decided upon when teachers in the foundation phase classes expressed discomfort about being interviewed individually. After the group interview was completed, they all felt comfortable and eager to participate in an individual interview, a clear indication that the group discussion was successful in terms of achieving a safe atmosphere, which influenced the participants to willingly take part in an individual interview focusing on more sensitive issues. This way, the relative place of the focus group method, within the mix of methods that were used for the thesis investigation, proved to be meaningful as it contributed to something unique in terms of enhancing my understanding of how the respondents related to the sensitive HIV/AIDS issues which formed part of this study. The link between the two forms of interviews became increasingly clear as the investigation progressed.

The advantage of group discussions became evident when the discussions took form. Both teachers and learners expressed similarities and differences concerning their opinions and experiences. As Morgan states, it became clear that the method of group interview required greater attention to my role as the moderator, and the method provided less depth and detail about the opinions and experiences of individual participants (1997). These were followed up with the individual teacher, but not with individual learners. The decision was made because the teachers' opinions and experiences were the main focus of this thesis, and not those of the learners. The individual interviews with the teachers provided the richness of data needed. According to Morgan, this could also be influenced by the nature of the topic, and not

necessarily by the technique as such (1997). However, the purpose of the individual follow-up interviews with the teachers of Grade One to Grade Four was to provide an opportunity for the teachers to speak more freely and in more depth on the issues relating directly to HIV/AIDS, and how they perceived the support from the Education Department. The issue of internal support within the school itself was also discussed. The group discussion focused on the daily life in the school, the challenges related to poverty, social problems among learners and how these factors influenced the learning/teaching processes in the classroom.

I therefore argue that the richness of data from the individual interviews was in this case not so much decided by the topic itself, as it was by the way the interviews were conducted. The process described above – in which the focus group discussions were used to not only provide information and link the topics to the individual interview, but indeed also to prepare a safer space for the individual interview – proved to be successful in terms of providing in-depth information. The interviews with the Grade Five, Grade Six and Grade Seven teachers were conducted at an individual level only, with the exception of a brief follow-up group discussion at the end of my research.

Morgan (1997) gives examples of issues that favour focus groups, e.g. when participants were not expected to have in-depth knowledge. I claim this was the case with the learners' focus group interviews for this thesis. The learners represented age groups not expected to have thought much about HIV/AIDS issues. These interviews, however, proved to be useful, because together they had a range of different thoughts on the subjects.

I argue that the teachers in the group interviews, after some time, experienced a level of safety that encouraged them to also express differences in experiences and opinions between them. The differences could relate to classroom experiences and to what extent the teachers viewed the educational reforms and the HIV/AIDS curriculum as relevant to their learners. I therefore argue that the group discussions provided a valuable source of insight into teachers' behaviour and motivation with regard to the processes of educational change in general, and HIV/AIDS-related issues in particular.

As the interviewer, I found myself to be the primary research instrument in trying to encourage the participants to freely express their thoughts around the research topics. The empirical research process, and in particular the in-depth interviews, did generate processes of reflection among the respondents that resulted in some of them –

on their own initiative and without any further questions asked – approaching me to provide more information. These situations illustrate that my very presence in the school, asking questions, became like a catalyst for the teachers to reflect upon issues which had received little attention in the school before.

One incident that illustrates the impact my presence in the school could have had, took place shortly after I had completed the very first group interview at the case school. A few days after the focus group interview with the teachers of Grade One to Grade Four, one teacher discreetly made contact with me to give some additional information regarding a learner whom she thought was affected by AIDS. Whether she did not feel confident enough to share this information in the group, or whether my questions and the group discussions had triggered the teacher to reflect differently on previous observations she had made of the learner is not possible to establish.

Another example of how research can influence participants is the teacher who claimed that she subsequently wanted to teach more on the HIV/AIDS curriculum in future than she had wanted to before.

There were situations, however, when I directly intervened in a situation to influence the research process. The most obvious example is perhaps when I interrupted a group discussion in order to direct the discussion back 'on track', that is within the preset structure for the interview, although the structure was relatively wide. The fact that the group was directed by the interests of the interviewer or group moderator could also be perceived as a source of weakness linked to the method. Morgan highlights this: "There is a very real concern that the moderator, in the name of maintaining the interview's focus, will influence the group's interactions" (1997:14).

The researcher's influencing data and the quality thereof is a concern characterising all qualitative methods. I share the concern and feel confident to claim that attention and care were duly paid to mitigate the impact of the researcher on the information obtained.

During the data collection processes, critical questions regarding how the interaction between me and the respondents can influence data were asked. Self–reflection became an integral part of the methodology. This dynamic interplay between the researcher and the respondent(s) constitutes a continuous part of the hermeneutic approach.

## 4.3    Qualitative data analysis

Data collection and analysis were interwoven right from the start of this thesis, as strongly recommended by, among others, Miles and Huberman (1994) and Alvesson and Skøldberg (2000). The methodology used in this work offered an opportunity to analyse the dynamics of programme processes and their holistic effects on the participants. In particular, the fact that I made observations, met and interviewed the respondents over a significant period of time, provided an opportunity to capture not only anticipated outcomes of my study but also unanticipated outcomes. The research questions of this thesis were formulated to investigate a chosen focus in all its complexity in order to understand behaviour and systemic change through the respondents' making of meaning based on their experiences. As stated by Dalin, processes of change are complex and non-linear, and they often break with the intentions of change (1994).

Analysis, description and the interpretation of meaning as understood in the phenomenological and hermeneutical tradition influenced the data analysis of this study. Through the use of a reflexive methodological approach, aspects of the phenomenological and hermeneutical tradition were highlighted, both during the research process and in the textual (final) product. The collection of data for analysis addressed a wide range of interrelated issues, such as poverty, race/population group class/place of residence and gender.

The nature of the qualitative data was of pivotal importance during the process of interpreting the meanings that the respondents themselves attached to HIV/AIDS-related issues, and how they linked these to the social reality of the case school's communities. Before analysing the data, I devote much space in this thesis to the respondents speaking for themselves, interlinking their understandings with comments that I had made concerning my own understanding of matters related to this research (see Chapter Six and Chapter Seven).

I did not use a coding mechanism for the data, but through continuous reading of the interview transcripts, discussing interpretations with my locally-based interpreter/field assistant, and developing a consciousness with regard to my own assumptions in a reflective process, I gradually developed a deeper understanding of the material. This way, interpretations of meanings were made by both me as the researcher and by the participants. I organised the interview transcripts into meaningful

categories, within the framework of the research aims and questions of this thesis. This is in line with the arguments of researchers supporting a phenomenological approach who "… attempt to understand the meaning of events" (Bogdan and Biklen, 1992:31). Miller and Crabtree point to making meaning out of experience and write: "Phenomenology answers the question, 'What is it like to have a certain experience?'" (1992:24).

In this process I was assisted by the theories and studies reviewed for this thesis. According to Holmarsdottir (2005) theories can help researchers understand and organise the data of experience. "They permit the researcher to summarise relatively large amounts of information via a relatively short list of propositions, and therefore bringing meaning to what is otherwise chaotic and inscrutable" (Holmarsdottir, 2005:256).

The research process of this thesis moved beyond phenomenology and towards hermeneutic research in the sense that the interpretation of the experiences of respondents was used in order to better understand the socio-cultural and historical context in which the experiences occurred. This dynamic interplay between the researcher and the researched is part of the hermeneutic approach which produces a continuous dialectic conversation. Holmarsdottir refers to McLaughlin who pointed to a second function of theories in research, in which theories can transform the meaning of what is known. They enable the researcher to draw conclusions that are not evident from the data taken in isolation (2005).

As the structural and cultural change of the education system is a dynamic project, a reflexive qualitative research approach was followed to describe and better understand the process of change. In their book *Reflexive Methodology*, Alvesson and Skøldberg illustrate the interaction which can take place between different levels of interpretation (2000). From handling the empirical material, the researcher moves through a distinctly meta-theoretical field – understood as a comprehensive frame of theoretical references – making explicit reconnections to the empirical level. This constitutes a meaningful description of how the research journey of this thesis developed.

Reflexivity is understood as multidimensional and interactive in nature. According to Alvesson and Skøldberg, most research usually glides between two or more of the different levels, e.g. the handling of empirical material, interpretation, critical interpretation and reflection (2000). As reported in section 4.2, already during

data collection critical questions regarding how the interaction between the researcher and the respondents can influence the gathering and analysis of data were asked. Through these questions, self-reflection became an integral part of the methodology of this thesis.

According to Alvesson and Skøldberg (2000), the purpose of reflexive methodology is to bring out the aspects of handling empirical material, interpretation, critical interpretation and reflection more clearly, both during the research process and in the textual (final) product. They further argue that this implies even greater demands from the researcher to address weighty problems of empirical research such as, for example, the relationship between language and reality and the position concerning the political context of the research (2000). These issues were taken into consideration throughout the research work for this thesis.

Through the continuous discussions with my interpreter/field assistant, she could, as an 'insider', make me, the 'outsider', aware of underlying factors with regard to a particular statement that was not clear to me. One example is the language used by some of the case school teachers to describe learners and their parents. Assisted by my interpreter/field assistant in making a meaning out of these descriptions revealed that the racial and socio-economic background of the learners had a major impact on the teachers' attitudes towards different groups of learners in ways which contradicted earlier assumptions by the researcher.

Some teachers' derogatory descriptions of learners and their parents also illustrate power relations inherent in the teacher/learner and teacher/parent relations, which were important to understand through discourse analysis. Parker describes the challenge and the possibilities involved in using discourse to analyse power expressed through powerful images in language (2005).

According to Alvesson and Skøldberg, the aim of a reflexive qualitative research approach is, however, to avoid getting stuck in a certain type of logic; whether empirical, hermeneutic, critical-theoretical or linguistic, but instead provide space for interaction between different kinds of epistemological reflective positions in order to enhance the conditions for advanced reflexivity (2000). This coincides with social constructivism or discourse analysis as a mode of analysis. Phillips and Harding (2002) argue that discourse analysis endeavours to uncover the way social reality is produced and it examines how language constructs phenomena, how it reflects and reveals it (2002).

Kaplan (1990) elaborated on the issue of intent and how meaning is produced, by saying that:

> The comprehension of meaning lies not in the text itself, but in the complex interaction between the author's intent and his/her performance ability to encode the intent, and the receptor's intent and his/her ability not only to decode the author's intent, but also to mesh his/her own intent with the author's (1990: 2).

An important challenge for analysing the data of this thesis was therefore to look underneath what the respondents were saying and not only *why*, but also *how* people say what they say. The value of using discourse analysis lay primarily in the analysis of what was said – and how it was said – by different respondents in relation to the same social reality (HIV/AIDS and the socio-cultural environments in this study). A useful question which I asked myself during the data analysis processes, was one formulated by Kaplan (1990): "In what ways are intent, interest and power relations expressed in the text produced?" (1990:2).

The use of focus group interviews or discussions of similar groups of teachers (and principals) enabled me to pick up contradictions in response to questions regarding signs of learners infected with the virus or affected by HIV/AIDS. The contradictions were fed back both to individual teachers, and to a group of teachers for explanations.

The use of discourse analysis in this thesis also highlighted the importance of knowing the research context and to use several sources of information as a basis for knowledge production. This was particularly evident when confronting the issue of identifying learners infected with HIV or learners affected by HIV/AIDS. Information provided by the case school principal and most of the teachers (all except for one), were contradicted by other respondents living closer to the reality in focus than that of the teachers.

> Discourses do not exist in isolation but within a larger system of sometimes opposing, contradictory, contending or merely different discourses. Given that each discourse tends towards colonisation of larger areas, there are dynamic relations between these which ensure continuous shifts and movement, progression or withdrawal (Kress, 1985:1).

All interviews were recorded on tape and later transcribed by a South African assistant who also translated passages that were articulated in Afrikaans. The interviews were conducted mostly in English with the respondents' understanding that

they could answer in their mother tongue, Afrikaans, if they preferred. Still, with one exception, they all preferred to speak English most of the time. Only when the respondents felt a need to express themselves more strongly, or when they became very engaged did they use Afrikaans, with the exception of the principal whose mother tongue is English. The fact that in most interviews both the interviewer and the interviewee (at least most of the time) used languages that were not their mother tongue, obviously entailed a greater risk for misunderstandings than when the communication is in the mother tongue, and the interpretation is filtered through the same cultural lenses. This may, to a certain extent have been counteracted by the fact that I have worked as a teacher in a rural setting in Zimbabwe (two years), and also by my extensive experience as an education consultant in many African countries, including the local context of Cape Town since 1994. Did I therefore have experiences in common with the teachers I interviewed? All the teachers in the case school, and most of the teachers from other schools whom I interviewed were women, as am I. Could my experience as a woman in a rural school in Zimbabwe constitute a basis of experience that made me more capable of understanding and interpreting the experiences of the teachers, and grasp the nuances, contradictions and complexities involved? Wiederberg (1996) draws the attention to experience as a key concept in research, and argues that experiences constructed through interpretation do not make them less real or less important. She writes: "For social scientists, experience is a key concept. That is what we seek to grasp, interpret and formulate" (1996:129).

## 4.4     Validity and reliability in qualitative research

According to Silverman (2001), research is to be judged on whether it produces valid knowledge, and research methods and conclusions must therefore be justified. Miles and Huberman (1994) emphasise that qualitative research involves the issues relating to objectivity, reliability and validity, as does quantitative research.

As pointed out by Whittemore, Chase and Mandle (2001), numerous scholars have contributed to what they propose as a synthesis of validity criteria. They discuss the concept of validity in qualitative research through the categorisation and differentiation of primary validity criteria, secondary criteria and techniques. Credibility, authenticity, criticality and integrity are considered primary criteria. Explicitness, vividness, creativity, thoroughness, congruence and sensitivity are

considered secondary criteria. Criteria understood in line with Whittemore, Chase and Mandle are "… the standards to be upheld as ideals in qualitative research, whereas techniques are the methods employed to diminish identified validity threats" (2001:528). They emphasise that differing interpretive perspectives and differing research designs may require flexibility in terms of which criteria are applied. In practice, however, they claim that every investigation should apply the primary criteria (2001).

Throughout the various stages during the course of working on this thesis, I have made every effort to adhere to the validity criteria referred to as the primary criteria by Whittemore, Chase and Mandle (2001). The choice of investigating a case meant that secondary criteria were also employed. The 'in-depth' nature of the case study entailed potential quality with regard to thoroughness, explicitness, bias, creativity, vividness, and sensitivity (2001). As reported above, all these criteria are ideal standards, a fact that I was often made aware of throughout the research process.

During the teacher interviews, for example, I experienced that sometimes I had to repeat, explain or rephrase my question. The reason did not seem to be that the spoken language was not the mother tongue, but rather the content of the interview dealing with sensitive issues. This challenged me as the researcher with regard to sensitivity, thoroughness and creativity.

Apart from gaining access to the field by providing a safer kind of interviewing and lessening a feeling of intimidation, the group interview provided me with an initial exposure to the typical experiences and perspectives of those I wanted to observe and interview individually. This was particularly useful because I am a foreigner in the country of research, and needed to establish 'a rapport in a new site' as referred to by Parker (2005). This was the case in spite of the fact that I have been exposed to similar settings in a neighbouring country to South Africa. The very first interview I conducted in the case school was with the principal, who also gave me an overview of the major daily challenges in the school. This interview formed a basis for refining the preparation (interview guides or semi-structured questionnaires) for the other interviews. I found that the focus group interview with teachers, and also the individual interview with the principal provided me with a more complete picture of the situation in the school and its communities than I would have had if I had relied on my assumptions alone (Morgan, 1997). This clarity could also have been achieved through other methods, but the advantage of a focus group was that it highlighted a

wider range of perspectives in a shorter time than would have been the case had I, for example, decided on a series of introductory individual interviews. The interviews also assisted in choosing the wording and language for further interviews. As argued by Morgan: "Group discussions can provide ways of expressing an idea that simultaneously resonate with the potential respondents while minimising questions and confusion" (1997:26).

The intensive field research in the case school was conducted at intervals over a period of about four months, followed up with some brief meetings with the principal and some teachers about one year later (as a means of triangulation). This meant an involvement which raises questions about objectivity with regard to the research findings. As described above (section 4.3), I felt that my experience as a teacher in a rural school in Zimbabwe functioned as a 'door opener' in the interviews I conducted with all the teachers as well as the case school principal. Most teachers immediately expressed that because of my experience I was able to understand what it is like to be a teacher in a disadvantaged school. This obviously coincided with my earlier assumptions. However, my experience could also be seen as a potential weakness in the sense that my interpretation of matters could be biased as a result of it.

I am aware of the fact that I was being subjective during the processes of thesis data collection and analysis and that I was looking at the world through 'coloured lenses'. My race, gender and foreign background did influence the research process. I cannot, therefore, rule out that my views are biased. My respondents were very cooperative in granting me time and space for the interviews. However, their answers would also be filtered through their cultural lenses. Wiederberg (1996) and Parker (2005) point to power relations embedded in every social interaction. All respondents participating in this thesis, except for one, are women, and all the respondents are 'Coloured' except for one, who is 'Black'. Parker makes the following analysis regarding feminist research that can throw some light on the issue of gender influencing research:

> Feminist research has a particular concern with gender, but gender appears in many different ways. Every interaction in western culture (at least) is suffused with assumptions about gender-appropriate and gender-inappropriate ways of behaving. Feminist approaches attend to how power is reproduced moment-by-moment as part of the interview process (2005:55).

I was aware that my values were influencing the research process and outcomes. Addison (1992) claims that to achieve an objective, value-free position from which to evaluate the truth of the matter is not possible. According to Addison, facts are always value-laden, and the values of the researcher are reflected in the research process (1992).

Systematically, and throughout the study, I tried to establish my own subjectivity, knowing that it is always present influencing my thoughts, decisions, actions and ways of communicating. As emphasised by Parker (2005), I do not believe that one can put aside all of one's preconceptions through striving to be aware of them.

The data from the group interviews with the learners, for example, were analysed with the assumption that the learners selected were not representative of the learners in the case school. I assumed the teachers had selected learners with knowledge levels far beyond the average in the school in order to make it easier for me to communicate with them.

The choice to make use of triangulation through a variety of means like reflexivity and discourse analysis became increasingly important in order to enhance the credibility of the research findings of this thesis. Regarding the use of discourse, Wiederberg describes its usefulness when she says: "It is precisely the discursive dimension in the articulation of the experiences that provides a constructive tension in relation to the lived experience; a tension that makes possible both reflection and change" (1996:130).

## 4.5     Ethical considerations

Debates about qualitative research have brought many ethical dilemmas to the attention of researchers.

This research was guided by the general codes of ethics of educational and social research. Special consideration was given to the sensitivity of the research's main topic. In words, and in deed, this meant that the research process was led by the principle of 'do no harm' to any participant. Therefore, the ethical guidelines developed by the South African Medical Research Council (MRC), determined the overall ethical standard, and guided me to ensure that the following procedures would meet the criteria:

- All relevant authorities and school governing boards would be consulted, informed and research permission would be obtained.

- My full identity and background, as well as the purpose of the study, would be revealed to all participants.

- Participants would be assured of confidentiality. Informed and written consent would be obtained from all participants. For the children, written consent would be obtained from parents or other principal caregivers.

- Participants would be informed of their right to withdraw their consent and terminate their involvement at any time.

- Clear and understandable verbal communication would be pursued at all times and emotional and cultural issues would be taken into consideration.

- If an interviewee were to show signs of emotional/psychological distress, the interview would be terminated immediately.

- Possible controversial findings would be handled with great sensitivity and interviewees would be given the opportunity to verify statements when the thesis is in draft form.

- If requested, arrangements would be made to give feedback of findings to participants during the course of the study.

- In the dissemination of the research findings, the participants' information would be protected and would not be divulged. All the necessary precautions would be taken (by all concerned with the research) to ensure the rights, confidentiality, dignity and safety of participants.

- When ethical dilemmas arise, I would consult my supervisor.

The WCED's research department granted permission to do research in the school, and is the only institution that can identify the school. Both researcher and interpreter are bound by written promises to each participant to respect their right to confidentiality and to be treated with dignity. One participant granted permission to use her full name in the thesis.

As already mentioned in the introduction to this chapter, the psychological effects of the apartheid ideology are still apparent in South Africa. This highlighted the importance of the researcher informing the respondents of the aims of the research, and of its code of ethics, which was duly attended to throughout the field work.

Although the research methods are far from a political exercise of 'consciousness-raising', one dynamic factor of research to be aware of is that the presence of an observer and questions asked can instigate a process of awareness of power relations, different interests, values and even conflicts. As reported in Chapter Three (3.2.2), Morgan (1987) and Dalin (1998) use a number of perspectives to understand organisations. In their view, the political perspective is particularly useful in order to understand organisations that are undergoing rapid and complex change processes. Dalin stresses that organisations are political in the sense that power, authority, competing interests, values and ideologies are always present. Conflicts of interest can be taking place at individual level, group level and organisational level (1998).

The dynamic factors embedded in research that might function as a catalyst in relation to conflicts of interests among the respondents emphasise the importance of sensitivity towards the respondents on the part of the researcher (see section 4.4). It also highlights the need to give guarantees of confidentiality to the respondents. In this thesis investigation, the respondents' anonymity is respected by the use of pseudonyms (with one exception as reported above). The only male teacher in the case school is referred to as female/she. The case school and the particular EMDC are protected in terms of confidentiality and non-traceability with the exception of the WCED's research office having granted access to the school.

Furthermore, as an expatriate, I had a limited understanding of the local culture and the social, historical and economic context in comparison to what a local researcher might have. Incidents of unethical behaviour observed in the case school were discussed with my supervisor, and possible misinterpretations that could cause harm to any of the survey participants were therefore avoided. Regular and frequent 'reality checks' with my interpreter/assistant contributed to the same, as did discussions with fellow, locally-based students within the HIV/AIDS Programme at the University of the Western Cape (UWC), and with the education staff at the UWC-based NGO (Teacher Inservice Project, TIP). TIP's educators, who facilitated workshops for the WCED's staff, (including teachers and principals) enriched the data interpretations and clarified misunderstandings.

I acknowledge that I did not give participants in the study the opportunity to verify statements when the thesis was in draft form. I do not think, however, that any statement or finding in this thesis can cause problems within the school. The reason for

not following this guideline was practical in terms of distance to the school, and lack of public transport. However, I checked and discussed some of my interpretations with the case school principal and some of the teachers.

As argued by Wiederberg, qualitative methods, like the interview and observation, involve the specific ethical dilemmas of making someone into 'another', the experiences of the 'other' or 'others' are the object of study (1996). Objectification of 'others' is obviously a problematic issue. In order to address the ethical dilemmas involved, I have striven to:

- play down my potential monopoly over the interpretation of data (involving local resource persons);

- give space, although limited, to 'the other' to reflect on their own experiences (in particular through focus group discussions and follow-up discussions);

- give ample space to the 'other' in the text produced for this thesis;

- visualise the position and role of the researcher in the construction of 'the other' (gender, race, past experiences);

- explore the context of the construction of 'the other' (teachers' working conditions in a disadvantaged school, poverty and social problems of learners and reform processes).

My own experience during data collection implies that the unequal relation described by Wiederberg (1996), was probably further strengthened by the prevalent inherited unequal relation with regard to race in South Africa (the respondents being 'Black' or 'Coloured' and the researcher being 'White'). As discussed above, my gender, teaching experience in Southern Africa and being an 'outsider' in terms of political associations may have counteracted some of the negative effects concerning racial matters in a 'researcher' and 'researched' relationship.

In spite of concerns identified with regard to ethical issues, I am quite confident in concluding that this investigation was well-guided with regard to the overarching ethical principle of 'do no harm' to any of the participants.

## 4.6    Summary

In this chapter the methodological framework of the study has been presented and discussed. This framework included qualitative research strategies, themes and

characteristics which formed the choice of a multi-method approach for this thesis. Key research methods employed were a combination of field interviews, a literature review, document analyses and observation.

The process of data collection and analysis was presented in both a practical and a theoretical perspective. The choice of conducting a case study, and in particular the use of other surveys in South Africa – as means of triangulation – offered an opportunity to understand the issues studied in relation to a larger population.

The next chapter focuses on the education system's approach to addressing issues related to HIV/AIDS. A brief outline of the system's change processes and various reforms over the past ten years is presented in order to provide a contextual framework for the Education Department's efforts to create support structures for schools and vulnerable learners in the context of HIV/AIDS.

# CHAPTER FIVE

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# 'A Matter of Change'

## 5.1    Introduction

As described in Chapter Two of this thesis, recent studies demonstrate that despite some encouraging signs of decreasing prevalence rates amongst teenagers, the HIV/AIDS epidemic in South Africa remains one of the most serious challenges to democracy, transformation and development. In this chapter, a socio-economic profile of the Province of the Western Cape, and some strategies adopted by the Provincial Government to address the main social problems of the Province are briefly presented in order to provide an overall socio-economic context for the issues addressed in this thesis.

As part of the post-apartheid transformation of the public sector in South Africa, and of the education sector in particular, the Western Cape Education sector is implementing ongoing processes of change. This chapter introduces a programme which had been designed to assist the WCED in implementing change processes. The main characteristics and challenges of the change processes are highlighted in order to provide a broader basis for analysing the Education Department's support provision to schools in the context of HIV/AIDS and poverty.

Following on the main characteristics and challenges, I briefly outline the South African national policy and approach to deal with HIV/AIDS, after which I provide a description of the Education Department's HIV/AIDS national policy and the Western Cape Education Department's HIV/AIDS policy and support programme to primary schools.

## 5.2      Thesis context: "A Home for All"

South Africa is, at present, undoubtedly better resourced than most countries on the African continent to deal with the challenges of HIV/AIDS. The country is ranked by the World Bank as a middle-income country that has experienced substantial economic growth over much of the past half century (Bell, Devarajan and Gersbach, 2003).

In a progress report submitted to the UN's special assembly on HIV/AIDS, the Department of Health summarises the present Government's achievements as follows:

> During the first ten years of this democracy, much was achieved towards meeting the basic needs of shelter, clean water and sanitation, food security, the provision of health and other social services through social grants and other means of capacitating. The country's economy has, and continues to experience, the most unprecedented growth and is now one of the largest and most popular emerging economies in the world. However, the gap between the central actors in that economy and those at the periphery is still too wide. People without the necessary skills and financial prowess are yet to experience the full benefits of this economic 'boom'. These are the people most at risk for infections and diseases of poverty like HIV, AIDS, and Tuberculosis. Several programmes to increase access to education, skills development and preferential procurement are being implemented in order to minimise this gap. It is believed that these programmes, as they reduce the levels of poverty, will contribute towards the reduction of vulnerability to these conditions (2006a:1).

The Minister of Finance, Economic Development and Tourism in the Western Cape confirms that the economy of the Province follows that of the national one:

> Historically the Western Cape's economic fortunes have been closely tied to those of the national economy. Following a decade of economic restructuring and prudent macro-economic policies, the outlook for the South African economy is the best it has been in years. The Western Cape economy therefore shares in the national economic revival (Brown, 2004:3).

A snapshot of the Western Cape economy depicts a province of extraordinary contrasts and varied fortunes. For those who are economically active, the Province's economic prospects provide a basis for optimism with an annual growth that has been rising steadily since 1994, and since 2004, the growth has been beyond 4%. The aggregate picture of steady growth hides, however, persistent trends in rising unemployment (upwards of 26%), escalating crime rates, as well as high and rising levels of economic and social inequality (Western Cape Provincial Treasury, 2005).

The Minister of Finance, Economic Development and Tourism in the Western Cape Province captured the situation in her speech to the Provincial Parliament at the end of 2004:

> The Western Cape's vision of a "Home for All" cannot be realised in a society that is plagued by high unemployment, particularly amongst the youth, high crime rates, high poverty rates, high arrests of children related to the high drop-out rate in schools, drug abuse and increasing incidences of HIV and AIDS. We also live in a highly polarised society, and the need for bridging gaps between races, religions, gender and classes is imperative (Brown, 2004:9).

The HIV surveillance data in the Western Cape also provide a background with regard to the socio-economic conditions. In 2005, the Province had the lowest HIV prevalence in the country at 15.7%, but two city health areas of Khayelitsha and Gugulethu/Nyanga registered prevalence rates of 33% and 29% respectively, high above the national average (Department of Health, 2006a). These areas are predominantly inhabited by people from the Black population groups.

To deal with the many challenges the Provincial Government designed a number of strategies, one of which is the Social Capital Formation Strategy. This strategy places special emphasis on addressing social issues such as the gang culture in the Province; supporting of street children; enhancing parental skills; the reduction of substance abuse; and the strengthening of community based structures (Brown, 2004).

The strategy involves a comprehensive approach and includes the Departments of Education, Health and Community Safety. Brown refers to the words of the Premier of the Western Cape Province and states: "… the key objective is a system of holistic governance that engages in an integrated manner with the full spectrum of people's needs at every point in their life cycle" (2004:13).

## 5.3    A new vision for education

The Vision of the WCED is to build an education system that provides learners in the province with the knowledge, skills and attitudes that will enhance their national participation and global competitiveness; a system that will enable communities as a whole to manage their lives successfully and with dignity (WCED, 2004).

## 5.3.1    Changing national education policy and legislation

Since the over-arching policy *White Paper on Education* (Department of Education, 1995) was formulated within the context of the principles of the Constitution of South Africa, a number of educational policies and legislation were developed in South Africa. Probably the most relevant policy document in terms of addressing the needs for vulnerable children in general, is the *White Paper 6* on Inclusive Education (Department of Education, 2001b), which supports and expands on many other initiatives, including the Department of Education's five year implementation plan, Tirisano (2000), meaning 'working together'. The *White Paper* links with the South African Schools Act (Department of Education, 1996), and with the Curriculum 2005 Act (Department of Education, 1997). The *White Paper*, in addition, supports the vision of responding according to the different needs of learners, as well as to the needs of a modern democratic South Africa (Department of Education Directorate, 2003; Beukes, 2004).

The *White Paper* also complies with the National Education Policy on AIDS. It states that "… the development of an inclusive education and training system must take into account the incidence and the impact of the spread of HIV/AIDS and other infectious diseases" (Department of Education, 2001b:23). The Ministry is compelled by the *White Paper* to analyse the effects of HIV/AIDS on the education system on a continuous basis, and to "… develop and implement appropriate and timely programmes" (2001b:34). The programmes are aimed at "… the strengthening of the information systems, the establishment of a system to identify orphans, the coordination of support and care programmes for such learners, as well as the development of teaching guidelines on the ways in which orphans and other vulnerable children could be supported" (2001b:50).

The South African education policy has clearly been influenced by international trends and conventions within education. McLennan and Thurlow (2004) cite Chisholm (1997) to support their argument that education policy is not only reflecting uniquely South African needs, but is also influenced by wider international conceptual frameworks and priorities:

> Education policies for a 'new' South Africa show remarkable congruence with international trends. South Africa's commitment to poverty alleviation, education for lifelong learning and the integration of formal and non-formal education is mixed with emphases on the need for educational development to

support economic growth, choice, community responsibility, flexibility, relevance, cost-recovery and cost-sharing. These policy goals are not unique to South Africa and constitute a 'global' language about education (2004:1-2).

According to the Department of Education Directorate (2003), one challenge facing the education system is to understand and make operational the new paradigm of Inclusive Education which means recognising and respecting the differences among all learners and building on the similarities. This implies supporting all learners, educators and the system as a whole, focusing on overcoming barriers to learning in the system, so that the full range of learning needs can be met. Barriers to learning occur at all levels of the system, and are preventing learners from achieving success. The Education Directorate (2003) lists a number of 'barriers to learning', including:

  ▫ Factors related to specific individuals, specifically to learners (e.g. specific learning needs) and teachers (e.g. teaching approaches, attitudes);

  ▫ Various aspects of the curriculum, such as language or medium of instruction, organisation and management in the classroom, methods and processes used in teaching, learning materials and equipment);

  ▫ The physical and psychosocial environment within which teaching and learning occurs;

  ▫ The learners' home environment including issues such as family dynamics, cultural and socio-economic background and socio-economic status;

  ▫ Community and social dynamics which either support or hinder teaching and learning process (2003:15-16).

A challenge emerging during the early phases of implementing the many new policies is illustrated by a debate following a review of the Curriculum 2005 Act. The review was conducted in 2000. The then Education Minister Kader Asmal, responds to this debate in the *Star* newspaper on June 6, 2000. In the newspaper article he argues that the review demonstrates that "… there is no turning away from the curriculum framework, which is turning its back on the past and is ensuring that teaching and learning becomes a meaningful experience for all" (2000:2).

The Minister points to the fact that no process of implementation is perfect, and to illustrate the problems encountered he refers to the context of implementation:

Curriculum 2005 suffered from stresses and strains relating to the turbulent context in which it was implemented and the impetus to do things too quickly.

Resources were constrained; new policies were emerging thick and fast and there was a high turnover of staff in departments and schools (Asmal, 2000:2).

According to Education Minister Asmal, the review recommended that the principles of the new outcomes-based curriculum embarked upon was to be retained, and pointed to a few areas where implementation should be improved, one being to strengthen the capacity of department officials to support teachers in classrooms (2000).

### 5.3.2    A matter of changing structure and culture

The Ministry of Education identified the years between 1994 and 1999 as the years of profound change of the education structures. A complex process of reorganising and rationalising nineteen racially and ethnically fragmented education departments into nine Provincial Departments and a national system of coordination was completed (Hunter, 2000; Manganyi, 2000). Manganyi writes:

> Some of the landmark developments associated with the South African Schools Act of 1996 are the introduction of compulsory school attendance for all children between the ages of six and fifteen as well as the bringing into being elected and representative school governing bodies in public schools throughout the country (Manganyi, 2000:3).

The Western Cape Education Department (WCED) came into being in 1995 after the amalgamation of four separate ex-Departments into one Education Department which serves the needs of all stakeholders within education. This centralisation into one Head Office was followed by a process of decentralisation of administrative functions agreed upon after negotiations between the WCED and public sector unions (Beukes, 2004).

In accordance with the new policies, the Western Cape Education Department (WCED) soon started a process of transforming the previous extensive and static bureaucracy of control into a decentralised, flexible and responsive organisation focusing more on development and support to schools. This process resulted in the establishment of Education Management and Development Centres (EMDCs) in seven education districts in the Western Cape Province (WCED, 1999; WCED, 2001; Beukes, 2004). The WCED's Vision 2020 explains the new division of responsibilities:

The provincial Head Office is responsible for policy coordination and mediation and strategic management, whereas the EMDCs are responsible mainly for policy implementation. This is not a rigid dividing line since the EMDCs are involved in the design and development of policies at various levels, including the national level in terms of curriculum development (WCED, 2004:18).

Four of the EMDCs are situated in the metropolitan region of Cape Town and three are based in rural areas. Racial boundaries were addressed with the establishment of EMDCs. Schools in formerly disadvantaged areas have been incorporated into well-established areas with well-resourced and advantaged schools. It is hoped that this will encourage an exchange of resources and support eventually contributing to a more equitable distribution of resources between the schools (Beukes, 2004).

The EMDCs followed as a result of several years of policy research and organisation development by WCED task teams in collaboration with national and international NGOs and donor agencies (2004).

In December 1999, a three year organisational development pilot programme within three of the WCED's areas was completed. The programme, called SEED (Systemic Enhancement for Educational Development) was developed and facilitated in partnership between the South African NGO, Teacher Inservice Project (TIP), based at the University of the Western Cape, and the Norwegian NGO, International Movement for Transformation (IMTEC), in collaboration with WCED (Robinson, Langhan, Lazarus and Moolla, 2001).

The SEED Programme aimed to assist the WCED in the process of transforming itself into an organisation more able to support schools within the frameworks of the new policies. This new structure brought management and development support closer to the 1 500 public schools and other educational institutions in the Western Cape Province, and was meant to assist schools in their efforts to become accountable learning organisations (see Chapter One and Chapter Three), and to better implement the school-based management model of the South African Schools Act, 1996 (Robinson, Langhan, Lazarus and Moolla, 2001).

The notion of the school as a learning organisation in this project included the WCED itself, and pointed out that the "… reorganisation is driven not only by a structural imperative, but also by a motivation to re-culture" (Robinson et al., 2001:3).

The developmental approach adopted within the SEED programme emphasised re-culturing in the initial stages of the transformation process, with a view to integrate

restructuring interventions at a later stage. According to the SEED consultancy team, (TIP and IMTEC, 2002), this approach was based on the developmental premise that in order to achieve significant and long-term change, there is a need to change the culture of the organisation. The relationship between restructuring and re-culturing is underpinned by the following understanding of organisations and development:

> … once organisational aims and strategy are clear, it becomes possible to structure the organisation in such a way that roles and functions are clearly defined and differentiated, lines of communication and accountability untangled, and decision-making procedures transparent and functional. Put slightly differently – form follows function (Robinson et al., 2001:3).

In 2000, the WCED adopted the SEED programme, renamed it STEDS, Systemic Transformation for Education Development and Support, and extended the programme into a provincial programme involving all seven areas of the WCED's jurisdiction, which were to be served by the newly established EMDCs (Robinson et al., 2001).

The change of name indicated that the vision of the change programme was taken a step further, from 'enhancement' to 'transformation'. The work of STEDS in particular was to create an understanding of the importance of an effective link and interplay between the different levels of the system from the School to EMDC to Head Office. In this way the system could be better prepared to provide the service delivery, as envisioned, to the schools (Beukes, 2004).

As reported by Robinson et al. (2001), the WCED emphasised that the process of SEED/STEDS included changing the organisational culture away from control models towards more supportive models, aimed at developing 'enabling environments' through the concept of 'learning organisations'. "This means that all levels of the education system need to learn from their experiences in order to improve practice and to ensure that the system can and does provide the kinds of ongoing support and development that schools and communities actually need" (WCED, 1999:8).

The new structures were intended to facilitate a more systematic, coordinated and holistic support service to schools. It was therefore hoped that the EMDCs would contribute to schools, building capacity to manage their own development needs in accordance with the instructions of the school-based management model (Robinson et al., 2001).

A range of services were to be carried out by multifunctional teams (MFT) of specialists in the EMDCs, and assisted by the WCED's Head Office. The MFTs' approach was meant to be more needs-driven and aimed at achieving a better coordination between curriculum and subject advisory services, as well as those services focusing on the psycho-social and welfare needs of learners and teachers. The MFTs also stressed the importance of appropriate follow-up measures for each individual school (Beukes, 2004).

Headed by a Director and a set of Multi-functional Teams, the EMDCs constitute the level where contact with the schools takes place and from where the schools expect and require service and support. The WCED's 'Vision 2020' underscores the importance of building the capacity of the EMDCs:

> It is imperative therefore, that the EMDCs are provided with the necessary human, administrative and strategic capacity to provide an effective service and support interventions to schools, school managers, teachers, learners and their parents (WCED, 2004:26).

In 2000, an action research project was carried out to track the developments in three of the seven EMDCs. The research included schools and service providers who did and did not participate in the SEED/STEDS piloting process, and focused on their conceptions of support to schools – currently and in the future – and barriers to support (Robinson et al., 2001).

Some of the main findings of their research project, meant to contribute to improving practice, reveal the following:

▪ The participants shared the vision of the importance of integrated and holistic support. Key elements were seeing support as working towards empowerment and capacity building, being needs-driven, being coordinated and accessible, and as working towards the development of a quality service. There was also a shared feeling among the participants that a lack of clarity still exists about the relationship between 'support' and 'control'.

▪ It was noted that there is a very wide pool of potential support providers beyond the WCED that could be drawn upon. This pool includes structures like community and religious organisations, non-governmental organisations, other government departments, etc.

- The sheer volume of support activities indicated that strategic planning, prioritisation of services and issues relating to financial and human resources would be very important if the EMDCs were to effectively maintain and develop their support provision.

- While different areas expressed different barriers to support provision, there were also some strong commonalities. All areas expressed concern with the lack of coordination of services resulting in inefficiency and fragmentation. Poor communication between service providers themselves, and between service providers and schools was another barrier identified. A key obstacle was linked to the fact that there were too few service providers, and that they themselves received little support for their work.

- Poor conditions in many schools, with the disadvantages imposed by the apartheid state still prevailing, was another source of concern for providers.

- Support providers and schools were struggling to cope with the many new policy changes happening at the same time (2001:43-47).

Robinson et al. claim that the findings raise the issue of the link between restructuring and 're-culturing'. They write: "Without commitment to, motivation for and understanding of the purposes of the EMDCs, it can be argued that the new WCED structure could become simply another form of bureaucracy" (2001:46).

TIP expresses concern regarding this issue in their 2000 annual report: "Understanding is uneven. Insight is scattered and often momentary. Resistance is an ongoing reality. Letting go of hierarchical thinking is a major challenge, and becomes more of a challenge the higher up the system one goes" (2000:12).

TIP recognised the challenges involved in the cultural transformation of such a huge bureaucracy or 'machine' as the WCED. The structural part of the transformation process that was taking place was occurring mainly at WCED Head Office, from top management, "… from the top down as it were. And the cultural movement – the values and principles which have underpinned the SEED/STEDS programme – are being developed and moved on the ground – from the bottom up" (TIP, 2000:12).

The organisation also acknowledged the key challenge of coordination in attempting to introduce a more holistic, coherent support approach to schools through the multi-functional teams (TIP, 2000; TIP, 2002). Still, TIP expresses an optimistic view in the annual report of June 2002, stating "… that although the coordination and

collaboration were still fairly weak, a healthy base seemed to exist for this to improve" (2002:12).

One year later, in 2003, the Department of Education Directorate developed national guidelines, relevant to all involved in providing support to schools, colleges and early childhood centres. The guidelines are meant to address the historically fragmented support by offering a practical framework and strategies to enhance better coordination of support, so that a more holistic and integrated support approach could be realised through a strengthening of the district-based support teams.

The primary group targeted by the guidelines is the specialists/professional education officials working in the district support structures, as well as educators and other members of staff in the school itself. Also, learners themselves, who can provide peer support, are included in the primary target group.

Another target group included specialists from other departments involved in supporting schools (health workers and social workers), community organisations (e.g. NGOs and CBOs) and individual community members who have contributions to make with regard to particular issues and challenges, e.g. HIV/AIDS.

The guidelines are also relevant to those receiving support, such as schools, colleges and early childhood and adult learning centres, as well as their governing bodies and, in particular, their institutional level support teams.

According to Lazarus (2003), the greatest challenge is to get the different professionals to work together as a team around common issues. She points to another key issue; the training of staff:

> One example of this would be the way in which human resource development or training is being provided at the moment. Because the training programmes are usually not being developed in an integrated way, educators and others who are targets of these programmes are overwhelmed, overloaded (having to attend too many workshops), and unaware of the way in which the different areas of training connect to one another around the core purpose of education: teaching and learning (2003:12).

In 2002, TIP believed that the SEED/STEDS process would continue beyond the project period, because the re-culturing debates were still alive, "… and the structures that were put in place have the potential for integrated and holistic practices to be developed and institutionalised" (TIP, 2002:13). According to TIP, the SEED/STEDS review also brought the essential learning that the SEED/STEDS process did make a

contribution "… towards the vision of schools as learning organisations and the WCED as a learning system" (TIP, 2002:13).

The Department of Education emphasised that the shift in terminology from 'inspection' to 'whole-school evaluation' is important in this context of a learning system. The Department also stated that the whole-school evaluation involves self-evaluation as well as external evaluation (Department of Education, 2001a).

### 5.3.3   Leadership and the process of changing the education system

Given the new opportunities for schools to manage themselves, with support from the EMDCs to develop the capacity to do so, the new decentralised model also implied new challenges and demands for the schools, one of which is that schools had to take responsibility for drawing on the services offered by the EMDCs (WCED, 1999).

Thurlow refers to the report of the Department of Education Task Team (1996) when analysing the shift in approach to education management at school level. Thurlow cites from the report:

> While the responsibility for self-management rests heavily on the shoulders of the principal and the school governors, who are integral partners in the maintenance and development of the school, it will be necessary to establish and draw on a network of support involving the education department, other schools and locally-based sources of expertise in the community (2004:37).

Robinson et al. (2001) emphasise the important role of leadership at the EMDC level in guiding and steering the processes of reorganising and re-culturing. They argue:

> Rather than being seen as following a hierarchical model, leadership should be seen as drawing on the strengths and contributions of all involved. EMDCs are based on the notions of partnership and the pooling of strengths; it will be the task of the leadership to see how this can be best achieved (2001:46).

TIP points to the key role of senior leadership in the WCED. According to TIP, the review of the SEED/STEDS process in 2001 reveals the essential learning that the top management and leadership need to be committed to and accept responsibility for the active driving of the process. And, in addition, to make sure that the change process is understood throughout the system. "This will bring credibility to the transformation process and it builds capacity in the organisation" (TIP, 2002:13). The WCED's Superintendent-General understood the importance of leadership

involvement and allocated 40% of his time to the change programme during the SEED/STEDS programme implementation process (Wirak and Olsen, 1998).

TIP and IMTEC probably captured the role of leadership at all levels correctly when they define the ideal vision for the change process in the light of reality:

> The SEED Programme as based on the underlying leadership philosophy that a transformation process, while requiring support and direction from the top, also needs to allow for input and direction from the ground, from people who are not 'at the chalk face'. This is based on the view that innovation from the bottom up works as a balance to the top-down tendency of the system (2002:39).

## 5.4     The National Policy and approach concerning HIV/AIDS

The South African Government's approach to dealing with HIV/AIDS is influenced by the educational policy as outlined above, and is also firmly embedded within a number of international conventions, goals and other instruments that bind all signatory states, including South Africa. The most significant are the Millennium Development Goals (2000), the Universal Declaration of Human Rights (1948), Education for All (1990 and 2000) and the Convention on the Rights of the Child (1989).

### 5.4.1     A comprehensive approach

The South African Government is implementing a comprehensive plan to deal with HIV and AIDS, which combines prevention, treatment, care and support for those infected or affected (Department of Health, 2006b).

Government expenditure on HIV and AIDS has increased substantially over years – it grew from R30 million in 1994 to over R3 billion in 2005/06 (Department of Education, 2007).

The beginning of a national coordinated response to HIV and AIDS dates back to 1992 with the formation of the National AIDS Coordinating Committee of South Africa (NACOSA). This involved the government's mobilisation of sectors of society towards raising awareness about HIV and AIDS nationally. A review of NACOSA in 1997 highlighted the need for a multi-sectoral approach to the problem. This led to the development, through an extensive consultative process, of the National Strategic Framework for HIV and AIDS and STIs between 2000 and 2005. The four priority areas outlined in the framework are prevention; treatment, care and support; legal and

human rights; and the monitoring and surveillance of the other three priority areas (Department of Health, 2006b).

The Department of Health describes in the progress report to the United Nations how the HIV and AIDS and Sexually Transmitted Infections (STI) Strategic Plan for South Africa 2007-2011 flows from the National Strategic Plan of 2000-2005, as well as from the Operational Plan for comprehensive HIV and AIDS care, management and treatment. It represents the country's multi-sectoral response to the challenge concerning HIV infection and the wide-ranging impact of AIDS, and has, in addition, adopted the same four priority areas mentioned in the previous strategic plan (Department of Health, 2006a).

The South African National AIDS Council (SANAC) was formed in 2000 and is currently chaired by the country's Deputy President and co-chaired by the Minister of Health. The Council is composed of 16 government representatives and 16 representatives of sectors in civil society. These include people living with HIV and AIDS; the human rights, sports, traditional leaders, women and youth, religious, traditional healers, academics, business and children's sectors. The Council is also composed of members from the community, non-governmental organisations and cabinet committee sectors. The mandate of SANAC is to advise government on HIV, AIDS and STI policy and related matters (Department of Health/Khomanani, 2006).

Child sexual abuse has become a major issue in the context of the HIV/AIDS epidemic because of the risk of HIV infection in such situations. Dealing with sexual abuse illustrates the need for a multi-sectoral approach potentially involving a wide range of service providers. The Department of Social Development has therefore developed guidelines (1999) that define the roles of service providers when caring for child rape survivors. The service providers include social workers, the South African Police Service, the Public Prosecutor, the judicial system, health workers, medical doctors, nurses, psychologists, teachers, youth and community workers and community structures (Smart, 2003).

There is a wide range of role players in South Africa working in the field of HIV/AIDS. A comprehensive presentation of these would go far beyond the scope of this thesis.

## 5.5      HIV/AIDS and Education Policy

### 5.5.1      National Education Policy

The National Policy on HIV/AIDS for learners and educators (1999) seeks to promote effective prevention and care within the context of the public education system in South Africa (Department of Education, 1999).

To achieve the aim, the policy states: "Develop knowledge, skills, values and attitudes in order that they may adopt and maintain behaviour that will protect them from HIV infection and to support infected and affected" (1999:1). This will be done through the promotion of non-discriminatory attitudes and the addressing of fears and stigma. The national policy on HIV/AIDS gives an outline of the implications for other policies, among which are:

*Curriculum 2005 and the Revised National Curriculum Statement:*
The policy clearly states that HIV and AIDS issues cut across all learning areas and therefore must be captured in the development of learning programmes.

*Assessment Policy:*
The policy stresses that learners experiencing barriers to learning and development (see 5.2.2) must be identified early and assessed so that learners could be provided with appropriate learning support.

*Inclusive Education:*
Orphans and learners at risk are mentioned particularly in this context. The schools are expected to play a role in identifying orphans, including HIV/AIDS orphans, in order for those in need to access social grants. If and when learners are so-called incapacitated, schools should make it possible to study at home and provide support where possible.

*Norms and Standards for Funding:*
The policy highlights the need for schools to be provided with all the necessary equipment to implement universal precautions (first aid kits, rubber gloves).

*Work Place Skills Plan:*
Staff skills plans should include development programmes that address issues concerning HIV and AIDS. The National Plan is also clear with regard to whole school

evaluation and school development plans (vision, mission) as these must include well-planned HIV and AIDS strategies.

*Constitution of the Republic of South Africa 1996:*

To prevent discrimination, the National Policy states that all learners, students and educators should be educated about fundamental human rights according to the Constitution. The Policy states that learners and teachers are not compelled to disclose their status. Unauthorised disclosure of HIV/AIDS related information could give rise to legal liability.

### 5.5.2    Western Cape Education Department: HIV/AIDS policy and implementation

As explained in 5.3.2, the Western Cape Education Department divides the Western Cape into seven districts, and educates close on 900 000 learners in a year with a staff of around 30 000 educators (South African Government Information, 2007).

The National Integrated Plan was developed in consultation with the Departments of Justice, Health, Social Services and Education. The implementation of the Plan is supported by the Departments of Health, Social Services and Education, with the aim of addressing the issue of HIV/AIDS in a coordinated manner. Provincial and District strategies are in place for the monitoring and support of the National HIV/AIDS policy. In every province of South Africa, HIV/AIDS coordinators have been appointed to monitor and support the implementation of the policy (Department of Health, 2006b).

The WCED has one such coordinator at Head Office level, and one coordinator placed at each EMDC heading a school support unit on HIV/AIDS. As part of strengthening the multi-functional teams in the EMDC, some of the social workers and nurses based at local clinics have been transferred to the EMDC (see interviews with HIV/AIDS Life Skills Coordinator and school social worker in Chapter Seven).

As in the National Government's Corporate Implementation Plan, where HIV/AIDS is a priority, the Western Cape Education Department has committed itself to dealing with HIV/AIDS using two main approaches. In line with the National Policy on HIV/AIDS for learners and educators in public schools (1999), the approaches adopted in 2002 are as follows:

As the primary transmitter of knowledge, skills and values to children and youth, the WCED will use its position to raise HIV awareness, to disseminate information about HIV and its transmission, and to help change attitudes of young people to inhibit the spread of the epidemic. This will be done primarily within the curriculum, but also through extra-curricular activity, and through the role modelling of teachers and other authorities.

To ensure that learners and teachers who are infected or affected by HIV/AIDS are not discriminated against, and to help ensure that people who are infected are able to live productively for as long as possible (WCED, 2002a: no page given).

The WCED acknowledges all the principles highlighted in the National Policy; amongst these are:

*The universal precautions for preventing disease transmission in schools.*
The Western Cape Education Department has adopted the universal precautions for preventing disease transmission in schools in line with the National Policy. These include procedures for safely managing accidents and injuries at schools, as well as a detailed prescription of the content of the first aid kits that must be available in each school and other educational institution.

*The development and adoption of policies in line with the National HIV/AIDS Policy.*
Schools and governing bodies are expected to develop and adopt their policies in keeping with the principles in the National HIV/AIDS Policy, and within the framework of the school management model as outlined in the South African Schools Act (see section 5.3.1).

*The accommodation of the needs of HIV/AIDS affected and infected learners.*
The needs of learners with HIV infection and those affected by the virus shall not be denied. These needs should be accommodated as far as possible within the school environment or through home schooling if necessary.

*Confidentiality of medical information.*
All medical information is confidential and neither parents nor learners have a legal duty to inform the school authorities of a learner's HIV status. Should this information be voluntarily disclosed, it must remain confidential.

*Availability of condoms.*

In terms of condoms being available at schools, the WCED also follows the national policy which suggests that this issue is resolved locally, taking into account the needs and values of the specific school community (WCED, 2002a: no page given).

The importance of HIV/AIDS and Life Skills education is recognised in the South African progress report to the UN General Assembly on the HIV and AIDS. The report concludes that main areas of focus continue to be with regard to the implementation of Life Skills and HIV and AIDS programmes in schools, as well as the training of master trainers to train teachers, lay counsellors and peer educators. The UN Assembly is informed that the HIV/AIDS Life Skills are taught in primary and secondary schools throughout South Africa as part of the designated sexuality education programme included in the Life Orientation Learning area (Department of Health, 2006a).

In the WCED, the first phase of programme implementation involved all teachers attending an awareness workshop outlining policies, principles and the curriculum of HIV/AIDS. This phase is currently followed by the EMDCs through the HIV/AIDS units giving support to teachers implementing the curriculum. The HIV/AIDS Life Skills curriculum has to be integrated into all learning areas in primary schools. To enhance its effectiveness, the support to teachers is provided through a cluster model, where five to seven schools in proximity to each other are organised in a cluster and led by a cluster coordinator on a voluntary basis. Each school appoints one teacher as the school's HIV/AIDS coordinator (WCED, 2002b). This practice is described in detail in Chapter Seven of this thesis.

### 5.5.3   HIV/AIDS Life Skills programme and financial sustainability

According to Ndlovu (2005), the education sector's HIV/AIDS Life Skills Programme is funded via conditional grants. Ndlovu cites the Department of Education Directorate's National Treasury Budget Review 2005 which states "… the HIV and AIDS Life Skills programme is now fully integrated into the schooling system with learner and teacher support materials provided for grades 1 to 9 learners" (Ndlovu, 2005:3).

In order to enhance sustainability of the HIV/AIDS Life Skills Programme, Ndlovu explains how the National Education Department expects the provincial departments to allocate their share to the programme:

The National Education Department depends solely on conditional grants for the HIV and AIDS Life Skills programme. To sustain the programme, provinces will be expected to allocate additional resources from their budgets. This would ensure that provincial departments are not totally indebted to national government for HIV and AIDS resources (2005:3).

### 5.5.4 Medium of instruction: policy and consequences

Medium of instruction policies in education are not within the ambit of this thesis. The importance and relevance of this issue for the transformation of the South African education system implies that it cannot be left untouched. In addition, the topic emerged as highly relevant for the teaching/learning environment at the case school which formed part of my investigation.

Tollefson Tsui (2004), cited by Desai (2006), claims the crucial role that medium of instruction policies in education play in reaching far beyond the school performance of learners and the daily work of teachers:

Because much of the daily work that takes place in education involves verbal interaction among students and teachers, medium of instruction decisions play a central role in shaping the learning activities that take place in all classrooms and on all playgrounds. Moreover, because educational institutions play such a crucial role in determining social hierarchies, political power, and economic opportunity, medium of instruction policies thus play an important role in organising social and political systems (2006: 103).

Desai reflects on what she interprets as positive indications of a change in the Western Cape Education Department's language policy. Acknowledging the need to address the negative impact of dropping the mother tongue as medium of instruction too early in primary school, the WCED has drafted a 'language in education' transformation plan in 2006. The plan consists of four targets, one of which is that the WCED will support the use of the mother tongue as medium of instruction till the end of Grade Six, which is exactly an intervention recommended by the LOITASA project[1] (Desai, 2006).

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1. The LOITASA project in South Africa was a longitudinal empirical study from Grade 4 to 6, where, at two schools, one class was taught in isiXhosa and the other in English. The two schools selected were in poor areas, where unemployment was high and crime was rampant (Desai, 2006).

## 5.6    Summary

In this chapter, I have presented a brief overview of the policies and approaches adopted by the Government of South Africa, and by relevant departments in dealing with issues related to HIV/AIDS and poverty. The HIV/AIDS Life Skills Programme being implemented by the Department of Education has been outlined. The Government commitments within education provide a broad framework for analysing the process of change and reforms of the education system in South Africa, and in the Western Cape Province in particular. The following two chapters provide space for the voices of the participants in the field investigation of this thesis. How do they perceive the HIV/AIDS support provision to schools and the education reforms and change taking place?

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# To go that extra mile: teachers and the principal as caregivers

## 6.1   Introduction

The framework for this empirical study is an assessment of the support provided by the Western Cape Education Department, aimed at reaching teachers and learners faced with challenges connected to HIV/AIDS and poverty.

In this thesis, the focus is on the education system supporting the school principal and teachers in carrying out their roles as leaders, teachers and caregivers in the context of HIV/AIDS and poverty. The logic behind this is very straightforward: in order for the principal and teachers to provide quality support to the learners, they themselves need to receive quality support from the education system.

The aim in this chapter is to describe everyday challenges experienced by the principal, teachers and learners of the case school selected for the in-depth study of this thesis. The main purpose is to develop an insight into the school's most significant issues and needs of support in order to deal meaningfully with HIV/AIDS within the context of poverty and a wide range of interlinking social issues. The selected school's interaction with the surrounding communities also constitutes part of the field study.

The case school was originally established and run by a church. Today it is a public school, and the Government is responsible for the running of the school, which includes everything except for the exterior maintenance of the buildings. This remains the responsibility of the church. The Government pays rent to the church for the use of the buildings which were built by the church in 1952 on privately owned church land.

For the purpose of this thesis, the education system is limited to the support structures interlinking the seven EMDCs (Education Management and Development Centres) to schools. The coordinator of the HIV/AIDS Life Skills Programme (hereafter referred to as the HIV/AIDS Programme Coordinator), based at one of these

EMDCs was interviewed twice. The HIV/AIDS school cluster coordinator, hereafter referred to as HIV/AIDS Cluster Coordinator, was also interviewed in her capacity as a primary school teacher. The HIV/AIDS Life Skills support structure is outlined in Chapter Five.

As described and analysed in the Methodology Chapter, I was able to meet with the principal, the teachers and learners over a period of time (April-May and August-September 2005) and, in addition, had brief meetings in February and September 2006. The first interview with the school principal in May 2005 was followed shortly afterwards by a group interview of teachers educating Grades One to Four. Thereafter, I interviewed each teacher individually, including the remedial teacher working at the school twice a week. In August 2005, the remaining teachers were interviewed individually; that is the teachers of Grades Five, Six and Seven. A brief follow-up interview/meeting with a group of teachers educating Grades One, Two, Three, Five and Seven was conducted in September 2006, along with yet another interview with the principal.

I also interviewed the mother of four children attending the case school. She is volunteering as an informal class assistant at the school.

Group interviews of learners from Grades Two, Three, Five and Seven were conducted after the first round of interviews with school staff had been completed.

The teacher functioning as the school's HIV/AIDS Coordinator, was interviewed five times over a period of nearly two years; three times focusing on her role as the coordinator, including follow-up interviews in February and September 2006.

In order to give voice to a broader panel of different schools, I also interviewed a group of ten teachers/principals attending a leadership course at the University of the Western Cape.

Voices from the school's communities are represented in this chapter by a parent, a member of the local church group, a young school volunteer (previously a learner in the school), who is also a member of the church's youth group. Indirectly, people from the local communities are voiced through a school social worker and the principal and assistant at the crèche adjacent to the case school.

The main findings from the interviews are presented in this chapter, which is divided into sub-sections relating to what appeared as the main themes emerging from the semi-structured interviews.

The different categories of the empirical material are presented by combining different approaches. The voice of the researcher is often replaced by the respondents 'speaking for themselves' in a narrative mode, or through the use of quotations that capture the essence of information regarding a particular topic. The quotations are inserted verbatim. In this process I highlight connections between topics with interlinking comments.

In order to protect the identity of the only male teacher in the case school, all teachers at the case school are referred to in the female form. However, the participation of only one male teacher is considered as a factor when data collected for this thesis are analysed from a gender perspective.

## 6.2    "The whole school is a social case or whatever case" (teacher)

### 6.2.1    Socio-economic background of the learners

The case school – with the adjacent crèche – is situated in one of the most deprived areas of Cape Town; a semi-urban setting. The surrounding farming community consists mainly of Coloured people working on the farms. Learners also come from two informal settlements – commonly called 'squatter' areas – inhabited mainly by Black people who have emigrated from rural parts of South Africa.

All school and crèche staff are so-called Coloured people, and with the exception of one parent assisting in a class, they all lived in other and considerably better resourced areas than those of the learners.

About two thirds of the learners come from the farm areas surrounding the school, and the remaining third are transported by school bus from the informal 'squatter' areas. The teachers categorise the learners as either the 'farm', 'Afrikaans-speaking' or 'Coloured children', and the 'African' or 'Xhosa-speaking' children. The teachers sometimes refer to the Coloured learners as "our" children. For consistency and simplification I have chosen to use the terms 'farm children' and 'informal settlement' children. There are no White learners attending the school (in fact only one White child has ever attended since the school was established in 1951).

Asked whether the teachers could notice any differences among the learners from the two communities, the teachers made some observations that they all interpret in the same way, namely that learners coming from the informal areas seem to be in a

better position in terms of the economic situation of their families. The validity of their impressions has not been established by this thesis.

The teachers agreed on the justification of differences they observed. They described how the informal settlement children are always neat and tidy as opposed to the farm children coming to school with very dirty feet and hands. They also pointed out that the informal settlement children wear uniforms, good shoes, carry school bags and bring lunch parcels, and that most of the school funds paid come from the parents living in the informal settlement. The teachers attribute all this as obvious signs of a better socio-economic background of the children coming from the informal areas, compared to those from the farming communities. The parents/caretakers living in the informal settlement are, in general, perceived to hold better paid jobs. However, as will be highlighted again later in this chapter, other factors like alcohol abuse could be a major contribution when explaining the differences observed among the two groups of learners. Foetal Alcohol Syndrome (FAS) which is widespread in the farming community was mentioned by most of the teachers.

In the focus group interview with the teachers in Grade One to Grade Four, the teachers were comparing the background of the two groups of learners as follows:[2]

*I think the Xhosa-speaking children here are more 'better off' than our children, because of the way they dress.*

T3 followed:

*They have good jobs – some of them ... better than the farm people. The farm people work on the farm from the morning six o'clock ... even if it rains in the morning, like this morning, they were there out in the cold.*

T2 added:

*And their salaries are meagre ... ja.*

The remedial teacher described the same differences between the two groups of learners in terms of how they appear, as the other teachers had done:

*But I think, by the looks of them, the way they dress ... all of those ... I've got ten African-speaking children that I took for language development at the start. They all are always neat and presentable. So that shows that they come out of a clean house, which is the opposite with some of the other children.*

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2.  The Grade One to Four teachers are in this chapter labelled as T1 to T4 when quoted from the group interview. Otherwise the teachers are referred to as 'teacher'. The figures 1 to 4 do not correlate with grades one to four.

One of the teachers explained that there are slow learners from both communities, and she thinks that most farm children's development and learning is negatively affected because of FAS:

*Yes, there is a difference. Some of them, especially in the informal settlements have a big backlog space ... informal and rural ... they are slow learners. They are very slow learners. But the rural areas ... no, the informal settlements ... they are a bit ahead of them.*

Asked why the learners from the informal settlements are ahead of the other children, she answered:

*I don't know, really ... I think it's because some of them ... I don't know ... most of the children are Foetal Alcohol Syndrome (FAS)-related children and these are the children on the farms. I think that could be the problem.*

The teachers mentioned several learners affected by FAS, and how this affected them to the extent that some failed to pass their grades.

### 6.2.2    Language of instruction: challenging teachers and learners

The language of instruction at the case school is Afrikaans. Despite the comparative advantage this entails for the Afrikaans-speaking learners, who are the 'farm children', the Xhosa-speaking learners (the 'informal settlements children') in general, seem to gradually perform better, according to the teachers' assessments.

As explained by one of the teachers of the lower grades, and here again the teacher uses the notion of "our children" when referring to the Coloured Afrikaans-speaking learners:

*And they learn –  if they grasp the language – they learn faster than our children.*

Also in the individual interviews, the teachers of the lower grades described a number of problems with regard to the language of instruction, Afrikaans. The language is different from the mother tongue of nearly half of the learners (Xhosa). This clearly constitutes a major challenge to the teaching/learning processes taking place, especially in the Foundation Phase (Grade One to Four). The medium of instruction clearly added to the workload and frustrations of affected learners, as well as of teachers.

A seemingly unexpected finding is that Xhosa-speaking learners in general progress better academically than the learners whose mother tongue is the same as that

of the language of instruction. According to the teachers this could be explained by a better socio-economic position of the parents and guardians of Xhosa learners, in spite of the extremely poor housing conditions in the informal/'squatter' areas. A better socio-economic situation could in general imply better care of the children, which in turn may promote a stronger motivation for children to apply themselves to the learning process. As described by the teachers in the Foundation Phase, as well as by the remedial teacher, the higher motivation level demonstrated by the children from the informal settlements (or Xhosa-speaking) children, seems to have a positive effect on their academic performance.

Like the other teachers in the case school, the remedial teacher attributed the differences between the two groups of learners to different attitudes of caring among their parents:

*Well, I find that it's just ... I think that those people in those settlements, they feel the children will get a better education maybe at a school like this, and maybe the parents are caring for the children, and they're really interested ... whereas a lot of the parents, I think, who live in this farm area, here, do not really care ... You could pick it up on the way the children come to school. They're untidy or dirty, for that matter.*

Despite the limited support which she is able to offer, the remedial teacher claimed that a significant number of children attending the support classes do make progress.

Problems related to a possible high level of alcohol abuse among the farm workers could be exacerbating the social effects of poverty.

The remedial teacher explained:

*Yes, I think more children should be tested by a school psychologist because they have greater problems than just simple reading problems. There are domestic problems. There are many children who have Foetal Alcohol Syndrome (FAS), and of course the social background of many of the children at this school is very poor. I think that adds to their lack of concentration.*

This will be further elaborated below in section 6.2.3 and in Chapter Eight, where findings are analysed against other studies of farm children in the Western Cape Province.

For the teachers concerned, the experience of learners not understanding the language of instruction seems to add to a general feeling of frustration among most

teachers in the case school. Other circumstances causing this frustration are described below under 6.2.3.

### 6.2.3 "An ordinary day would be … an abnormal day here!" (teacher)

During both the individual and the group interviews, the teachers were asked to describe an ordinary day at the school. Most of them just shook their heads; they were clearly having difficulties in answering the question. However, one teacher in the individual interview made a statement which may explain why:

*An ordinary day would be … an abnormal day here!*

The teacher, who probably noticed the puzzled look on my face, continued to explain the statement:

*Because, it's days like this, you see, when it's a rainy day, most of the children don't come to school. So, for us, the situation depends on the learners, and the environment here … it's different to other environments. So it is totally dependent on the learner ... our day.*

The winter times are the worst with days being windy, wet and cold combined with school buildings lacking insulation and heating. Sometimes the teachers give the learners clothes – dry clothes to put on. Many children have a long distance to walk to school or to catch the school bus, and by the time they reach the school, their clothes are often very wet. According to the teachers, a substantial number of the 'farm children' therefore stay at home during rainy days. Absent children from the informal areas add to the number, which can often be as high as 20 (out of 32) learners in a class. For the learners coming from the informal settlements, catching the one and only early schoolbus is an obstacle in itself on winter mornings.

The winter is hard, even for the teachers, and it adds to the high stress levels which they already experience. The principal commented as follows about this:

*But I might say, like, the absentee rate is quite high amongst teachers. You know it's definitely ... you can check through the book there ... it will be people going off, but also ... besides ... it's the weather ... it's cold here ... in winter it's ooh wet from the ground up – your feet, no matter whether you have on two pairs of socks ... your feet ... when you get home they feel wet. Teachers will get really sick ... pleurisy I've had already, and things like that, because of the conditions that ... it's very, very cold and ... and wet. But ja, they try very hard, very committed.*

I encouraged the teachers to give some examples of the kinds of challenges faced when greeting the class in the morning. The teachers told many similar stories, and I have chosen the following as an example of how the needs of one individual learner could claim the attention and care of the teacher for the whole morning:

*Things that happen ... you come here in the morning, ready to do your day's work, then you come into the class, and there's a learner, perhaps a few, because he didn't have anything this morning, because it was the weekend, and parents didn't care. There's one boy I had now ... I was absent for one week, and when I got back to school, his finger was swollen, it had turned septic. So I had to leave the children and take him to the clinic. When we got there, they were very pleased that I brought him in because it was very septic, and it could have turned to blood poison. So a normal day, you have to attend to the individual learner with all his problems that he brings from home that you have to attend to first, before you can start teaching.*

This case was obviously not an unusual situation to handle for the teachers. The class was looked after by the school's sports assistant, a young voluntary worker, while the teacher was accompanying this particular learner to the clinic. The story indicates that the clinic staff has a good understanding of the situation in the school, understanding the urgency for the teacher to return to her class.

All the Grade One to Grade Four teachers were stressed about how difficult many learners find it to settle down in class in the morning and to concentrate, because of the effects of the problematic home circumstances which they bring with them to school. Some teachers explained how they try to deal with this by encouraging the learners to talk about problems at home which may make them feel bad. Most teachers gave examples of stories told by the learners; stories related to alcohol abuse and aggressive behaviour. In spite of a seemingly open style of communication amongst the learners in some instances, the majority of teachers concluded that they did not really know what many learners are experiencing at home. They did not share the experience of their colleagues in terms of learners' openness about their home environment.

One teacher of a lower grade said:

*The children keep what is happening at home a secret. Only sometimes do they open up.*

Asked why, she responded:

*I don't know. Maybe they wanna cover up, you can see, you know ... And, especially the Xhosa children, they never ... you get only one or two to speak. Even if I have a translator, I cannot make them speak.*

However, all teachers, including the principal, who also at times serves as a teacher when needed, expressed the same grave concern with reference to the background of the learners and how it impacted on their learning ability and performance. According to the teachers, the socio-economic problems of the school communities meant that in this school, all learners are vulnerable children.

One of the most experienced teachers was very clear in her comparison between this school and a school she previously worked in, situated in an urban area where the majority of the households ranged from working to middle class Coloured people. In particular, she highlighted the differences in the responses from the parents.

She said:

*Everything is different, the kind of children, the response you get from them, everything. Very different ... all the years I've been teaching in Mitchell's Plain ... a vast difference. You get more response there from the parents, and the children can think for themselves, the children are more advanced. It's the first time in my lifetime I come across this kind of, you know, this kind of children, struggling, there is a much better child in Mitchell's Plain. But I'm happy here, I'm happy here, it's my third year*

One of the teachers, who previously worked at another primary school in the same area as the case school mentioned that there were no learners from the farms attending that school. The teacher's statement, cited below, could therefore be interpreted as being supportive of her colleague's argument that the informal settlements' children are better cared for than the farm children. The apparent consequence is that school performance and progress by farm children are, in general, poorer than the performance by the children from the other two schools.

*Mostly the difference is that the children at that school are very neat. They're clean. You can see they are cared for much better.*

The validity of this claim was not confirmed by the data collected for this thesis.

The estimated time that teachers spend purely as caregivers, seems to be substantial in the lower grades (Grades One, Two and Three). According to the teachers of the higher grades, they are gradually more able to focus on the teaching despite the social problems not being reduced. Reasons may be linked to the school being small and the dedication demonstrated by teachers of the lower grades seemingly

'paying off' in the long-term. It could also be expected that older learners are feeling less vulnerable and therefore more able to cope, in spite of the poor state of their home environment.

### 6.2.4  "AIDS does not fit in here" (teacher): Poverty at home and in school

An apparently major problem causing behavioural distress in many children is the phenomenon of Foetal Alcohol Syndrome (FAS). All teachers in the case school had identified learners suffering from FAS, which is caused by widespread abuse of alcohol by their parents.

A teacher of a higher grade class talked about over-aged learners and learners with severe learning problems in her class:

> *There are three children in my class. Two of them have Alcohol Foetal Syndrome. They are supposed to be 11 turning 12 in this grade, but they are 17/18, going on 19. There's nothing going on there. But one girl, she comes from a loveable home. I met her mom this morning for the first time ... a very loveable type of child, and the children in the class are very compassionate and they care about her. But the mothers still drink.*

One teacher of a foundation phase class claimed that most of the children from the farms suffered from FAS. Although this claim is not fully confirmed by the findings of my investigation, the teacher's claim is tested against studies of farm children in the Western Cape Province in Chapter Eight.

The school social worker interviewed for this research only partly confirmed the teachers' statements concerning the number of learners suffering from FAS when she said:

> *OK, I didn't come across the foetal syndrome, but I believe there are ... I know that there are alcohol problems – very, very much. I do come across children who complain about their situation at home ... that some of the parents are drinking ... I do come across that, big time.*

Supported by one colleague, the school social worker covers 252 schools in this widespread district of Cape Town, consisting of a great variety of local communities; both, urban, rural and mixed. The social workers do a substantial number of visits to schools and homes, and therefore have a broad basis for their analyses.

However, all teachers in the case school agreed on how FAS severely impacted on the children's learning ability, and they also stressed how these children put extra demands on the teachers' attention and care.

The principal also emphasised social problems related to alcohol abuse and poverty. She also highlighted the situation for many learners suffering from FAS and referred to alternative schools, especially those caring for children with FAS symptoms, being out of reach for these learners.

This means that a number of learners need to repeat grades and by the time they reach Grade Seven, some learners are therefore already 18/19 years old. As far as this study could establish, the school has not kept records of the exact number of over-aged learners.

As mentioned in relation to the learning differences between the two main groups of learners, the remedial teacher confirmed what the principal and the teachers were saying with regard to a poverty-stricken home environment. She also agreed with the teachers' claims that poverty, combined with the FAS phenomenon in the farming area, was having a deteriorating impact on the learning for a substantial number of learners attending her support class.

According to the remedial teacher, one particular learner is often absent and comes to school in dirty clothes. In addition to concentration problems, caused by FAS according to his teacher, the remedial teacher thinks the boy is suffering from some kind of abuse at home. The boy's class teacher, however, said he is absent 'without reason'.

Another indicator of the impact of a deprived home environment on learners is reflected in the following statement made by the principal:

> *Many of our learners don't want to go home at the end of the day. They hang around in the school yard and we have to chase them away in the end. The informal settlement children must get on the school bus eventually as they live beyond walking distance.*

Asked why, all four teachers in the group interview eagerly started talking simultaneously, and they shared the following explanation reflected in the statement made by T1:

> *Bread, bread. They're just sitting there. They want the bread. As soon as you give the bread, they go home.*

Referring to the learners not wanting to go home at the end of the school day, I asked the principal whether she thinks the school represents a place of safety and care to the children.

She said:

*Well, I would say so, because I feel that this is their beacon, in spite of their poverty and everything, they love coming to school. They get fed every day, there is some form of feeding for them, it is warmer, drier, sometimes they get clothing ... they don't readily go home.*

The principal's answer highlights how the school tries to compensate as much as possible for the poor home environment of most learners.

Through the feeding scheme, provided by the Education Department, the learners in Grades One to Three (foundation phase), are fed white bread with peanut butter every day. Once a week all learners in the school are served porridge by volunteers from the church which originally built the case school. Volunteers from another church feed all learners soup on Fridays. According to the principal, the Friday soup represents for a substantial number of learners the only hot meal for the whole weekend to come.

The group of teachers, Grades One to Four, all expressed that poverty constitutes a greater issue than HIV/AIDS for the school, and some of them in fact denied the relevance of HIV/AIDS to the school.

As T3 claimed:

*HIV/AIDS does not fit in here!*

Another teacher supported the statement when she explained that HIV/AIDS does not seem to be a reality in this school:

*Maybe 'cause it's not so real here. We're not really worried. I still forget about going for gloves when a child gets hurt. I mean, what must be must be ... if I run in to get that thing, in the meantime that child who don't have AIDS gets ... could die. So I don't think 'AIDS' when something happens to a child.*

T2 captured the sentiment of all the teachers as well as the principal when she said:

*This whole school is a social, or whatever case!*

The school, which itself suffers from very poor infrastructure and problems caused by a lack of maintenance over many years, still, for most learners, seems to constitute a place of safety and care. This is not only the result of an even poorer home environment, but can also be seen as an indicator of the concern and care given to the learners by the principal, teachers and other staff members of this school, which is, apparently, in sharp contrast to what most learners seem to receive at home.

The impoverished home environment of the learners obviously has a number of negative effects on the teaching/learning environment at school.

Firstly, the school fees constitute a minimum income for the school. The fees are decided on by the School Governing Board, and in 2004 and 2005 these were extremely low at R10 per term or R40 per year. The fees stand in sharp contrast to other public schools in South Africa where fees often reach levels of R2 000 to R3 000 per term, and therefore provide a substantial basis to ensure resources enhancing quality education. According to the case school's principal, most parents/guardians are able to pay the low amount of R10 school fees for their children. No requests are made at the end of the school year towards those who did not pay, so, in practice, those learners are exempted. The Government's exemption policy for school fees (Department of Education, 2006) has not been formally communicated to the parents by the school. The principal explained this by saying if everyone formally got to know this, everyone will need to be exempted. Instead, the fees decided for the school were kept at a very low level, thus manageable for most parents/guardians, "because they are receiving a child grant from the Government", according to the principal.

The poor physical structure of the school is what first meets the eye of a visitor. The buildings are obviously in a poor state, many windows are broken, roofs and walls need basic maintenance. When it rains heavily, parts of the roof leak.

Starting from 2006, the Western Cape Education Department has granted the school exemption from collecting school fees (Department of Education, 2006). As described in the introduction to this chapter, the case school was originally established and run by a church. The WCED pays rent to the church for the use of the buildings which were built on privately owned church land. However, according to the principal, this rent money has not filtered down to the school for maintenance of the buildings, at least not in her time as principal.

Asked whether she, as the principal, has requested the church for funds to do maintenance work, her response is negative. She claimed that this has not been considered because any obligation for the church to spend rent money on maintenance is not included in the contract between the church and the provincial education department, and according to the principal, the church itself struggles financially.

Interviews with the school staff, as well as observations at the school, gave an overall impression of the teachers being dedicated to provide a safe educational environment to an extent perhaps rarely observed in South Africa. In Chapter Eight

this commitment is discussed in relation to other studies concerning vulnerable children which have been carried out in South Africa, and which are reported and commented on in Chapter Two.

Apart from teachers spending their own money on food and clothes for learners, they also pay for minor classroom maintenance in order to create a more caring and motivating learning environment. The principal indirectly confirmed that teachers did pay out of their own pocket. Sometimes the teachers paid for extra materials in order to implement classroom activities with the learners. The outcomes of such activities were visible in the classrooms, through for example, colourful drawings and paintings on classroom walls.

To raise some money from the community, once a month the school organises a jumble sale selling old clothes in the classrooms. Parents and other people do come, but mostly in small numbers, and according to the teachers, depending on the money they have and the weather. The jumble sales takes place on the only day of the week possible to reach the parents; that is on a Sunday. However, the money raised never seems to be sufficient to pay for any much-needed maintenance of the school buildings.

The teacher, T2, currently responsible for organising fundraising events explains:

*We don't have a lot of money. We must pay the phone bill, and whatever is needed: a window pane that's missing, you buy one; or if something happens at school and you need the money for refreshments or whatever. But I mean we must give our own money. We give a lot. This is my week to do fundraising. Each one of us gets one week ... so mine starts today. But I did nothing ... I don't know what to do ... sell sweets and stuff tomorrow. Friday ... maybe I'll bring cake, food and sell it to the children and the teachers. You make R500 or R300 ... what you make you must give in for funds for the school.*

It is not surprising then that the teachers' efforts are highly appreciated by the learners. As T3 explained openly in the group interview, to the applause of the others:

*They love us and we love them, and we hug them, never mind if they're dirty or not. And we praise them, clap hands, make them feel very high. You know, we don't really punish, because we can't punish. They're used to us.*

During the field study for this investigation, it became increasingly clear to me that the school environment and home environment of learners had put very high demands on the teachers in particular.

This impression was confirmed by the school principal when I asked her to describe the working conditions of the teachers:

*Well, I must say we have been very, very lucky in that whoever came here ... as a teacher ... maybe the odd one or two that, you know, ... didn't adapt, because you need to be special. I maintain you need to be special to ... to work here, and to work with these children ... it's really taking someone special to be able to be here ... and to deal with ... with the challenges that we face.*

The poor availability of resources in the school and in learners' homes represents one of the main challenges requiring the 'special teachers' which, according to the principal, are needed at the case school.

The remedial teacher, fortunately has the advantage of smaller classes. She tries her best in the poor environment to create a space of extra care and support for the learners who need to join the support class. She emphasised how she must act positively towards the children, praise them and highlight their good points. She explained that she has more time and energy to be patient than the other teachers have, because of their classes being mostly overcrowded.

### 6.2.5    Gender relations

In general the teachers did not seem to observe or be aware of any differences between boys and girls in terms of the problems they face, and how they react to these difficulties.

One teacher of a higher grade class explained her view like this:

*No, there's no difference ... because their problems are much the same ... their social problems are much the same ... their economic problems also.*

How the children reacted to their problems seemed to vary more within each gender group than between boys and girls. The stories told by the teachers indicate that although boys and girls at times seem to react in accordance with their gender roles, this was not always the case. The teachers mentioned both girls and boys developing aggressive behaviour patterns as a response to, for example, abuse at home. A quiet inward behaviour pattern responding to the same experience at home was also registered, in most cases seemingly irrespective of gender.

The same seems to apply to the behavioural problems associated with the Foetal Alcohol Syndrome (FAS) phenomenon described above and noticed by most teachers to affect boys and girls to a similar extent.

One teacher in one of the higher grade classes mentioned a boy who had developed aggressive behaviour towards peer girls can serve as an example of a response in accordance with the expected gender role:

*I got a little boy here, a Black ... an African boy. He's fond of kicking and hitting the girls. Now in my mind, I'm sure that he saw that somewhere, and he refuses to talk. He says it is not. And he is so beautiful. He is not antisocial. So there ... there's abuse somewhere in his life, but he's not willing to open up.*

According to the teachers, there are no so-called 'problem girls' in the lower grades. In the higher grades, however, there are a few.

One teacher explained:

*Most of them get ... they are frustrated ... most of them ... they don't speak out ... they are quiet, and they cannot mix with those who are ... some children are a bit more fortunate ... so they can't really mix with them ... they are a bit on the ... they can't interact.*

Asked whether some of the learners react more aggressively, she explained that some girls adopted behaviour not generally perceived to be in accordance with their gender:

*Ja, when they get frustrated, they hit the children ... Ja, they cannot speak out or tell you there's something wrong, they will just hit ... and for no reason whatsoever.*

The teacher said she had a substantial number of learners in her class who were expressing aggressive behaviour to some extent.

Addressing the reactions, whether being aggressive or withdrawn, seems to vary greatly among the teachers. One teacher shared how she used the Life Orientation lessons to address problems in a general manner to avoid stigmatising particular learners:

*Usually, at that moment, at that time we have to stop with whatever we are busy with. Then we have to address the problem. But then, it's difficult just to because it's sensitive for them. So you ... usually when you do a lesson – Life Orientation, then you will address it ... the problems that they have. And then everything comes out. Then it doesn't feel that you are pressurising them personally or undermining them. It is regarded as a classroom discussion, thus making them feel it is not their individual problem. They find out they are many with even similar problems ... you are not alone. This is how we should handle the situation. But to just address the problem on that instant is a bit more complicated.*

Many teachers confirmed that they often used an incidental approach to teaching in order to address the many social problems that could emerge during the course of the day – or even before the teaching could start in the morning. HIV/AIDS-related issues could be among the issues addressed in this way, especially so, in the higher grade classes.

Both girls and boys in the case school seem to be equal victims of sexual abuse in terms of numbers judged from the stories told by the principal and teachers. However, older girls are the only ones who can fall pregnant, and this fact clearly presents a gender difference not mentioned by any of the teachers in this context. A significant number of girls were found to be, or have been, in such a situation. Some of these stories are referred to in section 6.4.5.

## 6.3 "Where are the 'AIDS people' that we must see to?" (the case school's HIV/AIDS Coordinator)

There is a new saying that in South Africa you will find only two kinds of people, those infected with HIV/AIDS and those affected by HIV/AIDS.

### 6.3.1 Infected or affected learners

In the first month of my fieldwork, April 2005, the principal and all teachers of Grades One to Four said they did not know of any learner or parent/guardian infected with or affected by HIV/AIDS. According to them they had not observed any symptoms in learners indicating that this could be the case. The remedial teacher, who has the opportunity to observe learners in small groups, had not made any observations indicating that learners may be infected with or affected by HIV/AIDS either.

A few days after I had completed the first interview, that is the group interview with the teachers of Grades One to Four, one teacher discreetly approached me to inform me that she thought a mother of one of the learners in her class was ill because of AIDS. The learner, a girl, has a sister two years older in the school. This incident with the teacher informing me is discussed in the Methodology Chapter of this thesis in connection with how research can influence the one researched. The case of the two siblings affected by AIDS is presented below (see 6.4.1) in connection with teachers' classroom observations.

In August/September of 2005, the intermediate grade teachers also indicated that they did not know of any HIV-infected learner or of any learner affected by HIV/AIDS. All the teachers answered negatively when asked if they knew of anyone infected with or affected by HIV/AIDS in their own communities. The questions were asked at both individual and group levels.

Only the principal, one higher grade teacher and the remedial teacher knew of a person in their own community who recently died of AIDS.

The principal's response, when I interviewed her the first time was to express a concern for me not getting the information I needed at this school I had chosen for this study. She compared the case school to schools in the 'African' townships and claimed:

*These schools have teachers passing away because of AIDS, schools are really feeling the effect of AIDS.*

She continued her argument concerning my research, and confirmed that no learner in the case school was known to be infected with HIV:

*We are not aware of any cases at school, on the status. We haven't had anything. So I'm just a bit worried about your actual research that you're not getting the answer you're looking for, that everything is going to be ... seems quite fine you know.*

Her statement regarding my research is also discussed in Chapter Four (methodology) and in Chapter Ten of this thesis (see 4.3 and 10.2). When I interviewed the principal 18 months later, she repeated what she had said in the first interview, and did so without me asking. She claimed that still no learner in the school was known to be infected with HIV. According to her the only case of a learner infected with and/or affected by HIV/AIDS in the case school was the one involving the two siblings referred to above.

The principal was aware of this case:

*I remember you asking me actually about cases and I said no. I still tried to dissuade you from using this school and it is still the case ... 1½ years later ... except the girl I mentioned to you – the mother – who is still alive, the girl is still at school and that's it. We don't know of any cases, we don't hear of any cases in this area even. But it is very, very obvious that unprotected sex is happening here, and that AIDS is definitely doing its rounds.*

The issue of unprotected sex, mentioned by the principal here, is dealt with in relation to indications of HIV/AIDS-prevalence in the school and the learners' communities in section 6.4.6 below.

I did a brief 'follow-up' conversation with a group of five teachers at the case school, teachers of both lower and higher grades. The brief meeting took place one and a half years later. I reminded the group of the two siblings in the lower grades whose mother is sick with AIDS.

All the teachers in the group, except one, knew about the elder of the two by now, and they confirmed that she is deeply affected. She has moved one grade up since her situation was first discovered by her teacher, but her sister had to repeat her grade. The present teacher of the older girl told me that the girl is looking after her younger sister and the mother. She is often absent from school; so the situation at home is clearly affecting her school attendance and performance. The fact that teachers other than the girl's teacher knew of her situation could be interpreted as a sign of an increased openness among the teachers themselves since I first started my field study.

One intermediate grade teacher pointed out:

*We are more aware now, yes, since HIV/AIDS has become a big part of the curriculum since three years ago.*

However, despite indications of an increased awareness among the school staff, signs that learners could possibly be infected with the virus or affected by HIV/AIDS, were still not receiving any acknowledgement by most teachers in the case school.

In fact, one teacher of a intermediate grade class said rather convincingly:

*We have not yet identified any learner infected with HIV/AIDS – not even suspected it!*

Her colleagues did not oppose this statement there and then, but they did not openly support it either. One of the teachers in the group had expressed a different view in the individual interview conducted 18 months earlier. This is reported under the sub-section dealing with teachers' own classroom observations (see 6.4.1).

## 6.4    Could the 'AIDS people' still be there?

I identified a number of factors which could serve to indicate that learners are infected with or affected by HIV/AIDS. These indications emerged from interviews with a significant number of respondents, and are supported by findings in the literature

review of this thesis (see Chapter Two). With a few exceptions, the respondents themselves did not necessarily interpret what they have observed or experienced as indications of HIV/AIDS.

### 6.4.1    Teachers' own classroom observations

As mentioned under section 6.3.1 one teacher approached me discreetly to inform me that she thought the mother of one learner in her class could be sick from an AIDS related illness.

When I interviewed the same teacher individually, not long after she had approached me, she had more information to share. The father of two learners in the school had, in a meeting with the teacher, told her that the mother, his ex-wife, had developed AIDS, and had been infected by another man, according to the father. The children lived with the mother in one of the informal settlements during 2005. Since one of them, the youngest girl, is in this teacher's class, I asked if there was anything in the child's behaviour indicating that this situation affected her.

She explained as follows:

*Well, the first thing that I noticed was her sleepiness ... always sleepy. And in that time, I called her parents, and then the father came. Also they are about five children that are cousins ... now the other children's mother came who is the sister of that lady, but she didn't tell me. But then the father came the next day.*

The teacher further explained that the child is very quiet and therefore, probably one of the children rarely noticed:

*She is just one of them, the quietest ... very quiet*

According to the teacher, the girl's school performance is weak, although she appeared to be striving to perform better. However, she never approached the teacher to get help or wanted to show her any of her work.

Asked what the teacher did to support this girl, she replied:

*We wake her, and tell her to finish her work, encourage whatever ... because if she was sick, I would ask her whatever she ate that morning, give her bread, and then I'll go for tablets. But nowadays we are not supposed to give children any medicine, but we still give a 'Panado' (common for headache, pain, fever) because they say that is effective.*

In September 2005 the principal explained that the two children were absent for a longer period as they went to stay with family in Transkei in the Eastern Cape. The

youngest girl attended class again recently and explained that she had been very sick. She had received medical treatment, but did not reveal for what.

The girl's attendance gradually improved, and she was not as sleepy in class anymore, according to her teacher. However, in my conversation with the teacher six months later, the situation had deteriorated. The girl's attendance had deteriorated, and the teacher had made some new observation concerning her:

> *She has a bit of ... which you get in the neck ... not moles ... warts in her face. I hardly see her.*

The teacher did not link the warts to potential symptoms of an HIV– or AIDS-related disease. She said the mother had gone to Durban recently, and the girl had been staying with the father, then the auntie, with whom she still stays. She is absent from school one or two days a week, but this is not regarded as a problem by the teacher nor by the father, according to the teacher. She is obviously still the quietest girl, not demanding any attention, nor support. The principal explained that the school staff are not supposed to know the mother has AIDS, and the status of the daughters is unknown. After the siblings had been living with their father for a while, the daughters were again back with the mother. The oldest daughter is regarded as a particularly clever girl, not demanding much attention from the teacher either. The principal continued to explain that the teachers of these children, as well as she herself, could not pry any further into the siblings' home circumstances. She concluded by saying that the school was not able to offer them any further support apart from giving consideration to the home situation, as currently understood by their teachers. This meant giving them extra love and care.

The voluntary community worker from the church whom I interviewed told me of another possible HIV case in the school, after she had addressed all seven classes of the case school during the AIDS week in September 2005:

> *Well, before they were a little shy, but you knew you had them when you look at them. Some of them were also scared to talk about it, because when I was last here, a **little sister and brother asked me what to do since they suspect their sister to be infected**. I also feel there's a high rate of HIV in the community already and also TB.* (my emphasis)

This kind of direct appeal had not been experienced by any of the teachers, nor the principal, with regards to HIV/AIDS. The school staff had no knowledge of this case. It supports what the school social worker and some teachers claimed, that

learners are not confiding in them. The siblings' question about their younger sister had scared their peer learners in class, according to the community worker; possibly because it was too close to a reality which people would rather not talk about.

One of the teachers explained that they already had someone from the EMDC talking to all learners in Grades Four to Seven about HIV/AIDS. She told me of one learner in her class who spontaneously responded as follows during the presentation by the EMDC representative:

> *Yes, there was a lady here, and she showed them all the pictures ... one picture with the penis that was so red ... then the one child said, "Juffrou my broer syne lyk ook so by die huis* [Miss my brother's also looks like that at home]. *This brother, he had some sexual disease, or something. But she spoke to them and she showed them every picture she had ... in a pile.*

This information given by the learner about his brother has not been interpreted as a possible symptom of HIV or AIDS by the teacher.

Most teachers mentioned that they had a few learners with sores which they attributed to a lack of hygiene at home. However, these symptoms were, with one exception, not associated with HIV/AIDS.

One of the teachers represents the perceptions of the large majority of teachers in the case school, including the school's HIV/AIDS Coordinator, when she said:

> *Because they don't wash their hair. Because they fetch water ... then they ... like ... push it with their feet ... from the tap. So I mean ... if we were in those circumstances ... cool. When we were children, we don't really mind about washing ... you know what I mean ... so we don't blame them. But it's mostly the sores ... it's all the sores and the parents don't see the sores. And it gets worse. There's one sore ... tomorrow there's two ... then five. This shows us that there are immune systems that are weak.*

The only teacher who did not link the sores to poor hygiene indicated instead that the sores, especially when occurring together with a seemingly chronic cough in a learner, could be symptoms of an HIV– or AIDS-related disease. Referring to dilemmas resulting from the HIV/AIDS school policy on non-disclosure of anybody's HIV or AIDS status, she said:

> *The thing is this: with most of the learners ... the thing is, they have the ... not to disclose. So we don't know how to handle learners that are really affected or infected with the virus. So, what do we do, I mean, how do we handle the situation if we have a suspicion. We can't have that, because that is being judgemental. So what if he has a family history of ... uncles or aunts who are*

*HIV-positive, and there's something ... he is always having sores, or there's this cough that he has ... what do we do in that case? If the parent doesn't want to take the child to a clinic for testing, what do we do then? Or if the parent doesn't want to take the child to a clinic, or something ... what do we do? How do we deal with that?*

To the question whether she had come across any learners with the symptoms which she described, she responded promptly:

*A lot!*

She explained that there are none in her class this year, but in the two previous years there had been. However, the current teachers of those two classes had not identified anyone, nor had they interpreted possible signs of an HIV or AIDS-related disease in the same way as this teacher had done in the learners' previous school year.

### 6.4.2 Orphans

The number of orphans in the school could serve as an indication of HIV/AIDS prevalence in the school and the school communities. In the first interview with the principal, I therefore asked whether she had statistics on the number of orphans in the school. Her answer illustrates the difficulties in obtaining the correct number of orphans:

*You see we do that on our annual survey, but it's maybe not as accurate because we send letters out to the parents to ask, you know, and as much as we want feedback, we don't, but we have a lot of parents who are deceased.*

*We have a lot of learners who do not live with their actual parents, but with stepmothers and grandparents, and that is also a problem as we don't expect grandmother to come to school meetings.*

In the final brief meeting (one and half years after the first interview), I asked the principal whether any of the learners had been orphaned in the past year, and how that would be registered by the school. She said there had been no new cases.

Asked whether she has had any training in how to identify and register the status of orphanhood, she responded:

*No, what we actually ... for the ESS System ... we need to have ... on the form or on the system there's a section that has: Parents – mother deceased; father deceased; both parents deceased. So we have sent out that form where we inquired from the learners. We've got a lot of single parent families ... lots of them, but not many orphans. And identifying them? No. But as I say, it is*

*something that we ... so we will for example know: John Smith, from a single parent home, mother passes away, that child is now orphaned. They had one death of a parent this year. I don't know if she can be classed as an orphan, because she lived with her mother and her father is in Mitchell's Plain. She is now living with her grandmother. So she is not completely orphaned, if I could put it that way.*

I asked the principal to explain about the ESS (Education Support Services) system and how the school makes use of it. I interpret her answer as negative with regard to whether the school uses this system. However, the principal claims that this is about to change:

*No we don't have a register. We've got in on the system. I don't know if you are aware of the ESS system. It is almost a ... like something the department has where the child gets a unique number, and everything about the child is on the system. So if we go onto that website now, and we put in our school's name, everything about our learners then come up: their names, addresses, date of birth, ID numbers, parents who are deceased ... we actually need to update that now. X will have to do ... the new girly. So we need to update information all the time. So we don't have a register, but it is there and we are aware of that.*

The Education Directorate of the National Department of Education in 2005 piloted the use of forms in schools to identify children who have been orphaned (tracking), with the aim of providing these children with some form of support (monitoring). The case school was not a participant in this piloting phase. When I again asked the principal about this new form in September 2006, she referred to a standard format the school used to register learners, which also included orphan status. The school had not, to date, received a track and monitoring form particularly targeting orphan status or vulnerability.

According to the principal, the total number of orphans in the school was 24 in 2005 (8.5% of the total number of learners). However, she stressed that the number may not be accurate because the families do not always inform the school. Confusion or uncertainty among staff members about the definition of orphanhood may contribute to less reliable statistics.

The total figure of 24 orphans out of 270 learners (probably under-reported) in the school means that each teacher (seven teachers) is likely to have learners in her grade who are living with grandparents, family members or other guardians. Some of these learners may be heads of households, but this is not registered in the school.

Only one of the teachers expressed a proactive attitude in terms of finding out more about the home situation of learners known to be orphans. She did this through home visits. In general, the teachers only did home visits in the farm area surrounding the school. The teachers apparently did not feel safe to visit homes in the informal areas.

The teacher referred to one learner in particular:

*Ja, I had one last year, shame ... but he left. By the end of last year he left. I think it was towards the end of the year that he lost his mother, and before that, his brother. And his brother was a student at this school. I think he was 18 years old when he died ... problems with his ... I don't know if it's the liver or ... ja ... the mother and the brother.*

When I asked whether these particularly vulnerable children had ever asked the teacher for any help or support, she responded as follows:

*Ja, they don't ask directly for help, but you can **see when the mother dies or the father dies, we go to the house** ... we see ... **we have extra care with them ... or we give them more love and support**. We take clothes to the homes ... we support them with the funerals even. It's not much but it's a contribution from the school and from the class and from the teacher.* (my emphasis)

Her answer indicates that the situation described is not an isolated incident, but has happened to other learners and involved her colleagues in the same way. However, these deaths were not perceived to be linked to AIDS by the teachers involved.

Also, this teacher pointed out how this kind of home situation could have a negative impact on the child's behaviour at school:

*Like I said, they become frustrated, agitated and ... it's like everything the other person says, he's sensitive to and he's just ... 'Teacher is talking about me ... Teacher he's talking about my mother' ... in that way ... very sensitive.*

Behaviour change in learners as a result of traumatic experiences at home is further dealt with under sub-section 6.4.3 with reference to absenteeism.

### 6.4.3    Learner absentee: Laziness or sickness?

When asked about the level of absenteeism in class, most teachers described it as generally 'not bad'. The exception was during winter, when rains and low temperatures caused a high absentee rate, as described previously in this Chapter (see 6.2.3).

The teachers all explained that they did have the one or two learners who stayed away for days and weeks irrespective of the season. Answering the question of why, the following answer from one teacher may illustrate a common understanding among the teachers:

*I think it's laziness on their part, and of course the parents.*

When challenged by me whether they thought the impoverished home environment, rather than laziness had an impact on the parents in this context, the teachers agreed. However, they focused more specifically on the consequences of poverty, like alcohol abuse among parents in the farming community.

When I asked whether the frequent long absenteeism by some learners could be due to them caring for sick parents (no matter what kind of illness), none of the teachers confirmed that this could be the case, at first.

As one teacher said in the group interview:

*I went to these houses here on the farms, and I spoke to the children's parents and I ... they didn't look sick, maybe drunk yes, but not sick.*

Use of popular drugs among youth was registered through the interviews as an issue of concern, particularly since it seemed to be on the increase according to a teacher of one higher grade class. She explained how drug abuse affected the school attendance and performance of the learners involved negatively.

One teacher of an intermediate grade class confirmed that she had one learner with a high absentee rate:

*I know of one boy. He's been absent for the whole week ... I spoke to the class about absenteeism and told them even if you are bright ... if you stay absent for more than 50 days in the year, you will repeat the year, according to the department. I spoke to three bright children in my class who are fond of staying absent. I mentioned this boy who was the only one absent today, but he doesn't normally stay absent. One of them said he was sick. The principal then said someone had phoned to say his grandmother is sick with worry ... he's never been home since Sunday evening. But he's not missing. The children see him around all the time.*

Answering my question on how she would follow the matter up concerning the boy, she explained that she would take him to the principal and maybe contact the social worker, and concluded with a sigh:

***Yes, go the extra mile****. (my emphasis)*

Another teacher of the higher grades tells a similar story:

*There is one child. I was off for six months, and I only came back now. But this one learner ... he's actually a child from ... he was transferred from another school to this school this year. So this is his first year at this school. He's been absent for a very long time now. And I believe he's just moping around here in the bushes. We see him here from the window, and ... I don't know ... I must follow that up. So I'll have to go to his house to see what his situation is, because there's no response with the letters I sent. Nobody responds.*

When I talked to the teacher about one year later, I reminded her of the story. She remembered it well, and I asked her how she had followed up on the boy. She had first met with the mother and informed her that it was illegal to keep the boy away from school. Both parents were abusing alcohol. This meeting had, however, not resulted in any improvement concerning the learner's school attendance. In cooperation with the principal, the teacher had then contacted the school social worker. The social worker visited the home and informed the parents that the social grant would be withdrawn if the boy did not attend school. Since this intervention by the social worker, the boy has attended school regularly.

Two teachers mentioned funerals in the Transkei (an area in the Eastern Cape Province, from where many of the 'informal settlement children' originate), as another reason for learners being absent from school.

One teacher explained:

*Their clothes were wet, or they missed the bus ... and so on. And what I also found out, this Xhosa children here: when there's a funeral somewhere in Transkei or whatever, or it's holiday ... then they go down, and then they stay there ... then they come within two months or three months.*

Both teachers emphasised how these long periods of absence resulted in learner passivity upon return to class, especially in the lower grades where the language of instruction is an additional challenge for these learners.

The other teacher made mention of another learner who stayed absent for long periods of time:

*He was here last year, and then he stayed out of school. Then he came back this year. And he just came for two weeks, then I told the mother to take the child ... he's clever ... if you don't look after this child and bring him to school every day, I'll report you to the police. And the principal also spoke to her, and she promised to send him to school. That was only two weeks, and he never came back again. He's off again now.*

The teacher admitted that she did not know what to do in a case like this except for sending a letter to the parents when the child has been absent for a week, and speaking to the principal, which she had done. She visited all the classes in the school, asking the learners whether they had seen the boy without any result. She expected the principal to take the case further, even to the police, who could look for the mother. This case was still pending and unresolved when my fieldwork was completed.

Asked why learners tended to stay in their home areas like the Transkei for such long periods of time, she responded:

> *I don't know, maybe it's a holiday, living with the grandmother or the mother, whatever. Sometimes they come back in February, but they're never on time. Maybe it's the bus – that is full or whatever. It's difficult. Sometimes they go for a funeral, and then they also stay away for 2 weeks ... a little holiday ... maybe it's a lot of money. Sometimes they don't have the money to come back again ... they must first wait till the end of the month, to get money to come back to school ... that's all part of the education.*

Absenteeism among learners was not perceived by the principal and the teachers as any indication of learners infected with the virus or affected by HIV/AIDS. Their explanations for the absence focused mainly on parents not caring for their children, parents and learners being lazy, parents with alcohol problems, visits to areas of origin or they pointed to weather conditions combined with poor or no transport.

### 6.4.4    "He fell from a tree, onto a stick" (teacher): Sexual abuse of children

Most teachers mentioned learners, both girls and boys, who had or were being abused, sexually or in other ways, by other learners in the school or by people in the community, often family members or someone close to the family.

A teacher of a higher grade class mentioned a rape case, however, seemingly without much empathy:

> *A girl who was raped by two men last year sent me a letter two days ago saying she is not coming back to school. But she is a failure ... a failure!*

Even teachers of the three lowest grades in the school talked about several cases of sexual abuse. In the group interview (teachers T1 to T4), one teacher explained how frustrating it could be for the teachers dealing with parents in cases of rape.

With compassion T1 said:

> *And especially here on the farms – that side – The parents, they know about it. You go ... you go tell them what's going to happen ... like if the one abuses that*

*one. There's going to be just a cycle of ... they are going to abuse the small children. But they don't listen. They don't go to the police. The neighbour does something to this one's child. It's OK ... like ... we're friends. We don't want to fight ... we don't want to go sit* [in jail]. *The dog bites everybody there. They don't go and complain that that person's dog ... you know ... it's like it's OK. It's getting to me. I'm getting frustrated again. I'm just gonna go.*

T2 tried to encourage her colleague to stay:

*Tell them about Y ... about the rapes ... sodomise ... he had all that goeters* [stuff] *on him you know ... what you get when you ... he couldn't walk. And she* [the teacher] *took him to the mother and the mother said it's OK.*

Despite this appeal, T1 obviously distressed, left the room, and T2 told the story of this particular learner, who at the time was in Grade One:

*The mother took him to the clinic. There they made a case. She asked him – he didn't want to tell her. Then she went to the mother. The mother said, No, he fell from a tree, onto a ... what? ... onto a stick. It's bad. They cover up ... they cover up. The police came and took whatever, and still nothing happened. They don't want to go to court and all that, so ...*

The story engaged all the teachers in the group, and T3 added:

*I think he spent a night in jail, that one.*

T2 followed:

*He was in jail, ja, but the child ... what happened to the child ... walking around ... no counselling ... nothing, nothing. That little poor boy, he couldn't even walk. So what's happening? He's abusing ... I mean, I don't say it that ... I mean ... what's going to happen one day?*

About five months later, the boy had moved up to the next grade. When I asked his teacher of the previous grade whether she knew what has been happening recently, she replied:

*Not interested ... stayed at home for about three weeks. The teacher said he must bring his mother before he comes back to the classroom. I don't know if he brought his mother or what ... just stays at home ... not interested.*

About eight months later, I asked the mixed group of teachers of both lower and higher grades (T1 to T 5), whether they knew anything about the boy. They said they hadn't seen him at school for some time and were not able to explain what had happened.

T5 added:

*But it's frustrating. I mean, if it was my child, I'll do everything ... get him away from that type of people ... but nobody cares. The children can't help it. Really, they can't help it. Maybe he wants to be here, but his family ...*

The teachers were clearly not able to explain any further what might have happened to the boy. They all felt distressed talking about this boy, and any further investigation into the case was therefore not pursued.

In general the drop-out rate was low in the case school. When I asked the teachers individually if they had experienced any learner drop out in their classes in the past couple of years, a teacher of one of the higher grade classes responded like this:

*Yes, but it's like a pattern ... brother did; the sisters did ... and the parents don't care ... you call the parents ...*

She stopped her sentence indicating the usual problem of parents not turning up at parents' meetings and, when I asked whether she had contacted any support institution outside the school, her answer reflected a feeling of hopelessness:

*Yes. We notified the Child Protection Unit, and they brought them back to school ... the police, but ... they run away from home, so that's it. And the Social Workers, the school Psychologists work with them. But they just run away from home ... disappear. The mother can't tell where they are, so ... that's it.*

Almost daily, according to the principal, the school experiences incidents where the police bring learners back to school, independently of whether the child has been reported missing yet or not. In fact, to illustrate what the principal explained, two police officers suddenly entered the principal's office during the interview I had with her. They brought with them a learner, a boy aged between eleven and twelve. The police had, on their own initiative, picked him up at a shebeen (local beer hall/pub) where they found him sleeping in a warm spot. It was a cold winter's day and he had apparently not taken any alcohol or drugs. The police officer asked him why he was not in school, and the learner blamed his teacher for saying he was stupid.

According to the policeman he responded to the boy by saying:

*And do you think this is a smart thing to do?*

The principal explained that this situation was a classic one for the school. The boy's teacher had registered him as absent that day, thinking he was at home. Their parents were under the impression that he was in school. (The teacher only contacts the home after a learner had been absent for three days). The police officers finally

accompanied the boy back to his classroom, and explained to the class what would happen if anybody else did the same thing.

The principal described the child's traumatising background with reference to the father of the boy who passed away recently, and his mother who subsequently abandoned him. His mother's sister took him into her home, but no further information about his new home circumstances was available.

### 6.4.5 "To prevent is another thing" (school principal): Pregnancies in primary school

All the higher grade teachers spoke about learners falling pregnant and that, in most cases, this seemed to be the result of sexual abuse.

One teacher described the emotional trauma and subsequent behavioural changes she had observed in a learner exposed to sexual abuse and pregnancy:

> *I can maybe mention to you that I've got a little girl in my class, was in this grade last year, and in August she just stayed away from school, and she was pregnant. She's in the class now again, she had the little baby girl, it was taken away from her, the milk had dried up, they gave her tablets. She was under the social worker, and she was very tearful the beginning of this year. But you know what happened? She's turned into an aggressive child, swearing and doesn't care if I hear. But in the last month or two she's changed a lot. I think it is the way she finds us accepting her. The rumour was it was her mother's 41-year old boyfriend, and there's also a rumour of a 21-year old person who was abusing her sexually. She started menstruating ... and that is how she became pregnant. How I heard the story, this had been going on since she was 11, so when she turned 12 and started menstruating last year, she fell pregnant. They were both put in prison.*

The story of this girl turning into an aggressive child supports the argument put forward in section 6.2.5 that a significant number of learners seem to respond to abuse not in accordance with the general gender-specific role expectations ('aggressive' boys and 'quiet' girls). The story also illustrates the importance of peer support and acceptance in order to change behaviour.

The teacher could not say, however, whether the girl was infected with HIV. The story reveals that the school's procedure of calling the social worker was followed. In answering my question whether the girl might be HIV-positive, the teacher responded with a sigh:

> *That I can't tell you now.*

I asked if this is something she has thought about. Her answer could serve to illustrate the disempowerment or helplessness which some teachers seem to feel when dealing with these kinds of potential cases of HIV infection:

*Yes, but how do you go about it? A person can't force … we had the mother called in at the beginning of the year because of her behaviour problems, swearing and that, and I couldn't handle it any more so we sent a letter to the mother. Then we heard the boyfriend was out of prison, and he was seeing the mother again. So it's like a whole cycle … I don't know … I don't know.*

The principal claimed it is problematic for the school to get involved in cases like the one described above. Concerning the case of the girl the principal described her own feeling of disempowerment as follows:

*There was no way I could just go to the man or accuse him. I don't know how, but eventually the police got involved, so from the school's side it's very difficult to know what is happening.*

The principal continued by talking about another girl who had gone missing from school towards the end of the previous term:

*The mother had sold her to a man who obviously had wanted a child. She was extremely upset, and I asked why she had gone, but she said her mother hit her. And when she got back after the man had abused her, she went straight to the police and she actually opened up. You know, she's one of those big mouths, and she reported him. He was arrested with the mother. The mother was here yesterday. I tried to question her, but she says she doesn't know why she was arrested. She didn't sell the daughter; she just gave her a hiding. It's difficult, from our side to get in there. But we can question the children what's out there, what happens – **to prevent it is another thing**. (my emphasis)*

The story reveals, on the one hand, the limitations to what a school, and the principal in particular, can do in order to prevent abuse from happening.

On the other hand, the story is an unusual testimony of assertiveness on the part of the young girl who was abused and exploited in the most traumatic way. According to the principal the school presents programmes like 'Keep your hands off our children' with casts coming to do puppet shows in an attempt to address the type of problems mentioned above. Could the assertiveness of this particular learner have been encouraged by such programmes? It is beyond the scope of this thesis to address this question. However, I would argue that it is a feasible question to ask and that one hypothesis could be that assertiveness such as what is demonstrated by this learner could have a preventative outcome in certain cases.

The principal confirmed the general situation of abuse and teenage pregnancies in the school communities:

*We know that in the community there is a lot of abuse of children happening ... a lot of teenage pregnancies and that's obviously an indication that there's not the use of condoms. So, I mean, which indirectly would indicate that possibility it may be around ... it could be, and as I say in a couple of years' time the effects will be here.* **But there are no signs**. (my emphasis)

Like the teachers, the principal does not rule out that HIV might be a reality in the school communities, but as she said, there are no signs: meaning direct and very clear signs. Teenage pregnancies are an indication of an existing HIV prevalence, like the principal said, but it cannot be used as evidence.

In the interview one and a half years later, the principal elaborated on the same issue of abuse and pregnancies. The principal revealed that the school and the adjacent high school recently had a rape case each; one in the informal area and one in the farm area. Both learners were raped by a neighbour and both had been tested for HIV. This means that for the first time in the case school's history, the school leadership was informed of a learner being tested. However, the result of the test was not communicated to the principal, or to the teacher, as the parents chose not to inform her of the result.

The principal continued to describe the consequences of the rape for the girl in Grade Six.

*Yes. It was in this quarter that the girl in Grade Six was actually pregnant. She had an abortion. We only discovered ... she was absent so we went down to her home, we discovered that she had had an abortion. It then came out that she is 12 and the boy a young man of 19. But the other girl ... it was an elderly man, if I could use the term in the 'Black' community.*

The story clearly illustrates the importance of awareness and follow-up procedures when teachers are faced with learner absenteeism.

### 6.4.6  "Too grown up lately; the big ones" (teacher): Sexually active learners

All the intermediate grade teachers referred to learners falling pregnant, not only as a result of abuse, but at times, however much less, because of learners apparently being sexually active.

The majority of the teachers, both of lower grades (one to four) and higher grades (five, six and seven) explained that they have overheard learners talking about

themselves as well as of others being sexually active with peers, and with idle adolescents 'hanging around' (teacher). The most common sexual activity seems to take place between boys.

Asked about the age of the learners in this context, one teacher (higher grade) responded:

*Yes, they are very young, but we know they are. But they haven't confided yet.*

The issue of learners not confiding is also dealt with in section 6.4.2 in connection with orphanhood. I asked the teacher how she knew that young learners were sexually active, her answer revealed how the learners talk about each other:

*It's just by ... you know the small ones ... they talk ... oh, they talk ... they come and tell you, this one was busy with that one. That's how we know.*

The teachers explained how the learners used to be sexually active with each other, even in the school-grounds, but apparently not these days. They think this activity has stopped taking place in the school because they, the teachers, have talked to the learners about the dangers connected to what they are doing.

One teacher of a higher grade class explained:

*And we're telling them the dangers of even a boy with boy. But they are ... it's more the boys with the other boys ... the younger boys.*

However, in the group interview with teachers of the lower grade classes, one teacher, T1, gave an example indicating that the sexual activities had only moved to other locations outside the school grounds:

*Last year I had a child in my class. He was very quiet. Then the other one came and said, 'Juffrou* (Miss)*, he was lying on top of his brother. I saw him'. I was so shocked; I couldn't look at the child. The next day, this one said that the other one, the bigger one, in Grade Three was doing that to him, and that one in Grade Three's brother was doing it to him. The Grade Three brother is doing it to my Grade Two child, and he's doing it to his Grade One brother. All in the same home. And it's not the same thing, you know, it's just lying on top of each other, but it can get worse later on.*

Her colleague, T2, confirmed:

*So they see it from the bigger ones.*

T3 followed by pointing out:

*Het julle opgelet?* [Have you noticed?] ***Te groot laaste tyd;*** [Too grown up lately;] ***the big ones****.* (my emphasis)

One teacher of a higher grade class made an appeal to the principal to bring in an external resource person to go into the communities to address issues of teenage pregnancies in the context of HIV/AIDS:

*I told the principal one day, we must get somebody who works with AIDS and that to go into this community here, because there's a lot of young boys that's out of school, doing nothing, just hanging around, and all the little girls from Grade 5, went to high school, dropped out, they've got babies now. And the principal told them one day, spoke to the boys ... 18, 19, 20 ... 'you're just making babies, babies, babies ... what about AIDS ... you must put on condoms'. They say, 'No, we don't like condoms'.*

She continued to express much concern for the girls because of risky sexual behaviour with boys who are refusing to use condoms.

The consequences, she said, may soon be visible:

*... it's terrible. Maybe in a few years time, you can come back ...*

The teachers believed learners still practised unprotected sex, despite the fact that the use of condoms is stressed by most teachers in class and by resource persons from the school community and from the EMDC.

In my second interview with the principal, she repeated her concern about the teenage pregnancies in the school community, and this time she placed the fact of teenage pregnancies in a context of HIV/AIDS:

*I see too many teenage pregnancies on the farms of learners that come here with their babies on the arm. And that indicates to me that unprotected sex is still happening, which also indicates that HIV/AIDS could be out there.*

### 6.4.7    Teaching abstinence or condom use in primary school?

During the national School AIDS week in September 2005, a local voluntary church worker was invited to the case school to speak about HIV/AIDS. She went from classroom to classroom to talk to the learners, and she gave space for the learners to ask questions. She adapted her messages according to the grade she was addressing. I observed her lesson in the Grade Five class, with learners aged eleven to twelve. She showed the class samples of a condom and a 'femidom' reminding them that condoms are handed out freely at clinics and hospitals. 'Femidoms', however, must be bought the church worker told the class.

However, in spite of the free handing out of condoms in certain sites, both this community worker and the school social worker pointed out that a major obstacle to

condom use could be the fact that condoms are not easily accessible, and, in particular, not to children.

The fact that a significant number of children seem to be older than the normal age for their grade could contribute to explaining incidents of primary school learners being sexually active with out of school youth, idle in the area. The presence of over-aged learners was confirmed by the case school principal, as well as the school social worker, who, along with one other social worker, attends to 252 schools in the area of the case school.

The school social worker I interviewed still strongly expressed the view of encouraging abstinence rather than the use of condoms. Her views also reflect the sexual activities clearly taking place and involving primary school children:

> *If you ask me, I would ask any child to motivate abstinence. Abstain until your body is mature enough for sexual activity, and at the right time. I'm all for abstinence, and I wish we won't neglect that, because we were raised that way. And when the things change, we started to motivate the other way. People before have abstained, because it was promoted at schools, advertisements on TV. But what we normally do now is promote much condom use. We forget that some people want to wait. And then, when you promote something so much, the children think that that is the only option that is right for them. And I believe abstinence is just a good thing especially for our learners. Just focus on your schooling and then you just go to university. You can decide then and make rational decisions ... but they're so young now ... what's the rush for?*

She built her line of argument in favour of abstinence to condom use in accordance with her religious beliefs. However, being aware of a complex reality, which she is confronted with on a daily basis, she pragmatically concluded:

> *Then, if they do not want to abstain, give them the option of condoms.*

She continued by explaining the traditional resistance towards using condoms. She described how she, in her previous work for a local NGO used to sit with people, old and young, discussing abstinence and condom use.

The social worker also referred to her understanding of being 'African' when explaining her views on promoting abstinence:

> *A woman needs to abstain. That is being African ... that's what we're saying. You need to abstain until you get married. And we don't want to talk about that. If the Deputy President* (referring to former Deputy President Zuma) *is saying that, just imagine, what are the people saying? That is the mentality of being*

*African. AIDS is not going to happen to me ... and a man says that and that and that ... I can sleep with so many women. I mean HIV is a reality.*

Her arguments concerning ignorance, gender roles and the power of men in a traditional African society are in line with what the majority of teachers were saying in my last meeting with them in September 2006. One of the teachers captured the understanding of the group of teachers I met when she said:

*The learners listen to us, but at the end of the day they follow their instinct and have unprotected sex. We teach abstinence most of the time depending on beliefs we have as individual teachers. But then the learners go back to their environment and some are abused or they abuse one another. And the parents don't see anything.*

What the teachers agree upon here is an indication of a general feeling that whether they teach abstinence or condom use, neither has much meaning because of the extent of sexual abuse taking place in the communities.

Some of the teachers had, in the previous interviews, spoken about learners using drugs and how this, combined with poor nutrition and poor sleep, badly affected their concentration in class. The fact that drugs could easily lead to risky sexual behaviour is a highly relevant issue which is addressed in class by the majority of teachers.

The EMDC HIV/AIDS Programme Coordinator emphasised the link between the use of drugs and risky sexual behaviour as a major issue of concern in my first interview (September 2005). However, based on what teachers, including the field staff were saying in general, there seemed to be a significant change in behaviour taking place among learners in the district of this EMDC. They are in general more focused on healthy living, and incidents of sexual harassment and abuse in schools had dropped significantly.

## 6.5 Other voices

### 6.5.1 People in the school communities

I interviewed a number of people living in the learners' communities to explore what information they had with regard to the many claims that unprotected sex was widely practised and that the prevalence of HIV/AIDS was high.

At the crèche, next to the case school, I interviewed the principal and her assistant. Together with volunteers assisting them, they look after 44 children aged between one to five, and a few children above that age who suffer from FAS.

The crèche principal confirmed that she is familiar with the farming communities as well as the informal settlements where learners of the case school live:

*In XXXXXX* [one of the main informal settlements]*, **I know of people who died of AIDS** ... mostly young girls, 18, 19, 20.* (my emphasis)

Encouraged to do so, she continued to explain:

*One day you see them, they are well-built, and soon they become skinny and sick looking. Then afterwards you ask where is that girl, where is that boy? You don't see them anymore ... they are just lying there in bed ... very sick. The next thing you hear it's a funeral ... mostly among the young people there ... in that community there are always guys coming in from elsewhere. They see these young, fresh girls. And there girls don't think ... they don't know much about AIDS. They might see something in the newspaper or TV, but there are no programmes in that area on HIV/AIDS for younger kids in the area.*

What the crèche principal is saying here about the young men coming from outside to look for these young girls is similar to the story told by the principal of the school, and how it affected and involved former learners. However, the principal could only assume that "AIDS was having its rounds".

The assistant at the crèche also works as a voluntary community worker in the children's home environment, an informal settlement of about 1 000 people situated on the border of the farming area surrounding the case school. Describing this environment and how she had been looking after an AIDS-related orphaned girl, she claimed a high rate of HIV/AIDS to be prevalent in the area:

*I have been caring for a little girl who was a year and six months old. The mother has AIDS and so does the father. I couldn't take her into my class because of her age* [too young]*, but I didn't turn her away, because she is a clever girl. She was so small, yet she could do all the activities that we did. We don't take children who are still wearing nappies, because there are no facilities for nappies. There is no water nearby. The tap is on the other side* [of the settlement]*. There wasn't a tap that I could use. In the afternoons I had to run home to use my toilet. In any case**, there are a lot of people there living with HIV/AIDS**.* (my emphasis)

After the interview, she invited me to visit the area. I was safe with her as the guide she explained because they all knew her there. We visited a few homes, and I

spoke to parents and learners. I also spoke to the community leader who confirmed the high level of HIV/AIDS in the area. He estimated that more than 50% of the people were infected. I met with the only social worker, employed on a part-time basis by the Ministry of Health to hand out medication to the registered TB patients.

I also met with the only other voluntary worker in the area, and she confirmed the estimated high HIV prevalence in the community.

She said

*I also feel there's a high rate of HIV in the community already and also TB.* (my emphasis)

In spite of the silence and the stigma apparent in the communities, the voluntary worker "feels" that HIV/AIDS is there. In responding to my question how she could "feel" this, she said:

*When you are connected with people, there's certain things they will open, and on that you **will** read [interpret/understand] **further**.* (my emphasis)

The local church worker pointed to the need for informing the learners' parents about HIV/AIDS:

*That's why I asked the teachers also … the main thing I want to do is to see the parents. **The children have all this information**, so what about the parents?* (my emphasis)

She had discussed HIV/AIDS in the church group which she attends, and explained that she had a long experience working with NGOs where she was trained to do counselling work. She felt that the training had made it possible for her to 'enable herself to do community work' and that it made it easier to talk to people about HIV/AIDS. She confirmed that she knows people in the church community who suffer from AIDS-related illnesses.

The school social worker also seems to be well-connected with people through her work in the learners' home areas and neighbouring areas in Cape Town. She has come across primary school learners infected with and affected by HIV/AIDS, including learners who have died from AIDS-related illnesses. However, she did not know of the case school, and could therefore not provide information about the school's learners.

What all the above respondents were saying concerning a high HIV prevalence rate in the learners' communities or neighbouring areas is another indication that the

teachers in the case school were ignorant of the situation 'on the ground', a situation very likely to have a detrimental impact on learners.

### 6.5.2 "There's no colour" (teacher): Voices of teachers in other schools

Teachers from other schools who were interviewed knew of learners in their respective schools who are infected with or affected by HIV/AIDS. This impression was conveyed through the focus group interview I had with ten teachers and principals attending a leadership course at the University of the Western Cape, as reported in Chapter One and Chapter Four. The training was conducted by the Teacher Inservice Project (TIP). The education course was commissioned by the Western Cape Education Department (WCED) as part of the change processes of the Department (see Chapter Five). The teachers represented five different schools and the schools were all situated in the same EMDC district as the case school.

They reported a significant number of HIV/AIDS infected or affected learners in their respective schools. Two of the teachers represented two other primary schools in the same area as the case school. These schools had larger numbers of learners than the case school, consisting however of learners from the same racial groups, urban and semi-urban only. The teachers reported that they had identified a significant number of learners infected with or affected by HIV/AIDS. They did not report problems associated with FAS, but sexual abuse of children was a familiar phenomenon. Some of the schools used a system for tracking and monitoring of vulnerable learners. The mechanism had been provided by the Education Department.

The voice of the HIV/AIDS Cluster Coordinator reinforced the message of 'Black' children being more exposed to the HI virus than children from the other 'racial' groups in South Africa:

*… because we have lots of 'Black' children, we do find we have children whose parents die of HIV and AIDS. They might not tell us that they died of HIV/AIDS, but we know, because the family will come and tell us ... not the child. As far as children ... identifying learners who are infected ... I can't see if a child is HIV-positive. We will only know if a parent comes to tell us or if the child becomes seriously ill and we are able to see the symptoms ... TB etc.*

To explain why the school had a significant number of learners infected or affected by HIV/AIDS, the Cluster Coordinator referred to the HIV prevalence rate being highest in the 'Black' communities. The answer above also reinforces the idea

that learners seldom or never confide in their teachers about matters involving their private lives.

She continued explaining:

*I've had parents in my class over the past five years who are HIV-positive and I did not know it until they told me their status. They are all on antiretroviral and they are doing fine. The one mother is on antiretroviral for five years now, but her children are all negative. But it does impact on them when the parents get ill.*

Asked how the situation impacted on their schoolwork, she said:

*They stay out* [of school] *to look after the parent. They lose out on their work. They are affected psychologically, emotionally, you can see. They don't respond too well when we discuss HIV and AIDS in the class. It's also how we handle it. You have to be sensitive.*

As mentioned above, the learners usually did not confide in their teachers about who might be infected in their family. This seemed to be the case only with regard to the closest family members. According to the HIV/AIDS Cluster Coordinator, many children were very open about the status of other people.

She claimed:

*They don't hesitate. They would say, 'My uncle died of AIDS'. I always ask them, 'do you know of anybody who is HIV-positive' and all the hands go up in the class. 'Now do you know of anybody who has died of HIV and AIDS?' Then the hands go up. 'Now does anybody want to talk about it?' Then they'll think about it and say, 'My uncle died of HIV and AIDS'. I don't ask how he got it, because they know how you can get HIV and AIDS, so why should I ask? So in Grade Seven it is **how** you ask them.* (my emphasis)

In view of the way in which she referred to the high number of 'Black' children in her school previously, I followed up by asking whether both 'Coloured' and 'Black' children in her class were equally prepared to raise their hands as she had just pointed out.

She emphasised her perception that the learners' reactions were similar irrespective of their colour:

*There's no colour ... they all raise their hands ... the whole bang lot. Every child in my class knows about somebody who is HIV-positive, and knows of somebody who has died, even if it was the neighbour. Then I ask them, **how** do you know their status?*

The Cluster Coordinator confirmed how her colleagues had the same experiences of learners being infected with or affected by HIV/AIDS. I followed this comment up

by asking what would be interpreted by the teachers as possible indicators of HIV infection or the impact of HIV/AIDS on children. She answered that:

> *…[t]he parents have maybe died ... their growth is not ... correct, I don't know what's the right word, they're sickly; they stay absent often.*

## 6.6      What do the HIV/AIDS statistics say?

When I had finished my interviews in the case school, I interviewed the EMDC HIV/AIDS Programme Coordinator. He presented statistics on the HIV/AIDS prevalence in the area covered by this particular EMDC. He emphasised that the figures available differed from place to place and were not highly reliable due to people's reluctance to get themselves tested at the local clinic to establish their HIV status.

He said:

> *Ja, it differs from place to place. This EMDC has what you call some red hot spots and some very green spots; you know ... areas where people feel they're really not affected by HIV and AIDS at all.*

The Programme Coordinator argued that in areas where people feel they are not really affected, the threshold to test oneself is significantly higher than in an area where people see the impact of AIDS. When relatively few people test themselves in one specific area, the official HIV prevalence rate will be low and not reflect the estimated rate for that area. In other areas the stigma and secrecy surrounding the issue, as described by all my respondents living in the area of the case school, will have the most substantial impact in influencing people not to get tested.

I asked him whether he had more specific figures for the area where the case school is situated, and again he pointed out that it varied from one area to another in the district. According to him:

> *... some areas in A have a very low prevalence; others again have a very high rate. But one must also understand, in some areas people don't go to their own local clinic for HIV testing. People will go to other areas. If you're looking for stats for instance, the Klipfontein area which is part of Gugulethu, you look at a rate of – out of the 3 200-4 000 people tested, 995 were positive. Nearly a quarter of them tested positive. In Mitchell's Plain, out of the 4 095 tested, 834 were positive. So you can see it's quite a high rate, one in every four – one in every five people is positive. And then we have ... yes ... within areas you have ... it differs. For instance you take Gugulethu for instance: one side of Gugulethu*

*saw a higher prevalence rate than the other side, because you look at living conditions or the type of people living there, or older, more settled. Whereas others are young, new people coming in ... around the area you have 'squatter' communities – you have informal settlements, you know, and so it differs.*

As he pointed out in his answer, and as I have reported in this chapter, just under half of the learners come from informal areas, where a substantial number of people are relatively young, having moved to Cape Town from the rural areas in search of employment (see 6.2.1). These areas are without a local clinic, also explaining why the teachers in the case school often have to take learners to the clinic which is close to the school.

## 6.7    Preliminary summary

I have presented a number of factors that indicate a high rate of HIV/AIDS prevalence in the learners' home environments. However, these indications are, in general, not seen in the context of HIV/AIDS by the teachers in the case school. They seem to regard these factors as isolated incidents linked to crime, poverty and/or attitudes amongst individual parents or guardians.

As shown, the principal and the teachers did not know of any learner being infected or affected by HIV/AIDS at the time when I started my research in the case school at the beginning of 2005. By the time I completed my field study at the end of 2006, only one case of two sisters affected by HIV/AIDS had been identified at the case school. This situation affecting the two learners was then known to all the school's staff members.

However, when challenged, the teachers did not rule out the possibility of learners being infected with HIV. The principal anticipated that the school would have cases in the near future (in two to three years). Towards the end of an interview, some of the teachers did indicate that HIV/AIDS might be a factor in the learners' communities. This assumption is supported by a variety of people interviewed who were closer to the learners' home communities. In addition, the knowledge and experiences of the group of principals and teachers from other schools in comparable areas of the same EMDC district as the case school supports the view that HIV/AIDS was having a severe impact on learners.

How the teachers at the case school arrived at the above assumption could be interpreted as a case of research influencing the research participants and is therefore discussed in the chapter on thesis methodology. The same applies to how the teachers acquired their knowledge about the two siblings affected by their mother who suffered from an AIDS-related disease.

## 6.8    Why do the principal and the teachers of the case school not know?

What could explain the lack of acknowledgement amongst the teachers of the substantial number of factors indicating that learners are being infected with or affected by HIV/AIDS to a significant extent?

Based on the description of the challenges faced by the principal and the teachers in the school, I have identified a number of factors and categorised those into some main issues that might contribute to explain the lack of coherence in what the respondents were saying regarding learners infected or affected by HIV/AIDS.

### 6.8.1    "Eyes wide shut?" Stress among teachers

The challenges of being a principal and a teacher in a school like the case school have been expressed through the voices of the principal and all the teachers in the case school.

On a scale ranging from one to ten, and one being the lowest, the principal and the teachers of the case school ranked their stress levels to somewhere between five and eight. It might be important, and interesting to note that gender-related issues could have had an effect on teachers' indicated levels of stress. It is generally supported in the literature that, in a patriarchal society, which is most likely in this case, it is not unreasonable to assume that women face an additional workload in their home. As the case school has only one male teacher, it would obviously not be possible to generalise about this possibility within the case school.

One of the female teachers confirms the assumption regarding women's reproductive role at home. She had indicated that she had a stress level of eight, had the following to say when asked how she deals with her stress at work:

*How do I deal with my stress? I don't know. It's not only the school stress. There's other stress too. I've got four teenagers, and they're not all the same,*

*you know, the one's stubborn and the other one's very quiet ... and the one is a rebel. So it's not only your school stress. It's your children, your husband, your house, your family.*

Teachers shared with me a variety of personal strategies to deal with the stress at work. However, not all teachers had developed such strategies, and like the teacher cited above, they placed themselves at the highest stress levels.

I have shown how poverty, accompanied with a wide range of social problems is placing an extra burden on the principal and the teachers of the case school. These problems, and in particular those related to the high prevalence of Foetal Alcohol Syndrome (FAS) among the learners are not likely to be found, at least not to such an extent, in a school catering for learners from better resourced families and communities.

Sometimes the size of the class added to the learning problems. The principal talked about one case that was underlying her previous point that a teacher in this school needs to be that special one:

*I had a Grade Three teacher last year, who ... she had a big class ... 50 odd ... was it 50 or so ja ... and ... a troublesome class ... I mean, lots of weak, weak, weak learners ... it's, it's, it's really taking someone special to be able to be here ... and to deal with the challenges that we face.*

The principal talked much about the poor home environment of most learners, and how malnutrition influenced learners' physical growth. According to the principal, height or weight loss affected all learners, and would therefore not be particularly noticeable as a sign of HIV/AIDS.

Other, or additional symptoms, like sores on learners' faces and bodies were attributed to poor hygiene in impoverished homes. As indicated above, none of these symptoms caused teachers to take any action to establish the reasons in order to confirm or disconfirm any link to HIV/AIDS.

The wide range of social and health problems relating to poverty and affecting the large majority of learners made it difficult to select any particular vulnerable child in terms of being infected with or affected by HIV/AIDS. As mentioned before, only two learners, siblings, were identified as affected by AIDS.

Sexual abuse of children and unprotected sexual activity among children and youth, sometimes resulting in unwanted pregnancies among learners clearly added to the stress levels experienced by the principal and teachers. At times, feelings of

hopelessness and powerlessness were apparent among the teachers. The principal commented as follows about these feelings:

*We teach them all about abstinence and condoms and how to say 'no' to unwanted sex, and then they go home and get raped, and maybe infected with HIV.*

Apart from these traumatic cases, the everyday demands were related to social problems caused by poverty and FAS in particular. The other major issue for the teachers is the time factor linked to post-apartheid reform processes of the education system as a whole. This meant new and challenging demands on the teachers and the principal, especially in terms of a reformed curriculum, modernised pedagogy, new administrative procedures and school-based management systems. And because of the school's poverty, additional demands were put on the school staff as they were expected to participate in jumble sales and bazaar activities on a Saturday in order to raise funds for the school (see 6.2.4).

As part of the Government's curriculum regulations, HIV/AIDS is supposed to be integrated in every learning area, and every teacher has been given teacher manuals to assist in achieving this aim. Asked whether they use the manuals, the following statement by one teacher sums up how this depends on the time available.

*Yes, they were useful, ja. **It's just sometimes we don't get to it, so maybe we're not ... really so into AIDS ... because of all the other things that we do**. (my emphasis)*

The statement is representative of comments made by the teachers in the case school indicating that they did not acknowledge HIV/AIDS as a sufficiently relevant and important issue to be prioritised in terms of making time available and be included in their teaching as required in the curriculum. Issues regarding the curriculum are further dealt with in Chapter Seven.

The following statement from one of the teachers could serve to summarise the social challenges the teachers agree on. In the quotation she is mostly referring to activities conducted by farm children – 'our children':

*Our children, you'll find, are very poor with lots of problems – alcohol syndrome; abuse; and drugs, all that stuff ... drugs and everything. No discipline. They're inhaling petrol, they sniff – the drink petrol – all that kind of stuff. Abuse one another ... they sniff; they drink, and then the abuse.*

All the activities mentioned are well-documented by researchers and linked to the HIV/AIDS pandemic. However, only the principal expressed this link in the interviews I conducted in the school.

The possibility of teachers not having the time or other resources available in order to acknowledge yet another serious social problem, HIV/AIDS in this case, is therefore plausible.

Turning 'a blind eye' to HIV/AIDS may be regarded as a strategy to deal with what can be viewed as an accumulation of stress factors in a very challenging teaching and learning environment.

Counteracting such a strategy would require appropriate support interventions from the support structures established for this purpose. The appropriateness of the support provided by the Western Cape Education Department is focused upon in Chapter Nine.

### 6.8.2 "Nobody is going to say nothing" (teacher): HIV/AIDS and stigma

Some of the teachers talked about the silence surrounding the HIV/AIDS issue. One teacher, married to a church preacher, explained:

*Not even in ... my husband is a minister* [preacher]*, not even in the congregation. But people don't speak about it, that's why you don't hear. So when somebody dies they say it was TB or it was heart failure or whatever. You don't hear anything. They don't tell you. But there are people healthy, walking around, you know, and as we were ... they taught us there: you go in different stages ... stage one, two and three ... and when you're three and four you get sicker. But otherwise you look healthy. People's walking around, and they've got it ... you see.* **But nobody is going to say nothing***. (my emphasis)

The teacher also described her own experience when she became ill a month ago. She had infection in her lungs and was showing symptoms similar to those of TB. The doctor took an X-ray and blood tests to check her HIV status, which was negative.

The teacher explained why she was tested:

*Because I could perhaps be walking with AIDS, and I don't perhaps even know ... other people ... walking around with it, who don't even know ... you see ... and you now, you always hear people dying ... people dying and then the people got other excuses, you see ... cancer ... or ...*

Continuing her story, she talked of a female friend who might be infected. This story reflects the widely held secrecy connected to HIV/AIDS, as well as a woman's vulnerability in a marriage, described in many of the studies reported in Chapter Two.

The teacher said:

*I've got a friend; she's divorced 10 years from her husband. Her husband always slept around, so she divorced him for running around with all the women or whatever. And he grew very thin and sick ... chest and everything. So she always said, 'You will get AIDS from all this sleeping around ... look what you look like'. So that man also died and he looked like a stick, you know, and they said he died of cancer. He may have had AIDS. The people just hide it away.*

The stories of herself being tested and of her friend's husband dying were told during the individual interview following the teachers' group interview. This is the only time during all the interviews that any of the school staff referred to herself and/or someone close to her in the context of HIV/AIDS.

Another teacher's response to the question whether she knew of any parent of learners infected by HIV/AIDS is yet another testimony how people in the learners' communities hide the facts:

*No, **secret ... deep secret** ... I don't know, maybe it's because they don't go for testing.* (my emphasis)

The principal mentioned the secrecy surrounding HIV/AIDS in every interview I had with her. In my last interview with her, she expressed it in the following way:

*Yes, we still have that where people are not ready to speak out. You are not going to hear what happens ... they keep quiet about what happens in the community. The children will come with the odd little story, but you are not going to hear everything. That hasn't changed much.*

The following statement by the HIV/AIDS Cluster Coordinator reinforces the above:

*Because many of us, many teachers, many people, and many parents shy away from HIV and AIDS. We don't want to know about it.*

The school social worker also talked about the silence around HIV/AIDS:

*I don't think it is still an easy thing to talk about. Once in a while they come to somebody ... very rare ... for someone to come and say 'I'm HIV-positive'.*

All the above quotations indicate the problems teachers would face should they make more of an effort to identify learners being infected or affected by HIV/AIDS.

The stigma seems widespread and deeply rooted in cultural taboos. This assumption will be discussed in relation to other studies in Chapter Eight.

The voluntary community worker from the local church group experienced stigma and confidentiality similar to those described by the teachers when she worked in her own home area (the farm area) and in the informal settlements of the learners. She explained how the silence attached to HIV/AIDS also extended to the church to which the school originally belonged.

The school social worker confirmed the persisting prevalence of stigma:

*They hide it, they are afraid of the stigma. So it is something that is still there and we are still fighting it. It is not something we can hide anymore; it is something that is killing our country. Ja, they do hide it and it is still a stigma.*

Prejudices, stereotyping and/or fears which form the basis for stigmatisation in general are also found among the teachers at the case school. This was at times evident in the way some teachers described learners or parents. As shown previously in this chapter, most teachers used expressions like, for example, *lazy parents, lazy learners, parents not interested* and *parents not caring* (see 6.2.1, 6.2.2 and 6.4.3).

I asked one teacher of a higher grade class whether she had come across stigma amongst teachers in general (not among colleagues in the school). She mentioned the HIV/AIDS workshop for teachers attended by every teacher in the district as an example:

*Some of them are very conservative. They just blame it … like it's a curse from God. Some think it's because you slept around. Some educators have such perceptions. I think that's a conservative way of thinking.*

However, the stigma attached to HIV/AIDS could also manifest itself more indirectly and perhaps not consciously. This same teacher gave the following answer when asked if she knew of any learner caring for a sick parent:

*There's only one learner whose parent is very sick, she was in hospital for a very long time, and she came home now. But I asked her what was wrong with her mother, but she couldn't tell me, she couldn't say what was actually wrong with her mother.*

I asked if she thought the mother had AIDS, and she said:

*I don't think so … she is a **very decent lady**. But you can't tell who's getting it ... it doesn't as for …* (my emphasis)

The statement 'very decent lady', came as a surprise to me, because for more than an hour of dialogue/interview this particular teacher had articulated an outstandingly high level of reflection and understanding concerning HIV/AIDS-related issues.

Could the dialogue with this teacher serve as an illustration of how deeply entrenched fears and/or prejudices are in people, which in turn 'draws a curtain' in terms of seeing oneself or others in the context of HIV/AIDS? As one other teacher explained, she never thought of AIDS when a child had hurt her/himself and was bleeding.

It seems reasonable to ask whether prejudices and fears among the teachers constitute another hindrance for learners to confide in, or seek support from, their teachers on issues related to sexuality and HIV/AIDS. Stigma at home and stigma at school could have a mutual reinforcing impact on learners' confidence to talk more openly about HIV/AIDS with their teachers.

One teacher in the case school described how problematic it could be to get the children to talk:

*And most of the time you must drag things out ... most of the time. You can't just speak to them about anything.*

Some teachers in the case school believe the learners know more than they do, but without revealing what they know to the teachers.

This apparently general problem of learners not speaking openly would most likely apply to a sensitive issue like HIV/AIDS. This assumption is supported by the experience of the school social worker who deals directly with learners and their families in the communities. She confirmed that learners do not speak to their teachers about HIV/AIDS:

*What I can tell you is that there is a great need for whatever programme that we can help at the schools and also to help people understand it is not a disgrace. I mean, they cannot tell people their mother died of AIDS ... they cannot tell ... and I mean, it's really a problem we're experiencing. So with the learners I've experienced much. **They never talk to any teachers about it**.* (my emphasis)

The teachers talked about how they start the first lesson in the morning by encouraging the learners to tell stories from home. My question was whether the learners ever mentioned anything relating to HIV/AIDS when telling these stories, and whether the teachers encouraged the learners to do so.

The teacher quoted below obviously thinks that AIDS is a reality in the school communities and that the learners would know who is infected:

*The children will soon come and report who's down with AIDS. They can tell you about AIDS ... they know everything.*

In the group interview (Grades One to Four teachers), one teacher (T1) stressed that she did not think the learners know or know of somebody who has developed AIDS.

T1 never asked, however, whether they (the learners) knew of somebody:

*They don't really ... like me; I never asked yet if they know somebody who has AIDS.*

Her colleague, T2, to the contrary, claimed:

*We ask, and they say, 'no'!*

T1 argued:

*But they know about AIDS. They know – they know – they know that you die if you've got AIDS. Maybe they know more than us?*

And she continued to explain how:

*... they see on the TV how sick the people get ... they can't eat ... diarrhoea ... whatever ...*

As described by the crèche principal, children learn about the shame connected to HIV/AIDS when adults speak about people who are infected and how they are treated:

*They just pass them. They don't talk nicely about them ... accuse them of just sleeping around. You see, in that community, there is no respect for each other when they hear you've got that sickness ... it is like you are dirt ... even if I'm your friend, and you get AIDS, I never go near you again. That is how the community works. I'm just making an example ... they don't visit the sick. So the people in the house are ashamed, because they hear the stories that go around in the community about their sick family member.*

I asked the parent assisting in Grade One whether she thinks people in the communities or learners' parents understand the issues connected to HIV/AIDS. Her answer revealed that some children learn the hard way not to talk about these issues:

*Not all of them. They are not well-informed. The HIV/AIDS coordinator here has spoken to the learners, and most of them could answer all the questions she asked them. They are so small, but they understand. Then the child goes home.*

*The parent asks what happened in class today, or the child just tells them anyway. When the child talks about HIV/AIDS; promiscuity; unprotected sex etc., the parent wants to beat the child for speaking grown-up stuff. They don't want to talk about that.*

Lessons like the one described by this parent could also have an impact in terms of learners not confiding in the teachers as well. This could be reinforced by teachers not 'seeing' the learner in the context of HIV/AIDS. In the first interview with the school's HIV/AIDS Coordinator, I asked if she could explain why the teachers in the school had not identified any learner, teacher, parent or guardian infected with HIV.

Her response was:

***Because we don't look at one another like that****. **Even at the children** ... when I come in here, I never think of AIDS. Only if, like I said, the child is ill, with certain signs, sores maybe ... then I ... but that might be too late.* (my emphasis)

However, when I asked if she had come across children with sores like she described, she claimed the sores she had seen in learners have other causes than HIV/AIDS:

*The only sores that they get here ... that is springtime ... most of the time ... that is lice and 'giving a lick', and then advise them to go to the clinic, because it's only that tablet that helps them, nothing else.*

As referred to earlier in this chapter, her colleagues ascribed learners' sores to a general lack of hygiene.

I asked the school's HIV/AIDS Coordinator again at the end of my fieldwork to establish whether she at that time had changed her view concerning what causes learners' sores. My question was how she could see if a learner had been infected with HIV.

She said:

*To me it's sudden weight loss, or maybe I see sores ... then only I will think ... because I don't think in that way.*

This time she seemed more aware, but still insisted she was not usually thinking in terms of HIV/AIDS.

### 6.8.3 "The staff treats every child as if they have HIV/AIDS" (principal)

The case school's principal argued that there is a high level of awareness among the teachers when I spoke to her at the end of my field investigation. She added that because they cannot disclose anybody's status

*The staff treats every child as if they have HIV/AIDS.*

This represents a focus that had not been mentioned in the previous interviews. It contradicts the two teachers who claimed they never think of HIV/AIDS when looking at a learner or having to deal with a child who has hurt him/herself and is bleeding.

However, when I asked the teachers whether the school's HIV/AIDS policy had any meaning to them in their daily work situation; most of them mentioned that the policy had increased their own awareness, especially when dealing with blood.

As mentioned previously, the principal explained that general malnutrition among learners constitutes a problem in identifying symptoms related to an infection like HIV/AIDS. In this last interview, she highlighted the individual right to confidentiality and non-disclosure as having a major impact on the possibilities to identify a learner infected or affected. Only one of the teachers mentioned this principle, decided by national policy on HIV/AIDS and reinforced by the school's own HIV/AIDS policy, as a major obstacle in this regard.

Therefore, despite the higher awareness among teachers, the principal pointed to the difficulties the teachers were facing in terms of identifying learners infected or affected by HIV/AIDS:

*Yes, it is very difficult to identify, and where status is concerned, it is confidential, so we haven't heard anything from any parent that has maybe come to give their status. It is not part of the application form that maybe in years to come it will be, where it says 'what is your HIV status' when the child applies at school. As it is now, we don't know.*

The issue of confidentiality and non-disclosure, as well as the issue of teachers' safety may be in conflict with teachers' needs to know about a learner's status or situation at home, in order for them to provide or facilitate the necessary assistance for the learner. These issues clearly need to be addressed in ways that take into consideration the principle of confidentiality, as well as the need for a teacher to know about the dilemmas the children in their classes have to face in their home environments. The school social worker referred to an incident which emphasises the mentioned complexities in educational situations in the following way:

*My main concern is some places ... confidentiality. I just feel that sometimes there is a lack of confidentiality and we need to change ... some of the people, some of our teachers, in that regard. Sometimes you find out there is this problem, but that other person already knows.*

The school social worker also mentioned cases where incidents concerning rape and/or HIV/AIDS which were shared with others confidentially, became public knowledge in the community. She added that it seems as if the stigmatisation caused by such stories remains forever part of the lives of the people involved.

Whether a fear among teachers of being accused for disclosing a learner's HIV status or acting unethically prevents them from making any further enquiry into a learner's status, would have been an interesting question to explore. This question was not directly included in my study. However, in the meeting I had with the group of teachers of both lower and higher grade classes at the end of my investigation, they made an appeal to be trained in how to identify, and how to provide basic counselling to learners in need. And, as indicated above, one teacher in fact asked for education and training in how to approach parents when there is a need to establish a learner's HIV status or just to learn more about the home situation.

## 6.9    The relationship between the school and the home

The assumption above is that the education and training of teachers could be a tool to develop a close and constructive relationship between the school and the home. Such a relationship would create more openness around sensitive issues, and thus possibly reduce stigma and help to break down the dilemmas linked to the principles of non-disclosure and confidentiality. However, even if the teachers were trained to approach parents and other guardians of the learners in an appropriate way, they would still face a number of challenges; some of which are clearly beyond the school's control, as described below.

The school principal, when explaining the many practical obstacles for parents/guardians to physically get to the meetings held on the school's premises, said:

*We send letters, but for them to come to school ... we have obviously a high illiterate level in the community and it's also difficult to get them to a meeting. There is no electricity in the area at night. It is pitch dark and they don't have any motorcars, so if we have meetings, we have to have it over the weekend, and we have to have it on a Sunday afternoon because Saturdays they're not really*

*by their true senses. So we have it on a Sunday afternoon, but even then only we have four to five parents turning up (out of maybe 60). There are some parents we never see from the day they enrolled the learners until they leave school, and those are often the ones we really, really should see.*

A teacher in one of the intermediate grades mentioned how the school made some extra effort to attract the parents to meetings; especially since some parents never seem to come:

*We see very few of them, because we have like ... the ones you want to see ... the parents that are the troubled children's parents. So sometimes we make an effort to see them, because they don't come out, when you give letters for them to come and see you. We said we are going to have cake and refreshments. So they came, 32 parents!*

The food provided seems to have worked as a drawcard, seemingly overcoming some of the practical obstacles like the lack of transport. I asked the teacher whether it would be possible to feed the participants each time there is a parents' meeting, expecting an affirmative answer.

However, my assumption turned out to be limited in effect, when she said:

*Well, the second time we tried again. But then again I don't know if it was because of the rain that we were unfortunate, because it was raining on that weekend ... so we only ... we only get four parents here. That's how they express interest.*

The teacher here indirectly explained the poor attendance in saying, as other teachers had been doing, that the parents on the farms have no interest in, or do not care about their children's schooling. The rain seemed to have affected the poor attendance at the meeting to a larger extent than the promise of food at the meeting. Whether this, at a deeper level, illustrates a lack of care by the parents/guardians concerning their children's school work was not possible to establish through the data collected for this investigation. Practical problems were, however, clearly not impossible to overcome for parents/guardians who live in the immediate environment of the school.

I checked whether language could be a hindrance in the communication between the school and the parents/guardians. Most of the people in the school communities are illiterate or semi-illiterate, and a significant number of learners have reading problems, according to the teachers (and therefore would have difficulty reading letters addressed to the parents). I asked one teacher in the higher grades about the possibility of a

communication problem caused by differences in language, but she clearly did not seem to think so. Her response to my question was:

*No, usually our Xhosa-speaking children are good Afrikaans-speaking children ... some of them. And if they can't speak Afrikaans, they speak well English. And the other children speak Afrikaans, so do their parents. So we don't have a language problem.*

During the interviews with the teachers at the case school, the issue of safety emerged as a major obstacle in the communication between the school and learners' homes. The teachers were reluctant to go into the learners' home environments, in particular the informal settlements. Fearing for their safety, the teachers avoided to do so.

The school's social worker explained that she does home visits when there is no other option to see a child's parent or guardian. Asked about her own security when going into these areas known for their high crime rates, she admitted:

*That's my main concern. I go there when it's a must that I go unless I see the pupils at the schools. But when there is a great need, because I have to go to the child ... due to the circumstances ... we've been calling the mother, the mother is not coming, and I am forced to go to the house. But if it is an urgent matter and the parent can be able to go to the school ... the school is so close to the parent, and if the parent does not have money, then I'm forced to go to the house. But you will find that many a time a parent can go to the school.*

As the social worker explained, she sometimes feels that she must visit the home of a child. In some of those cases, it happens that she is confronted with aggression from the parents or guardians.

*Some of the people will say, 'why do you come to my house for this?' For instance when you come for a* [consultation/ confrontation] *visit, the child is dirty at school, or the child is ill, or the child is not given proper care, some people can be so aggressive ... so if you go and approach people you must do it in a positive and dignified manner.*

This story told by the school social worker illustrates the importance of knowing how to approach people in those situations as well. None of the teachers have ever raised issues related to HIV/AIDS with the parents; nor has any parent raised such issues with them.

As shown above, there is clearly a need to improve communication between the case school and parents/communities. Teacher education and training needs in this context were identified through the field study undertaken for my research. The

training needs draw attention to the quality and relevance of the Education Department's school support provision, which is addressed in Chapter Seven focusing on the HIV/AIDS Life Skills Programme.

## 6.10    Summary

In this chapter I have indicated how the many challenges arising from poverty in the school context, in the learner's home and in the communities seem to overshadow most teachers' ability to adequately address yet another serious problem, the HIV/AIDS pandemic.

The main finding from the interviews is that the teachers have not identified any learner in the school infected with HIV, and that they have only identified two siblings affected by AIDS. With the exception of one teacher, all the teachers, as well as the principal were in fact supporting the statement made by one teacher:

*We are not even suspecting any learner to be infected.*

This stands in sharp contrast to cases of learners practising risk behaviour, as well as the traumatic cases of sexual abuse and child pregnancies in the school communities.

In addition, interviews with other teachers and people closer to the case school's learners' environments, revealed a significant number of indications of a high HIV/AIDS  prevalence in these communities.

The question whether the needs of a poverty-stricken school for external HIV/AIDS support is addressed adequately and sufficiently by the Education Department has to be asked. This is the major topic addressed in the next chapter of which the objective is to capture the voices of key HIV/AIDS support providers, as well as the voices of those receiving support.

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

# The good intentions are lost?
# Voices of support providers
# and support receivers

## 7.1    Introduction

As shown in Chapter Six, the principal and the teachers in the case school had not identified any learners infected with HIV. They only knew of two cases where learners were affected. The teachers did not know of any other people in the learners' communities who were living with either HIV or AIDS. They did not know whether any of their colleagues were infected or affected. Only the principal and one teacher knew of someone in their own community who was infected and this only when the HIV had developed into AIDS, and the people were dying.

In Chapter Six I therefore ended with the question of whether the teachers' and the principal's need for external support had been adequately addressed by the Education Department.

The purpose of this chapter is to present data from the fieldwork undertaken for this thesis, in order to explore the following questions:

1.    What are the most important issues that educational leadership faces when addressing HIV/AIDS in a poverty-stricken primary school?

2.    What is an appropriate approach when addressing the school's need for support in the context of HIV/AIDS and poverty?

3.    What are the key issues involved for a decentralised school support system to function in a meaningful manner?

As in the previous chapter, I have used data from my interviews with the principal, the teachers and learners at the case school. In addition, and as described in

the methodology chapter, I interviewed some key actors within the Western Cape Education Department's HIV/AIDS support programme for schools. A school cluster model was chosen as the programme structure at operational level, coordinated through the Education Management and Development Centres (EMDCs) located in each of the seven districts of the Western Cape.

The case school chosen for this study belonged to an HIV/AIDS cluster of five schools, all linked to the same EMDC. This EMDC had 20 HIV/AIDS clusters of schools. Each school cluster was led by a Cluster Coordinator, and each individual school had assigned one teacher to function as the school's HIV/AIDS Coordinator. The HIV/AIDS Life Skills Programme (hereafter referred to as the HIV/AIDS Programme) implemented through these structures was led by an HIV/AIDS Life Skills Programme Coordinator (hereafter referred to as the Programme Coordinator), supported by two field staff members. The Programme Coordinator reported directly to the EMDC Director.

In this chapter, the main respondents were key actors at school, cluster and district level. The first interview was with the case school's HIV/AIDS Coordinator in May 2005, followed by the Programme Coordinator in August the same year. I interviewed the case school's HIV/AIDS Coordinator a second and third time, during March and September 2006, and the Programme Coordinator at the EMDC a second time, in March 2006. The achievements and present challenges of the HIV/AIDS Programme to support schools were the main themes of the interviews.

In September 2005 I had the opportunity to observe School AIDS week activities, together with the facilitator, the EMDC's HIV/AIDS Field Officer. The activities observed were carried out by all primary schools relating to this particular EMDC. The School AIDS week was initiated by the National Department of Education, and is meant to be an annual national event. From 2006 the week was extended to a full month; the AIDS month of September. I also attended a fundraising event at the case school in October 2006.

To get more information on how the HIV/AIDS school cluster system was working, I attended a cluster meeting in November 2005. My intention for participating in these activities was to gain a better impression of what happened on the ground.

In order to obtain more information about the early phases of the transformation of the Education Department from an external perspective, I interviewed Sandy

Lazarus at the Faculty of Education, University of the Western Cape. She participated in a research team that evaluated the change process (SEED/STEDS) which led to the establishment of seven EMDCs in 2002 (see Chapter Five). After these were established, she trained EMDC staff, a training programme commissioned by the Education Department in order to prepare and empower staff for the change that was taking place with regard to structure and culture of the Education Department. Her comments, perspectives and analysis are in particular used in Chapter Nine in connection with the in-depth analysis of the empirical findings.

To explore how the HIV/AIDS Programme benefited the schools, I started with interviewing the principal, teachers and learners of the case school. We talked about the school's HIV/AIDS policy, the HIV/AIDS curriculum support and the social support to learners that were received from the EMDC. Challenges faced and needs for further support were also identified and discussed.

In addition to the teacher interviews, I also refer to interviews with the Programme Coordinator and the Cluster Coordinator. Furthermore, I studied the HIV/AIDS teaching/learning support material provided by the EMDC as well as some workbook exercises completed by learners. As reported in Chapter Six, I observed one full HIV/AIDS lesson, which was conducted by an external, but locally-based, resource person.

My intention was not to do any in-depth study of the learners' understanding of the issues involved, but to rather acquire an overall impression of the general level of knowledge. Considering both problems related to language of instruction, as well as the wide range of social problems affecting most learners of the case school, I found it feasible to ask how much the learners really did understand from the teaching of HIV/AIDS.

As in Chapter Six, the different categories of the empirical material are presented by combining different approaches. The voice of the researcher is often replaced by the respondents 'speaking for themselves' in a narrative mode, or through the use of quotations that capture the essence of information regarding a particular topic. In this process the quotations are inserted verbatim. I have highlighted connections between topics with interlinking comments.

In order to protect the identity of the only male teacher in the case school, all teachers at the case school are referred to as 'she', as was the case in the previous chapter.

## 7.2 Implementing the HIV/AIDS school support programme

As mentioned in the introduction, the EMDC chosen for this thesis divided the schools in its district into 20 clusters consisting of about five schools each.

### 7.2.1 In-service HIV/AIDS training of teachers

When I interviewed the Programme Coordinator at this particular EMDC, he explained how the planning phase was followed by a phase in which all teachers were trained during one four-day workshop. All schools were then provided with HIV/AIDS teaching and learning support material.

He further stated that about 95% of the primary school teachers had participated in the HIV/AIDS training programme. However, as the Cluster Coordinator also experienced, he made mention of a few schools that were reluctant to join this training because they felt it was not relevant for their learners.

In terms of workshop content, the Programme Coordinator emphasised that the teachers were not only to be informed of HIV/AIDS statistics. The training involved issues like dealing with their own sexuality, fears and prejudices. The purpose was to enhance a constructive and positive attitude towards learners who may be infected or affected by HIV/AIDS, as well as to ensure the quality of the teaching of HIV/AIDS.

In Chapter Six, however, I reported that teachers in the case school still seemed to need additional training. The training needs related as a minimum to some kind of follow-up at classroom level in terms of dealing with their own sexuality, prejudices and fears and how these could negatively affect their teaching of HIV/AIDS.

When I asked the teachers whether they were trained at the workshop in how to deal with their own prejudices and fears, they had different memories of whether this component was included. Most teachers could only recall the information regarding medical and statistical facts, and that they met people living with AIDS.

As identified from data presented in Chapter Six, two teachers in the case school pointed out that the workshop had not provided them with the much-needed skills in how to approach parents or other caregivers if they thought that a learner was either infected or affected by HIV/AIDS. Most teachers agreed that they also needed counselling skills in order to support learners infected or affected. The Cluster Coordinator reinforced this need in the interview when she expressed herself as follows:

*Workshops were there, but it is counselling workshops that we ask for. That is what I want to go on next ... how to counsel children.*

The teachers at the case school all agreed that the workshop had been highly informative even though some issues, like how HIV is contracted, were known already. All teachers, except for one, participated in the training.

According to the Programme Coordinator, all the participants agreed that the workshop had been beneficial; first and foremost their awareness had been raised. The reason for this was attributed to the fact that the workshop participants were introduced to 'real people' behind the HIV/AIDS statistics. A teacher of a class in the intermediate phase pointed enthusiastically to how meeting people with AIDS had made a lasting impact on her:

*You know they did it so ... it was so excellent. I met someone with full-blown AIDS ... the workshop was very effective ... it left a lasting impression on me ... I just want to tell everybody about it!*

When I interviewed the Cluster Coordinator, she also referred to the powerful and lasting impact of being exposed to people living with HIV/AIDS. She pointed to this impact specifically when she talked of the cluster School AIDS day, which she coordinated in September 2005:

*I had two or three HIV-positive persons coming to declare their status, which is more powerful than saying there are five million people infected with HIV and AIDS.*

The school's HIV/AIDS Coordinator expressed in September 2006 that she felt the need to meet people living with HIV or AIDS again:

*My main thing is always: I have never seen an AIDS person. So maybe take us to people and ... where we can see how they are treated. What the profession is ... you know ... so maybe we'll understand it more if we see what people are going through. Now it's just statistics and talking about the illness.*

The School Coordinator had not received any specific training or education to function in her position as coordinator. She had only completed the same workshop, facilitated by the EMDC's HIV/AIDS Programme staff that the other teachers attended.

One teacher of a higher grade class claimed that the support from the EMDC in terms of HIV/AIDS was not sufficient. She pointed out the need for regular and frequent training:

*Well like, that ... the last workshop that we had was like ... or the training we had*
***was like three years ago. They should be having it every year*** *... I mean ... stats*
*change and new things come along. ... and just to keep you more aware, and*
*constantly implementing the things, and giving you more resources, like posters*
*... even a poster helps ... things like that.* (my emphasis)

The Cluster Coordinator pointed to how the workshop facilitators, the EMDC
HIV/AIDS support staff had used interactive methods during the workshop. She
claimed this had been beneficial to the participants in terms of creating a better
understanding and motivation to teach HIV/AIDS, as well as how to teach it.

The Programme Coordinator explained how the school coordinators had been
supported after the teacher training was completed. According to him, there had been
regular meetings and extra training to update the school coordinators on the
information about HIV/AIDS. Data from the case school and the cluster included in
this thesis investigation indicate that not all schools had been provided with the extra
training at the time of thesis completion.

### 7.2.2    Bringing the programme to schools

Nearly two years after the first awareness workshop for the teachers in late 2005, the
follow-up at school level started. Each school had by then appointed one teacher to
function as the school's HIV/AIDS Coordinator, and the school had received the
HIV/AIDS teaching/learning support material.

The Programme Coordinator explained:

*Then only now ... nearly two years later ... we do intervention in schools,*
*bringing the programme to schools, sustaining the programme, and the*
*educators – supplying them with material – that we are busy visiting the schools*
*to monitor the implementation of life skills.*

A key focus of the HIV/AIDS Programme is the child. The focus on the child is
meant to infuse all programme activities and the teaching. The Cluster Coordinator
organised the 2005 AIDS day cluster event which can serve as an illustration of this
objective.

She said:

*I just roped all the teachers in. I'm good at delegating so they did most of the*
*work, I did the admin work. Each school would render items ... I had*
*sponsorship ... everything was donated to us ... we fed the children ... the **focus***

*of these clusters should be the child, and that message had to be sent to the child*. (my emphasis)

According to the Cluster Coordinator and the case school's Coordinator, the AIDS day event in 2005 was successful. She pointed to the sponsors who were impressed with all the activities carried out by the learners:

*The people who had sponsored us were all there, and they said they would sponsor us again ... they said they were really impressed with what the children had done, and the knowledge that the children had, and also the standard of the different items that were given. It was all relevant, all had to do with HIV and AIDS. We had a school doing drama, another school, singing, we had a school dancing ... all with the message of promoting healthy living ... that was our theme ... the need for nutrition; antiretroviral ...*

Together with the HIV/AIDS Programme's Field Officer I observed some of the activities described in the above quotation. The children seemed excited, and had clearly done much work at their respective schools to prepare the activities. They were thrilled to display the products they had made and to demonstrate their messages in the form of dramas and dances.

The case school's HIV/AIDS Coordinator enthusiastically described the high level of activity demonstrated by the EMDC's HIV/AIDS staff as well as by the cluster group as they prepared for the up-coming School AIDS week which terminated with the AIDS day cluster event:

*Well, you can see they are active, because the cluster groups are active, and the groups have to report to them. So they are interested, and from their side they are doing what they can and like next week is the AIDS week for all the schools where we are going to do things, like we are having a competition for the whole school, and they have little prizes. There's an excitement. I think not all schools are ... because we are so overworked or so overburdened, they don't ... they see it like extra ... now we have to do this ... you know. I also sometimes feel like that, but, what must be done must be done. And this is something … we're not doing it for one person ... it's for everyone ... for the country, for the people, for the world.* (my emphasis)

Her last sentence illustrated that the school's HIV/AIDS Coordinator clearly had a perspective and motivation beyond the level of the individual. One and a half years later, the excitement she expressed in this interview had dropped considerably or completely. The process leading to the low motivation is described and analysed in the last part of this chapter.

It is interesting to note that the school's Coordinator, as the Cluster Coordinator, commented on teachers being overburdened with work. She claimed that the 2005 AIDS week constituted an extra burden forced upon the teachers. While she accepted it as a necessary additional burden, she expressed sympathies for the teachers.

## 7.3     The HIV/AIDS school cluster structure

The HIV/AIDS cluster structure was based on voluntary work at cluster and school level. Teachers involved were expected to devote a substantial amount of extra time and energy to the HIV/AIDS work. There was no compensation in terms of time or money. I therefore asked the HIV/AIDS Coordinator whether she at any time felt the work became too much on top of her normal teaching duties. She denied that this was the case in the first period that she functioned as HIV/AIDS Coordinator for the case school. She demonstrated much enthusiasm for the assignment and an eagerness to learn more about how to best perform her new duties.

A probable critical issue regarding the voluntary part of the HIV/AIDS support structure seemed to relate to teachers' workload and how the coordinators were recruited.

The Cluster Coordinator explained:

*A lot depends on how they function at their schools. **Some volunteer to be the** **coordinators**, while others are, maybe, told to be coordinators. And you know that when adults are told, they're not really going to be enthusiastic. Like I said, it started off with a bang. **I volunteered to be the HIV/AIDS coordinator**. I wanted to know more about it, so I would get involved and I got other people to work with me. That's the way to do it I think. Have maybe two or three people to work with at school – **a little committee – as it is too much for one person. You** **must remember we've got a huge workload. And if teachers were to decide** **between HIV and AIDS and all the other learning areas, they will choose the** **other learning areas ... maths etc. ... teachers really don't have enough time.*** (my emphasis)

The case school's Coordinator did not volunteer as the Cluster Coordinator had done, but was still strongly motivated to do the job in the first year of the assignment.

It must not be underestimated that the HIV/AIDS coordinators at school and cluster levels performed their duties as unpaid work. The cluster meetings took place outside teaching hours, which in turn could have a negative effect on the motivation of the participants.

I asked the case school's Coordinator what her responsibilities were, and whether her duties were formulated in written form.

Her response was:

*Not in writing ... but my responsibility is to go to the meetings, **listen to what they say**, come back, **report to the principal, then notify the other members;** discuss what need to be discussed, then plan within the team. From there I take it over to the cluster meeting whenever we go.* (my emphasis)

Her answer indicates that the linkage between the case school and the cluster could be influenced by top-down thinking and practice. The Cluster Coordinator and the case school principal confirmed how the HIV/AIDS Coordinator at the case school attended cluster meetings and reported back to the school. Time and space were made in staff meetings for feedback from these meetings.

My own observation from a cluster meeting reinforced the impression of a top-down culture, this time within the cluster itself. The meeting was chaired by the EMDC's HIV/AIDS Field Officer. There were very few signs of participants actively taking part in the discussions, and only the Cluster Coordinator demonstrated proactivity in terms of suggesting future HIV/AIDS activities. The schools' HIV/AIDS coordinators were mostly told what to do in this meeting.

However, the Cluster Coordinator claimed that the participants contributed in the discussion in general:

*You have to sit there and throw open the discussion. I facilitate. I do have my ideas, but in a meeting you need them to talk.*

The case school's HIV/AIDS Coordinator explained in an interview that new ideas and suggestions were put on the table by the Programme Field Officer or the Cluster HIV/AIDS Coordinator. The issues discussed and activities agreed upon were reported back to the schools by the schools' HIV/AIDS coordinators.

The case school's HIV/AIDS Coordinator added firmly:

***The name of the activity comes from the top, but we have to put the content in!*** (my emphasis)

In spite of the apparent top-down initiative, the case school's HIV/AIDS Coordinator highlighted the vital role of the individual school in terms of adding content to the activities decided upon at cluster level. She further claimed that carrying out these activities were meaningful for everyone involved, and had brought the school

staff closer together. The claim came to stand in sharp contrast with the situation she described about one year later.

All clusters in the district were supposed to meet at least once a year to network, coordinate common activities and to share ideas and lessons learned.

However, during the two years of my field study, only one inter-cluster meeting was conducted, in 2004. The Programme Coordinator had the responsibility to call these meetings. Time constraints of the EMDC's HIV/AIDS unit, which gradually emerged as a critical issue from my data, could probably explain the lack of follow-up at inter-cluster level.

## 7.4 Support approach and roles of support providers

The Western Cape Education Department has adopted a comprehensive model with regard to the approach chosen for dealing with social challenges in schools. As part of implementing such a strategy, some staff at the local clinic had recently been moved to the EMDC's office. This move included one social worker as well as some nurses and psychologists. The move was meant to provide a basis to improve the collaboration between different professions.

The HIV/AIDS Programme Coordinator claimed that this had been successful in terms of coordinating the support. He strongly emphasised that the different professions worked closely together in order to provide support to schools in a holistic way. When I referred to a criticism made by one teacher in the case school who claimed the EMDC staff worked in the 'old silos' still, the Programme Coordinator admitted the 'silos' were still there in the Education Department. However, he claimed this was not the case for the EMDC he was based at. The different professions of the EMDC collaborated closely in an integrated way in order to support the schools holistically.

He said.

*Well, our EMDC is one of the only ... **I don't know of another EMDC that work in such a coordinated way,** because even though the silos are there, and it comes from national and provincial ... is less ... and curriculum ... we work totally integrated ... we work together, we plan together, we sit down and we do the things in mix ... so you have your psychologist, social workers, curriculum advisors, your HIV/AIDS team. And everybody works in a link ... work with schools holistically together ... you know they're part of the team, so we work*

*together in achieving things ... very integrated, on projects, programmes ... we make sure everybody knows what everybody else is doing. So, yes, though everybody has his or her own job description, and its own role to play in schools, we do work together.* (my emphasis)

The school social worker supported the claim made by the Programme Coordinator in the quotation above. She talked of how well she cooperated with the HIV/AIDS Programme Coordinator, not only in relation to individual learners, but also with regard to a drug programme that she was in the process of developing.

*We work so close with the Programme Coordinator ... Whenever we have a problem we contact her – especially with HIV. So she is the person that has introduced me more to these learners. She is also helping me with my drug programme ... because I'm also doing a drug programme. So she's helping me with that as well, so we're working together. We're trying to come up with ways to motivate learners not to do drugs.*

To illustrate this, I have chosen one of the stories told by the school social worker when she described her work. She told the story of a woman who came to her office to ask for support because she had just found out she was HIV-positive, and she was worried about her child who would become more and more affected by this.

The school social worker said:

*So it was good for her to come across, so her child can get support as well. And then the **Programme Coordinator was giving her a list of places that she can go to, where she can get some support. She was phoning around**. She really wanted support. And she is a brave lady that she told the teachers: 'I've been diagnosed with AIDS recently and my child ... I believe she will be affected, so please take note of it.' So it was my first time to come across such a person. Normally people will be forced to come to you because of circumstances.* (my emphasis)

Clearly, the Programme Coordinator provided concrete support, in fact to the extent that he personally made the calls to a list of resource institutions. However, whether this can be considered as good use of his work capacity should be questioned.

As reported above, some teachers felt the support from the EMDC was not sufficient, and some felt the EMDC staff was in "too much of a hurry" when they visited the school. This applied to both HIV/AIDS staff and other professionals at the EMDC, e.g. the curriculum advisors. I therefore followed up on this issue and asked the Programme Coordinator whether any confusion regarding the professional roles

may have arisen from the close cooperation. He responded by explaining about the increased workload of the curriculum advisors due to in-service training of teachers:

*I think everybody knows what they have to do. The problem is, being so thinly spread, people cannot really do what they have to do. For instance, take curriculum advisors. They've got to play a supportive role ... support schools, be there.* **But for a couple of years now, they had to play the facilitator's role, which means they had to train teachers. You know, it's this training and on other training. So they've had very little time to go to the schools to support to support the schools in curriculum.** *You see,* **they have a specific brief for care and support, but they are also a part of training, a part of implementing certain other things, apart from their normal functions.** *So they have their normal functions, but they also have additional other things that they take on, because of the workload. Not that the roles are confused, the roles are still very much there, but you have to fulfil in order for things to work ... you have to do other things too.* (my emphasis)

I continued to follow up on the issue of extra workload and asked the Programme Coordinator whether the curriculum advisors advised teachers on the HIV/AIDS Life Skills curriculum. He explained that since this was the plan, the HIV/AIDS staff was at present busy training the EMDC's curriculum advisors, administrative staff and management staff in HIV/AIDS. The purpose was to build competence, a common understanding, as well as capacity for the monitoring of HIV/AIDS within all learning areas. The internal training obviously implied, however, that an additional time-consuming activity was placed upon the HIV/AIDS staff as was the case for the other professionals within the EMDC.

The Programme Coordinator highlighted the need to conduct follow-up sessions with the curriculum advisors and the EMDC management/administrative staff in order to update their HIV/AIDS knowledge. For the curriculum advisors a follow-up could serve to maintain their motivational levels with regard to the added syllabus to monitor. This constituted the same strategy which some teachers claimed should be applied in order to sustain their motivation to teach the HIV/AIDS syllabus.

Again the Programme Coordinator talked enthusiastically:

*But we constantly are on the agenda; we constantly inform them around issues.* **So we keep them on track on their role, because they have a role to play in HIV/AIDS too.** (my emphasis)

The Programme Coordinator further stressed the need to build internal competence with regard to HIV/AIDS:

*We're contract staff, we're seconded staff. So we're not there forever. It might be that in the next two years we'll be gone. But the programme has to live on, and needs to be incorporated into their functions ... where it has to be integrated now into the curriculum; Management has got a government and management function. So they have to take on that now, so that's what we're busy with.*

The Programme Coordinator described the working relationship between schools and the EMDC officials as an improved two-way process:

*At school level, we support schools to develop their own policies. We look at management plans, we look at caring and supporting ... you know ... we work both ways now. Then somehow we'll meet in the middle. Schools will meet the other officials in the middle and they can talk better together.*

In the following section 7.5 I focus on the case school, the school's HIV/AIDS policy and the teaching of HIV/AIDS in order to explore to what extent the HIV/AIDS Programme enabled teachers to implement the HIV/AIDS curriculum at classroom level. How the support 'receivers' perceived the support provided will also be addressed in this context.
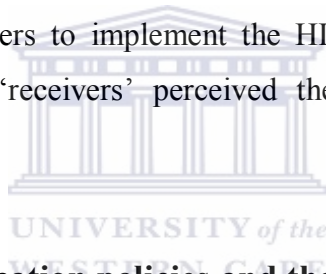
## 7.5    HIV/AIDS education policies and the curriculum

As pointed out in Chapter Six the HIV/AIDS curriculum seemed to constitute an additional burden to most of the teachers who already seemed overworked. I therefore looked more closely at the support given to teachers.

According to the HIV/AIDS Government policy, every school in South Africa had to develop an HIV/AIDS policy for the school within the framework of the national policy for education.

When I asked the teachers at the case school about the school's HIV/AIDS policy, most of them seemed somewhat confused at first, and I often had to repeat, explain or rephrase my questions. This was particularly true when I asked the teachers to describe the content of the policy document. I found that most teachers could only refer to the policy regarding use of gloves when dealing with blood. They had each been given a copy of the policy document.

However, as one teacher pointed out, and she was supported by her colleagues:

*I think it's important that we must discuss it. **Can't just give out the papers to the** staff and you put it in your pile, and then nothing.* (my emphasis)

All teachers had participated in developing the school's HIV/AIDS policy, based on the HIV/AIDS policy of the Education Department. This was facilitated by a national NGO and commissioned by the EMDC.

One teacher summoned up the teachers' answers in terms of how and to what extent the policy document was translated into practice in the case school:

*We all have it, yes ... but going through it and using it is another thing.*

The case school had seven classes, one class in each grade. Since the school only had seven teachers, it meant that the teacher had to teach all eight learning areas of the curriculum in her class.

The principal in the case school made a point of this in my first interview with her in April 2005:

*You know what I mean ... You must really do all eight learning areas ... there's no subject teaching so you need to do all eight learning areas. You need to prepare for that, you need to have your work schedules, you need to do all of that, and sometimes we don't like that ...*

In accordance with the new curriculum, the topic of HIV/AIDS had to be integrated into all learning areas as opposed to when it was first introduced as part of the Life Skills Orientation only. Life skills, values and attitudes linked to HIV/AIDS, previously mostly associated with Life Skills Orientation, must now be included in all learning areas.

In the first phase of my fieldwork, this demand of integrating HIV/AIDS into all learning areas did not seem to be fully understood or accepted by all the teachers of the case school. My data probably indicate that this requirement had a negative impact on the teachers' motivation to teach HIV/AIDS.

A small minority of the case school teachers apparently dropped teaching about HIV/AIDS. The majority of teachers, however, made an effort to at least do the HIV/AIDS activity books (learner support material handed out to schools by the Western Cape Education Department).

As opposed to most of the case school teachers, the Cluster Coordinator explained how she integrated HIV/AIDS into all subject areas. In her teaching, HIV/AIDS was not limited to one term of the year, and then dropped for the remaining part of the year. She did not, though, find that learners' activity books dealt sufficiently with HIV/AIDS.

She highlighted that the teaching of HIV/AIDS was not something the teacher could choose to drop as some of the case school teachers had done. On the contrary, she emphasised how the topic must not be separated from any other topic.

The majority of teachers at the case school, however, seemed to be uncertain about what was expected from them in terms of integrating HIV/AIDS into all learning areas. As described in Chapter Six, the challenges they faced in terms of dealing with a wide range of learning difficulties and social problems was the dominant feature of everyday school life. This clearly seemed to impact severely on the teaching/learning environment and therefore on the outcome of any subject taught, it being HIV/AIDS or other.

However, according to the Programme Coordinator, many teachers in the EMDC's district were resisting any further guidelines related to the HIV/AIDS curriculum. He made the following statement based on his experience:

> *They have their programmes in place; they have their learning areas in place. Stuff is being written by professionals; they've got everything worked out. Now I come ... I come with guides that we introduce through the HIV/AIDS curriculum.* **'We don't have time for that now … it's not part of our brief … we have a curriculum, you just come and give us extra work'**. (my emphasis)

The HIV/AIDS guidelines were perceived as 'extra work', and probably their very existence put more pressure on the teachers to actually teach HIV/AIDS as required.

One case school teacher expressed the difficulties indirectly and in general terms of a disillusioned feeling about OBE (Outcomes Based Education) for all learning areas, an experience she seemed to share with the majority of her colleagues:

> **But the new system is not working by this school**. *OBE is not working. You can't do OBE with these children.* (my emphasis)

The Programme Coordinator informed me that since the first interview I did with him (August 2005) the Education Department had developed some new material for HIV/AIDS in order to support teachers in their efforts to integrate the topic into all learning areas. The document was being printed at the time (November 2005). According to the Programme Coordinator this contained a clarification of what needed to be taught and how, as well as an explanation of the changes involved. He emphasised further that the new material implied a better basis to monitor

implementation. When I spoke to the Cluster Coordinator in October 2006, this HIV/AIDS guiding document for teachers had not yet reached the schools.

## 7.6 "The learners know more than us" (teacher)

### 7.6.1 Teaching HIV/AIDS

When the teachers did teach HIV/AIDS, how did they teach? The teachers in the case school often phrased their teaching in terms like "I **tell** the children" about HIV/AIDS or "I talk **to** the children". The language used was probably indicating that the traditional method of 'chalk and talk' was still dominant.

The teachers talked to the learners and the learners apparently listened. However, could the gaps in the understanding of HIV/AIDS-related issues amongst learners, as perceived by some teachers, be linked to how it is taught? An additional obstacle to the learning outcome for about one third of the learners in the foundation phase was clearly the fact that they did not understand the language of instruction (see Chapter Six).

A small minority of the teachers did more than the minimum requirements with regard to teaching methods. They proactively dealt with learners' reading difficulties. As the remedial teacher did in general, some teachers of the foundation phase classes adapted the HIV/AIDS activity books to a language easier to understand for most learners.

A foundation phase teacher made a song on HIV/AIDS together with the learners, a song that the learners continued to practise after they had moved to the following grade. The learners in this grade demonstrated their acquired skill to me with great joy. Messages of how to protect oneself from HIV infection came through 'loud and clear'.

Although the 'talk and chalk' method seemed to be the dominant teaching method in the case school, all teachers also encouraged interactive dialogue or discussions in the class to a certain extent.

As noted above, the EMDC provided the schools with teaching/learning support material on HIV/AIDS for each grade. I asked the Programme Coordinator to describe the feedback he had had from teachers in general regarding the material. He claimed enthusiastically that the teachers were happy with the material, except for the Grade

Six. The teachers in general had responded very positively because the support material lessened the need for teaching preparations, and the learners were excited about the books.

The teachers at the case school, however, expressed mixed feelings regarding the support material's usefulness, and they had used the material to a varying degree.

The teacher who had not used the material at all, said honestly:

*I must admit that I have not done anything on the AIDS curriculum. I don't know why, I just haven't.*

She could not explain why she had not taught HIV/AIDS yet. One year later, the same teacher repeated that she had only touched upon HIV/AIDS through incidental teaching. I did a focus group interview with four learners from her class. The learners conveyed a poorer knowledge of HIV/AIDS when compared to the learners from the lower grades. They did not mention condoms as an HIV prevention method, this in spite of the fact that they represented the older learners in the school.

It is interesting to note that the learners' teacher was the only teacher on the case school staff who did not participate in the four day awareness workshop on HIV/AIDS conducted by the EMDC about two years previously. This fact, along with the better knowledge displayed by all the other learners interviewed, could perhaps be interpreted as an indication that the workshop's objective to motivate teachers to teach the HIV/AIDS Life Skills curriculum had to some extent been successful among the teachers.

One teacher at the case school highlighted the need for support with regard to how to best utilise the support material provided for the HIV/AIDS Life Skills curriculum:

*Then there's this package that we got. Each class got a package with a book for each child to work from, and the teachers' guide is with that ... and how to implement the package.* **I think that there should be a follow-up**. (my emphasis)

The teachers had not received any specific training or education concerning teaching approaches related to HIV/AIDS, and no training had been offered on how to use the teacher guide book which followed the learners' activity books. Asked whether this was needed, some teachers said it was not necessary as the guide was self-explanatory. Other teachers said it would be useful and requested that any future training would include teachers of all grades.

In order to achieve a more direct impression of the general level of HIV/AIDS knowledge amongst the learners, I observed one lesson on HIV/AIDS, and interviewed a selected group of learners from Grades Seven, Five and Six, and Grades One to Four. Otherwise, I base my general impression on what the teachers said regarding the learners' knowledge, attitudes and behaviour.

Some teachers needed external assistance to teach HIV/AIDS to the learners. One such external resource was the local clinic. The clinic staff would come and talk about HIV/AIDS to the learners if requested by the school.

Only one of the teachers at the case school had at that stage contacted the clinic for this purpose:

*I did ask, and they came to explain in more detail, because I found it too difficult to convey the message to the learners.*

Another teacher also received good support from the clinic nurse:

*But last year I didn't know exactly how to explain to the children about the HIV and the virus. I didn't understand the meaning between the two: the virus and the AIDS. So the clinic sister came here, and I asked her to explain to me. And that's why I enjoy it.*

The case school received some external support in terms of actual teaching about HIV/AIDS which was offered by local resource people. This kind of support was clearly much appreciated by teachers as well as learners.

I was able to observe one external person teaching. She was a member from a local church group and she addressed a Grade Five class on HIV/AIDS.

In one day she talked to all the classes in the school, one period each. She did different lessons depending on the grade. She had interviewed learners from each grade in advance in order to assess their knowledge thus far. The objective of her teaching was to further inform the learners, to reiterate what safe sex was about and how to deal with people living with HIV/AIDS.

The volunteer from the church also addressed the issue of stigma in relation to being informed about HIV/AIDS and AIDS-related deaths. She emphasised the role of parents or guardians in protecting the children, and therefore the importance that they were well-informed too. The parents as key actors were highlighted by most of my respondents and especially by the case school principal and the Programme Coordinator.

Because she had adapted the lesson to the learners of each specific grade, she felt that the HIV/AIDS messages did come across to the learners.

After her presentation, which had been interactive to a certain extent, she opened the floor for questions from the class. Already the first question was obviously related to the poor background of the learners.

One boy asked:

*Is the medication for free?*

An unexpected outcome, often experienced by external people addressing learners on HIV/AIDS related issues took place during my observation in Grade Five. The voluntary worker from the church group experienced that two learners openly in class confided in her about their respective siblings having symptoms of AIDS. It seems easier for learners to seek advice from someone regarded as an expert on the subject, and who also represented a necessary distance. As shown in Chapter Six, learners seldom confided in their teacher.

## 7.6.2 "The learners listen to us, but at the end of the day they follow their instinct and have unprotected sex" (teacher)

It seems reasonable to argue that the impact of such a lesson described in the paragraph above could go beyond the mere information shared. However, in order for an awareness raising lesson like this one to have a lasting impact on the learners, it should probably not be an isolated experience for them, as for the teachers.

The remedial teacher highlighted the point when I spoke to her:

*And I think also the children must be made aware of it from time to time. It mustn't be a once-off lesson. Because then they forget, for instance that child who told the teacher 'AIDS means sleeping around' ... maybe the teacher did explain it, but that is the one thing she remembers. So do it over ... every month ... the whole school ... all the little ones and the big ones together, it will just stay in their minds, and they'll realise, no, but I can touch somebody's hands ... and so on.*

The remedial teacher explained how she reinforced HIV/AIDS concepts when learners did phonics lessons. She found that most learners were familiar with the basic concepts related to HIV and AIDS from the ordinary class teaching.

Some case school teachers felt however, that the learners' understanding of HIV/AIDS could be limited to 'sleeping around'. The teachers' perception was

confirmed by one of the four learners from a higher grade class in the group discussion I had with them:

> *In my road, I heard of a mother who got AIDS from her husband because he slept around. She then fell pregnant and the baby is infected.*

When asked how one can protect oneself against HIV, the first 'method' that came out was abstinence or not to 'sleep around', whether single or not. The other two methods mentioned by this group of learners were to eat fruit and vegetables and to get tested at the clinic. Condom use was not mentioned. As reported above, this particular Grade had not yet received any lesson on HIV/AIDS, in spite of being one of the most appropriate and relevant grades in primary school to learn about HIV prevention. Adding to the concern which arose from this, is the seemingly significant number of learners in the case school who were sexually active, as reported in Chapter Six.

The other learners however, representing intermediate grades mentioned condoms as their first suggestion to protect oneself. They all agreed on not 'sleeping around' as the second way of protection.

These groups of learners at first claimed that they did not know, nor had they heard of anyone actually living with HIV/AIDS in the neighbourhood. However, one of the Grade Six learners expressed an interesting statement after some thinking.

> ***We can't actually just say it.*** (my emphasis)

What this learner said here could be interpreted as an indication of the strength of the stigma related to HIV/AIDS in the communities (and probably in the school environment), and to what extent it has filtered down from the adult world to the children.

A positive sign of understanding was demonstrated when another boy in the group said he would not play with someone who had HIV or AIDS, upon which the two girls in the group rolled their eyes, giggled and one said:

> *I will still play with him and inform him all that I know about the disease, but I won't touch his blood if he gets hurt.*

I asked the younger group of learners from Grades One to Three, what they remembered most from the activity books and HIV/AIDS lessons. Two of them answered the same as the learners from the intermediate phase/senior phase had done:

> *When someone has AIDS, you can play together and hug each other. But you must not touch their blood.*

And asked where they had learnt this and more that we had talked about, every group of learners that I interviewed promptly answered simultaneously:

*At school!*

Despite the knowledge of risk-reducing behaviour with regard to HIV transmission conveyed by the learners in the group interviews, the teachers seemed less optimistic on behalf of the learners. One teacher voiced what most teachers felt when she argued:

**They are treating it very lightly**. (my emphasis)

The teacher argued further, however, that the learners' misconceptions and prejudices had lessened since she started teaching them about HIV/AIDS.

Maybe the learners' attitude in terms of treating HIV/AIDS lightly only reflected a general attitude in the adult world? The teachers and the principal at the case school concluded for example that poverty was the 'real' issue in the school and in the school communities. The Cluster Coordinator expressed the same view as the teachers at the case school when comparing problems of poverty to those related to HIV/AIDS. She referred to poverty as 'huge' and 'real'.

Another issue relating to the adult world that came up in my interview with the Cluster Coordinator was about the learners' response to 'the shower issue'. The so-called shower issue relates to the then Deputy President of South Africa who was exposed in the media during a rape trial for having unprotected sex with a young HIV-positive woman. His public response in court to the fact that he knew she was HIV-positive was that he had protected himself by taking a shower immediately thereafter to protect himself from being contaminated with the virus.

According to the Cluster Coordinator the learners challenged both the 'shower issue' and other messages coming from members of the top political leadership of South Africa at that time:

*The learners ask a lot of questions ... about the shower issue. They knew he was talking rubbish.*

I asked the case school teachers whether the messages from people in top political leadership positions had caused learners to doubt the HIV/AIDS messages given by their teachers. One teacher responded while the others nodded and appeared to agree with what she said:

*The learners listen to us, but at the end of the day **they follow their instinct and have unprotected sex**. We teach abstinence most of the time depending on the beliefs we have as individual teachers. But then the learners go back to their environment and **some are abused or they abuse one another. And the parents don't see anything.*** (my emphasis)

The answer reinforced the general feeling conveyed by the teachers in terms of disillusionment and hopelessness with regard to learners' sexual activity as well as to the strong indications of extensive sexual abuse happening in the school communities. The teachers repeated their opinion of parents not supporting their children (see Chapter Six).

I asked the Programme Coordinator whether there had been any baseline and/or impact studies on the behaviour of learners. He confirmed that there had been no such study in relation to the HIV/AIDS Programme. However, based on observations and discussions with teachers, the Programme Coordinator expressed a more optimistic view than the case school teachers did. He claimed to have registered a general change in behaviour among learners. He explained how they talked differently about their sexuality. The learners were not just aware of HIV, but they were also aware of abuse, STIs, hygiene and health in general. He further claimed that sexual harassments by boys against girls in schools had stopped because girls highlighted it and were protesting. At the case school, however, the teachers stated that the sexual harassment had not stopped, it had only moved out of the school's premises.

### 7.6.3   Testing and monitoring

All teachers in the case school except one felt that the follow-up school visits by the HIV/AIDS staff, as well as other staff of the EMDC were insufficient. They felt the learners' knowledge and understanding of subjects taught were not properly monitored.

I followed up on the teachers' concern with the Programme Coordinator, and he responded:

*We have not gone as far as testing the learners' knowledge of AIDS – but we could gain from the learners' workbooks, how they engage with the material. Some learners are very advanced in their engagement with the material, especially with the skills, attitudes, and the values around their own and HIV and AIDS life skills per se. In that way one can gauge, but going in with a test or a tool or a monitoring tool for learners, to see what their knowledge is, we have*

*not done that yet. **At this stage we think it's not appropriate right now.*** (my emphasis)

Asked why it was not appropriate to introduce testing at this time, he referred to an intensive monitoring planned for the following school term, when classroom observation and learner feedback during lessons would be in focus to assess their understanding of HIV/AIDS-related issues.

The Programme Coordinator explained the background of the planned upcoming monitoring:

> ***We'll basically look at whether the attitudes of educators influence the receptivity of learners to the messages which has been mentioned as one of the biggest barriers that learners have, to accepting any information ... is teachers' attitudes. Their own vulnerability when they talk about sexuality ... their own inability to express themselves because they are not very comfortable with topics.*** *So those have been things that we picked while we trained teachers. We picked up these things that teachers are not comfortable with their own sexuality, or speak around issues ... which means – How do they relate that into the teaching practice?* ***Yet that's not the brief as per se now.*** (my emphasis)

He made it clear that to follow up on teachers' own vulnerability when teaching about issues related to sexuality was very much needed, but this kind of support was not however given the 'go ahead' by his superiors at the time.

When I met the Programme Coordinator about six months later, he stated that the monitoring was not in place as planned. He explained this with reference to sports activities taking up substantial amount of time in schools in the first quarter of the year. This was the case not only at the school level but also in the Education Department itself, both in the province and at national level. The consequence was a series of time-consuming events taking place at school level, which were counteractive to conducting classroom observation or other more in-depth monitoring activities, according to the Programme Coordinator.

The Programme Coordinator emphasised an additional factor to explain the delay in using classroom observation as a monitoring tool. His argument referred to teachers' general reluctance to this kind of monitoring.

Asked to elaborate further on the school visits in which the EMDC's HIV/AIDS staff was already engaged in, the Programme Coordinator explained:

> *... we've gone to schools with a checklist, audit forms, you know, with reports. Visiting them ... looking at the books of learners, looking at what children have*

*been doing in life orientation specifically, and how it is used in the classroom; any challenges teachers are facing; anything we can assist them with. **So we chat with principals and HIV/AIDS coordinators, and teachers involved.*** (my emphasis)

He specified that the audit forms dealt with certain issues on how the HIV/AIDS Programme had been implemented. The number of orphans identified in each class was part of the information registered. In terms of the 'chatting with' school staff, my data do not support this for the case school. The teachers at the case school described that the EMDC HIV/AIDS staff 'rushed through' the school collecting their audit forms from the school's HIV/AIDS Coordinator (see 7.7 below).

The Programme Coordinator continued to describe some promising signs of change amongst the teachers with regard to their understanding and acceptance of monitoring:

*We're looking at taking it systematically now that they're used to us coming into the school to monitor ... it's good to be monitored again. **We'll go around and look for something else now: We'll look at learner profiles; and look at how they have included HIV** and **AIDS in their profiles.** So slowly they'll get used to us doing monitoring, so when we go in for the class, when we go in for learners, speak to learners they'll be used to us, because it's a new process**.* (my emphasis)

The Programme Coordinator claimed the learners' profiles in terms of HIV/AIDS were gradually becoming the focus for the school visits. According to him teachers had become more familiar with the kind of monitoring the HIV/AIDS staff conducted. In the following section I describe how the case school teachers viewed the kind of monitoring which was conducted.

## 7.7    Perceptions of support received and provided at the case school

How support providers and receivers perceived the support is further addressed in this section with regard to the case school. The findings based on this data are not however automatically applicable to other poverty-stricken schools in the area of this particular EMDC.

### 7.7.1    Monitoring and support

I asked all teachers at the case school about their experiences with regard to the monitoring conducted by the EMDC's HIV/AIDS staff. The teachers had mixed experiences, and their assessments of the support provided varied to a significant degree. Some responses were directed to the teaching of HIV/AIDS, while others were related to curriculum support in general, and to the new demands connected with educational reforms.

One teacher mentioned that she had received sufficient advice and understanding from the EMDC's support staff on how to implement the new curriculum, OBE (Outcomes Based Education), which implied perhaps extraordinary challenges in the case school due to the significant number of learners suffering from FAS (Foetal Alcohol Syndrome):

*I get advice on how to work with the children; how to make it better for the children, because sometimes it's difficult to speak to them. But they understand that it's difficult for us to do the new system, with these children. They won't tell you not to do the OBE, no, they'll never do that.*

The case school's HIV/AIDS Coordinator described how the follow-up visits by the EMDC HIV/AIDS staff had been restricted to check learners' activity books and the administrative/audit forms completed by the teachers:

*OK ... we got the notice, she came ... I just took the books and she went through it. I went to fetch a book from each class and she went through it. And of course, we had to fill in the necessary forms.*

Her answer indicated that none of the other teachers had actually met any of the HIV/AIDS support staff yet.

One of the teachers explained her experience in this regard as follows:

***I do not know anyone of the HIV/AIDS coordinators from EMDC. I've never met them, and they've not been to my class. I wouldn't know what their role is here****. (my emphasis)*

The school's HIV/AIDS Coordinator explained that she had expected the HIV/AIDS support staff to do classroom visits:

*I thought she was going into the classes to see whether they did ... to see if there were signs of the ... that they did what they had to do in connection with the AIDS. Because she said she was going to come to the classes.*

Asked to be more specific about what she had expected, she said:

*Ja. Look through the books; see if it was done ... that type of thing. Just to tell us we're on the right path, or ...* ***But I thought maybe they're in a hurry ... go to other schools. All of us are burdened with lots and lots of work.*** (my emphasis)

The follow-up visits on HIV/AIDS which seemed to be conducted under time constraints, could therefore easily be perceived by the teachers as control visits rather than actual visits of support. This seemed to represent another indication of capacity being a critical issue, and that not all schools had received the proper follow-up which the Programme Coordinator described had taken place for many schools.

A claim from another teacher reinforced the impression of control. She felt that all the EMDC's professional staff providing support to the school focused on her as a teacher, and were probably thinking that if the planning, reports and the learners' exercises were done, then the learners knew and understood the subject taught.

The case school is identified by the Western Cape Education Department as a high priority school. Still, after EMDC support staff had visited the school, some teachers were left with a feeling that the EMDC support staff did not care about the children at this school.

Another teacher, visibly distressed, reinforced what her colleagues had said:

*They give us such a lot of work to do with all the files.* ***It's for me like they're more interested in the file and the profile and the teacher's portfolio and the children's portfolio, and the preparation, planning and all that****. That must be there ... they want to see that. They're not worried about what is in this child's head.* ***What the child knows ... they don't worry. Before*** *when I was still ... started teaching, the inspector came and he wanted to see ... test the children: you must come read, and you must do this and you must do that, and he asked questions.* ***Not now ... they come to you****.* (my emphasis)

As reported previously in this chapter, the focus of the HIV/AIDS Programme should be on the learner. In terms of how the follow-up or monitoring at classroom level was conducted, the teachers at the case school felt the focus was still on the teacher, whether she had actually done the planning and the teaching.

Based on the above, it seemed as if the content and relevance of the monitoring that took place emerged as another critical issue for the HIV/AIDS Programme.

### 7.7.2 Social support to learners

The teachers of the case school had varied experiences in terms of whether learners received the social support they needed. Some teachers articulated their frustration

over the capacity of the support structures in general, and the number of learners who were not given the social and/or psychological support that they needed.

One teacher captured the sentiment of all teachers in the case school when she said:

> *... for instance the school nurses or the social workers. You call them in or the psychologist ... you call them in and yet, they <u>are</u> there, but it is seldom that something is really done about the situation, because in the end you send that child back into the same environment. Like a cycle ... you have to ... to put in place ... you have to do it ... we do this, and it just goes around all the time, because **everybody says they have too much work**. **So you stand in line, all the time.** (my emphasis)*

The principal spoke of how she had to deal with learners from very impoverished communities, a significant number of learners suffered from serious social and health problems linked to parents' alcohol abuse, child abuse, rape, teenage pregnancies and malnutrition:

> *And I think like ... at the point here where, as a principal you have 280 children's problems, and I think because our school is so small, it is ... I basically know each child by name, and everyone's problem becomes mine ... you know ... and at the end of the day, as I said the other day when we met ... social problems galore ... so ... you know ... **all the abuse and that comes knocking at my door as well.** (my emphasis)*

In general, the case school principal and teachers seemed to follow school procedures when they referred traumatised learners to the support services. However, the response from these services varied to a large extent. The principal was not always successful in achieving the support needed for the learner. There was a significant number of delayed responses or no response at all.

As shown in Chapter Six there were a significant number of cases of sexual abuse. The principal responded by giving them emotional and psychological support, and by referring the learners to the appropriate external support structures. The principal's interventions indicated a caring leadership (more on the principal leadership in section 7.8 below).

I asked the principal of her experiences in collaborating with the school social worker for support in the cases of abuse encountered. She responded with a sigh, and her answer supports the impression of capacity problems of the school social workers:

> *That's another headache because the social worker falls under Child Welfare and they cover the whole of XXXXXX [name made anonymous]. So we when we*

*need to get in contact with them, they eventually come out, so that too is maybe not so swift. Basically our health services are limited and that **I always said we need our own – a school-based social worker.** The Department also has a social worker but she has to service about 70 schools. So we don't really get the necessary help – I tried the outside social worker, the Child Welfare one. And they have been kept on the cases – this girl who was abused is not with us any longer. She is in a place of safety.* (my emphasis)

I asked the principal whether she intended to pursue the cases where there had been no response from the local clinic or the EMDC. Her answer indicated that in some cases, she could perhaps have been more proactive in pursuing a case towards the clinic or the EMDC. The school social worker faced serious capacity problems as she and her colleague had to cover a large number of schools. This probably required school principals to put pressure on the clinic or the social worker in order to get a response soon. Patiently waiting for a follow-up from the support professionals did not always seem to work well.

The school social worker, however, demonstrated a proactive attitude that I did not observe to any significant degree by the respondents in the field study of this thesis.

The school social worker had extensive experience in dealing with learners and their parents/guardians in the school district. As acknowledged by the school principal, she had a vast number of schools to attend to in the area, which included some of the most impoverished areas of Cape Town. The two school social workers addressed any kind of family social problems learners may have.

The social worker described her work like this:

*So what we are actually doing is we give support to the schools on any family social problem. We give support and sometimes we want to refer to NGOs; we want to refer to Social Services. Maybe sometimes people are not available and it's an urgent matter, so you end up referring or give teachers advice also if the problem comes up, what do they do; what can they do ... but it is such a huge work because there's only two social workers at this moment and Ja [sigh] ... when the school opens, then my phone rings right through. You know, it's quiet now but when the school opens, you'll just find my phone ringing when I'm not in the office. **When I come back there's a list of all the people who want me to return their calls ... it's a long list. So it's a huge work that we do.** (my emphasis)*

Here she explained the capacity problems of the two school social workers within the EMDC that probably caused many of the delays in support response experienced by principals and teachers.

She also confirmed that she had come across a significant number of learners infected with HIV. The level of trauma determined in which cases she had to make use of other expertise.

In the huge area covered by the school social worker, there were few civil society organisations at work, in some locations there were none (like those of the case school learners' home areas). She claimed that when aid agencies were available, they were well utilised:

*I use NGOs a lot because they are so wonderful. They're doing such wonderful work. I use Child Welfare. I do have a reserve list where I have all the NGOs and the names and whatever.*

The stories told by the school social worker confirmed that the collaboration strategy could in some areas involve a wide range of government and non-governmental organisations. This particular school social worker had in her previous employment with NGOs experienced working in a comprehensive manner dealing with social problems. To what extent this approach had become a systematic and formalised structure within the EMDC support system is still to be researched.

The school social worker explained how she cooperated with principals and teachers in order to follow up a learner:

*I do talk to the principal. I do talk to the teachers. I have to talk to the teachers. Sometimes I have to (dig) ... the behaviour of the child ... how is the child behaving? If the child is giving delinquency, they have to know ... to the teacher – What does that mean? Also after the child has been through the programme, then he is like reinstated into the classroom, then the teacher has to observe the changes of the child.*

The school social worker conducted a substantial number of home visits to work directly with learners who needed support at home. She pointed out that her approach was different to how the EMDC's HIV/AIDS staff worked, as their support was provided indirectly through the teachers:

*… and them in their HIV/AIDS work are just training teachers to learn to give support. But myself, in working with the learners, whoever is referred to us, we definitely give support ... but, you know, you wish you can do something more,*

*because some are left without the mother and the father, living alone or with their aunt, which is not always so nice.* (my emphasis)

She emphasised the need to mobilise human resources in terms of giving both material and emotional support to children made vulnerable by HIV/AIDS and poverty. She emphasised the need for emotional mentors, particularly for orphans:

*I need to develop a network of people who can be mentors to these learners. Some of them were never told: I love you. They lost their parents without telling them that ... then they have to face being without their mother, and they have to face the stigma that their parents died of AIDS, and they have to look after themselves.*

### 7.7.3    Focus on the school HIV/AIDS Coordinator

There were situations were the case school's HIV/AIDS Coordinator showed signs of insecurity in terms of what her responsibilities were or what action she needed to take. In Chapter Six, I presented the story of the girl whose mother was sick because of AIDS. I asked the school's Coordinator what support she had provided or facilitated to help the girl, who was often absent from school because she had to look after her mother and her younger sibling.

She answered:

*I just think once we spoke and I mentioned that the child must get a ... a social worker must come in, but it wasn't official. It was just said at that time. But I don't know.* **I must find out. You are pointing to my job now.** (my emphasis)

I asked the case school's HIV/AIDS Coordinator whether she had received any support from the school's Health Committee, which was an implicit intention of the cluster structure.

She answered:

*When we need one another ... yes ... everybody will pull their weight, but, thus far, nothing really happens.*

A Teachers' Support Team consisting of three teachers, two of whom represented one grade phase each, met regularly on a monthly basis to discuss issues of progress. They also discussed problems related to individual learners whenever necessary. The teachers reported back to their respective grade phases. By the time that I completed my field study, HIV/AIDS-related issues, however, had not been raised in the Team's meetings.

The HIV/AIDS Coordinator approached the principal to seek advice on how to implement HIV/AIDS activities involving the whole school, and she had requested the EMDC for guidelines to support her in the HIV/AIDS work.

She explained her need of support as follows:

*Like now, speaking ... what we now discussed ... about finding out how to help, and how to detect people who have this disease. Discuss this with the group* [the school cluster]. *Then from there, they have to take it there* [to EMDC HIV/AIDS office] *to ask them ...* **to give us some guidelines as to what we can do, how to do it and how far we can go. And then we'll know what to do in certain situations ... where to go.** (my emphasis)

Guidelines provided to the schools from the EMDC concerned how to identify vulnerable children. In cluster meetings, discussions around vulnerability were conducted in order to develop a common understanding of the meaning of vulnerability and who is regarded as being vulnerable.

In April 2005 I asked the principal in the case school what she could do in order to encourage and support the school's HIV/AIDS Coordinator in pursuing her responsibility as the Coordinator.

She responded honestly:

*Ja, ja, you know, to be quite honest with you,* **I don't even know what her responsibility is.** *What she does from this side is organise things, and if anything comes for a workshop I send off the notice to her ... that there's a workshop for HIV/AIDS coordinator; there's a ... there's a learning session; there's a conference – HIV/AIDS conference which she attended last year, that is what I'm doing, basically just giving her every, any information that she needs to get, and ...* **I'll hand it over to her** *... and she needs to be seeing to that. But,* **I'm not too clear what ... what her role is.** (my emphasis)

My data indicate that there was some general uncertainty at the time of the thesis investigation with regard to roles and responsibilities within the HIV/AIDS voluntary support structures.

One and a half years later I had a brief follow-up meeting with the case school's principal, and repeated the question regarding the role of the school's HIV/AIDS Coordinator. This time the principal conveyed more information of the purpose of the voluntary support structure, and a better understanding of the position of the school's HIV/AIDS Coordinator within that structure.

The principal had obviously registered the main function attached to the position as the school's HIV/AIDS Coordinator being the link between the school, the cluster

and the EMDC's HIV/AIDS unit. At this point in time, the principal seemed to have become a good ally for the school's HIV/AIDS Coordinator in her work. She confirmed that the HIV/AIDS-related duties were performed by the school's Coordinator within a framework of good understanding between the Coordinator and the principal. The principal's ability to delegate tasks and responsibilities seemed to have become a well-established practice, and meant that the principal only gave advice and support "in a big way", as she phrased it.

The principal had noticed that the school's HIV/AIDS Coordinator by then had grown into her role. She also thought that the Coordinator needed some leadership education, especially so as to develop or strengthen her confidence to adopt a more proactive attitude in her HIV/AIDS work.

In my last interview with her, the principal explained how she perceived the work of the school's HIV/AIDS Coordinator:

> *So she does her bit and she attends more meetings ...* **but at school level there's not much for her to do.** *It's not like there's a weekly counselling session that she is involved with.* (my emphasis)

The low level of activity was evident in terms of the number of times that HIV/AIDS-related issues were on the agenda of the school's staff meetings. The number was limited to when the Coordinator had attended cluster meetings and had information to share from those meetings. As for the Health Committee and the Teachers' Support Team, the school's Governing Board had, by the time I completed my thesis investigation, not dealt with topics of HIV/AIDS.

## 7.8  "She cries with them" (teacher): School leadership style

In my thesis investigation, I was seeking to explore whether leadership in organisational development is a critical issue in providing the kind of support and assistance needed for teachers to adequately implement the HIV/AIDS curriculum, and for them to provide support to learners infected or affected by HIV/AIDS. For this purpose, I kept a focus on the role of the case school's principal throughout my fieldwork.

I looked at what role the principal played with regard to the many social problems amongst the learners, how she perceived the support available to the school,

how she perceived her own leadership role as compared to how her leadership was perceived by the teaching staff.

The principal had worked as a teacher in the case school for ten years and was in her third and fourth year as a principal at the time of the interviews.

I asked her to describe her own leadership style. Before answering the question, she pointed out that she was taking her "baby steps" as a leader. She further emphasised that since she had worked as a teacher at the case school for a substantial number of years before she became the principal, this meant that she was in fact leading her previous colleagues, some of whom were her friends. According to her, this probably weakened her ability to be assertive towards the teachers.

The principal's main concern seemed to be poverty as well as the suffering caused by traumatic experiences of a significant number of learners at the case school.

When dealing with learners' traumatic experiences or other problems, she used an approach best described in her own words:

*Basically sit them down and say, you know, like, 'I don't know you like this ... you've been ... since you were seven years old – Why ...' and you know, basically, you know, bring this boy to tears, you know, just to ... a motherly talk , and working a bit on the guilt and things like that. And I tend to ... I find out that works, you now, they ... just to speak to them, and really to say how disappointed I am, and you know ... what they are doing ...*

The teachers brought learners who had suffered abuse or neglect at home to the principal. All teachers at the case school described the principal's involvement with learners as compassionate and loving, and one captured the voice of her colleagues when saying:

*She cries with them.*

The principal had, to a certain extent, a caring contact even with former learners. Some of them did not continue on to high school, and were therefore idle, hanging around their old school. The principal described how she had kept a good relationship with these teenagers. In this context, she demonstrated how HIV/AIDS could be on her mind. She chose to speak to the youth about condom use.

This engagement from the principal could have a significant meaning in terms of preventing HIV transmission, because of the sexual activity between these former learners and present learners in the case school (see Chapter Six).

I asked the principal in what ways she gave support to the teachers in general. The answer revealed that support was provided when the **teachers** approached **her** to ask for support.

*I mean, I think, I can't be found guilty of not supporting. I really don't think so. I ... but it's for them to come and ask: 'Look, can you maybe phone a couple of numbers and try and get someone to come and speak to the children' or can ... I, I mean, I don't have the time or the ... to, to be around and find out, 'look, what support do you need, what do you need, what do you need,' you know.?* **So I basically expect them to come and ask of me,** *'Could you do this? Could you find out this'? What ... I mean, I will offer my support when I ... if I can, and I'm able to.* (my emphasis)

I asked why she did not actively approach the teachers in order to assess what kind of support they might need, and she explained this by referring to time constraints.

In order to further enquire about the democratic leadership claimed to be exercised by the principal, I asked the teachers to what extent they could influence the decision-making processes in the school.

All the teachers explained how the principal actively involved them in decision-making, especially when dealing with important issues:

*She always involves everyone. She will never make decisions on her own. She will always involve us. Especially important decisions she will not make on her own ... always include the staff.*

The principal was in charge of basic procedures like chairing the staff meeting and setting the agenda, which was not shared with the staff until the meetings started. This could be seen as a manifestation of the principal's power in relation to the teachers. The teachers did not challenge the fact, and they felt free to express their views at staff meetings.

One teacher commented:

*Yes, we can give input at staff meetings. If rules or whatever are presented to us, you can challenge it if you are not happy. It's not that we have to accept what is presented. You can air your opinion, and it is taken into consideration.*

The principal seemed in general to be sharing information, ensuring transparency and practising good listening skills, and thus encouraging a climate of trust and confidentiality. A general impression of an open and safe environment for both

teachers and learners was confirmed many times during my visits to the school and from the interviews.

The principal's 'open door policy' included members from the school communities, and she was faced with a wide variety of requests for support. She felt that learners' parents or other guardians also had gender specific expectations to the kind of support she could offer as the school's principal.

She shared some illustrative examples during my interview with her in March 2004:

> *What I have noticed, I said I ... I don't know if it's **because I'm a woman, and I ... maybe seem to be more compassionate**. I have a lot of social issues coming to my door. You now, 'My husband's beating me, what do I do'; 'I need to open a bank account, what do I do'; 'I need to get my trust money, my parents are passed away'. 'Kan juffrou nie bel nie?' 'Can't you phone to find out about ... how I go apply for my ID?'. You know ... those little social things ... or '... can't you get a social worker because my husband is now paid off* [retrenched]*'. You know, like ... so it's a lot of ... I find a lot of things like that, and I think it's because it's a woman and people you know, tend to think, like, and I suppose I am, I'm a **listener and I give them that type of ear that they maybe don't get there.*** (my emphasis)

The expectations the principal felt from people in general that she described here was still the case one and half years later in September 2006. She now felt that the expectations from the community, especially from the mothers, were starting to become tiresome. Topics they came to discuss were often of a private intimate nature.

A few teachers raised a concern regarding the level of accommodation in the principal's leadership style. One teacher claimed that the principal should be less emotionally involved in the problems brought to her by staff, learners and parents or guardians. As pointed out by the teacher, the principal's compassionate and accommodating attitude could, in fact, negatively affect other areas of her work in terms of time and energy. According to this teacher, the principal needed to be more assertive.

When I interviewed the principal at the end of my field study, she claimed to have become more assertive in terms of managing her time, much as a result of the leadership education she had recently completed. As mentioned previously in this chapter, this was reflected in her increased ability to delegate tasks to her staff. An illustrative example could probably be the working relationship between the principal and the school's HIV/AIDS Coordinator where the principal left all work related to

extra-curricular HIV/AIDS-activities to the school's Coordinator; also reported in the section above.

The principal explained how she now used the opportunity to delegate tasks to a variety of school committees. Teachers still, however, seem to have expectations that the principal would take the lead in organising the activities.

This time the committees had been reorganised with the purpose of enhancing the activity of each individual committee member. Two staff members were allocated for the organisation of each function. The principal's role was to give advice "in a big capacity", as she often said. I interpret this statement as related to her strengthened ability to delegate tasks, to give advice on 'bigger' issues and only when the teachers asked for her assistance.

A major issue in terms of HIV/AIDS and learners in the school seemed to be the contact between the school and the parents/guardians of the learners. The crucial role of parents was highlighted by many of my respondents.

In Chapter Six I raised the issue of contact between the school and the parents/guardians of the learners, and how this contact could be improved. This question did not arouse any enthusiasm among the teachers, probably given their negative experiences in the past.

One teacher, however, pointed to the principal as a potential facilitator or coordinator to organise joint home visits together with the local clinic. Her suggestion was clearly based on another perceived quality of the principal's leadership; her ability to approach and communicate well with parents and other guardians living in impoverished communities. This was a quality much needed when the intention was to talk about issues like HIV/AIDS which is still clearly stigmatised in these communities.

The teacher acknowledged that they all had to assist in approaching the community. Educating the parents about the HIV/AIDS curriculum could reinforce the impact of the teaching. Good communication with the parents/guardians may also counteract stigma and fear of HIV/AIDS in the community. One parent reported how some learners were beaten up for having mentioned the word HIV at home.

Parent involvement in the school constituted a challenge in many schools according to the HIV/AIDS Programme Coordinator:

***The parents are tricky still,** so a lot of schools have difficulty in having … getting them involved in it. But the school community – what they're doing in the*

*classes – what they're doing in their free time and the activities in the programmes ... it all includes HIV and AIDS.* (my emphasis)

In one of the interviews with the school principal, I asked whether she could play a greater role in addressing HIV/AIDS challenges. She confirmed the need to reach more people, especially the learners' parents, with messages regarding how to prevent HIV infection. She talked about how few parents actually came to the parents' meetings at the school, how they did not "*pay any interest*" and showed "*no responsibility*" – the same phrases as used by the majority of teachers. She also commented on the fact that parents and guardians worked long hours and lived in poor environments, and therefore did not want any additional "problem on their neck", as she put it.

However, towards the completion of my case school study, school fund-raising events and parent meetings had started to draw in much larger numbers of people than previously. The delegation to teachers for organising these events could well have contributed to this.
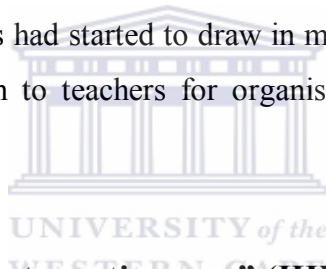
## 7.9 "You see we're stagnating now" (HIV/AIDS Coordinator)

### 7.9.1 Capacity problems

In 2006 the number of cluster meetings was reduced to a minimum for the cluster investigated. Thesis data led to the conclusion that the cluster did not function innovatively this year. The few AIDS week activities carried out at case cluster level during AIDS month of 2006 were only a duplication of activities from the previous year.

When I interviewed the Cluster Coordinator in October 2006, she expressed serious concern and a feeling of uncertainty about the future. The number of meetings in the HIV/AIDS school clusters had steadily decreased since 2005 to a considerably lower level in 2006. She claimed that the low level of activities in 2006 applied to all clusters within this particular EMDC, as well as to the activities organised by the EMDC itself.

She said:

*Last year (2005) there were many more activities compared to this year (2006). There were many more activities that the EMDC organised as well ... also the*

*year before, as well ... because, look ... this was a new thing ... the introduction of clusters, and all these structures.*

Referring to the cluster meeting I attended in August 2005, I asked the school's HIV/ AIDS Coordinator how the cluster had functioned since then.

She answered:

*Yes, you were here for the first meeting, and then there was another meeting that term. It was in that month that I had to go away. I had to ask another teacher. That was the last meeting ... then nothing ... then we got a letter, saying this is the month of September and it's not going to be the things that we had last year, because of time.* **The clusters ... so they didn't plan anything for this year** *... we must do something at school. And* **I spoke to the Principal, and we decided we are going to tell the teachers to** *work in their books, think about AIDS and have a video. So far we didn't do it.*

*I don't know what the others did, because I feel everybody knows that the month of September is AIDS month.* **I can't stand behind them. They must do what they have to do.** *And we close on lighting a candle. And that was all so far. Now it's the bazaar ... I'm not making excuses, but that's how it goes.* (my emphasis)

Her answer reinforced the impression of a top-down culture in the system. The HIV/AIDS Coordinator seemed dependent on the cluster in order to initiate and coordinate HIV/AIDS activities at the school in connection with the AIDS month. Her answer also indicated a top-down culture still prevailing in the education system (see 7.3) in terms of teachers needing to be instructed on what to do.

The school's HIV/AIDS Coordinator said she did not know what the other teachers did in terms of classroom teaching during September. However, it was not part of her responsibility to check whether her colleagues taught HIV/AIDS according to the curriculum.

The case school's principal confirmed this when she pointed to what she called lack of incidental initiative among her staff and explained it by referring to the general workload faced by teachers:

*But* **there's that incidental initiative of just doing something without a directive ... is not there, but I think that is more because there's so many other things***, you know, so if you don't know that this is AIDS month,* **if we at schools are not told in this AIDS month we must do something, I'm sure every school won't do anything because of the normal running.** (my emphasis)

According to the principal, the situation meant that teachers in every school had to be forced by a directive from the EMDC to implement any extra-curricular activity in terms of HIV/AIDS month.

The case school's HIV/AIDS Coordinator concluded with the following statement:

*You see we're stagnating now.*

And she was supported by the Cluster Coordinator saying:

*The teachers are losing interest!*

The Cluster Coordinator believed that the loss of interest in the AIDS month activities amongst teachers was caused by interest depending on the novelty of an issue.

She described the situation at two cluster schools on which she finally gave up her efforts to involve them. One school was a previous 'White' and historically advantaged school and she carefully said:

*It might have to do with how discussions evolve in a staff room. A lot has to do with the composition of the staff. That school has predominantly White teachers, in a sort of ex-model C school* [previously advantaged White school]. *So maybe they think 'This doesn't touch us or affect us, so we have other priorities'.* (my emphasis)

In such a context where HIV/AIDS might appear irrelevant to the school's teaching staff, the Cluster Coordinator pointed to the critical role of the principal:

*So if she's not going to be very enthusiastic about this, nothing is going to happen.*

Encouraged by me to elaborate on the role of the principal, she emphasised the importance of the principal's attitude:

*The principal is very important. If the principal says we have too many other things to do, we can't fit this in ... or try to convince the staff. But then the staff has to also stand up and say: 'Listen. We think it's important'.*

The role of the school HIV/AIDS Coordinator's colleagues should not, however, be underestimated either. The importance of support from the other staff is reflected in the story of a second school that gradually pulled out of the cluster.

The HIV/AIDS Cluster Coordinator explained:

*There was another school ... they were really ... there was one lady coordinator, and the feeling I got was that she had too many things to do, and nobody was*

*prepared to help her. I know this lady's got a lot of things to do, because when I go on excursions I would see her there. **It feels like the other teachers were not really working with her.** She's pulled out of our cluster.* (my emphasis)

The general huge workload reported by most of the teachers I interviewed, could explain why these teachers were reluctant to engage themselves in activities on top of their basic teaching duties. They were probably therefore not ready easily to support their colleague in HIV/AIDS activities.

The Cluster Coordinator continued by stressing how the duplication of activities might cause a breakdown of the cluster activities in the HIV/AIDS month:

*Every day we talk about AIDS, so it's actually duplication when we organise cluster activities, because we are already doing it at the school, and I think that could be a problem the EMDC will be faced with, maybe next year, when **they find that these things fall apart.*** (my emphasis)

The HIV/AIDS Coordinator at the case school showed considerably less motivation in year 2006 as compared to her enthusiasm when I first met her. When I spoke to her in 2006, she asked herself what was coming out of these cluster meetings. She felt a growing concern that she attended meeting after meeting, organised AIDS weeks activities at the school like the human chain, the lighting of candles, singing songs; without, however, ever seeing anyone infected or affected by HIV/AIDS.

She referred in a pessimistic tone of voice to what her colleagues were saying:

*Like the teachers say: it's all this planning, but nothing gets realised or materialised.*

The Cluster Coordinator pointed to the HIV/AIDS unit at the EMDC, and reinforced the impression of a general capacity problem, not only among teachers, but also among the support providers themselves:

*We haven't been contacted at all this year. Before, the EMDC HIV/AIDS Field Officer would at least call to ask how things were going. **I could see the workload is getting to them.** A lot of work! I think it is too much.* (my emphasis)

The Programme Coordinator emphasised already in our first meeting (September 2005) a need for a new approach to implement the HIV/AIDS Programme. He seemed to possess a progressive and proactive attitude towards the challenges of programme implementation.

The Programme Coordinator pointed to the progress which had taken place since the programme started. He highlighted the major role played by school communities in

implementing the programme, and claimed there had been a significant progress in many schools since the HIV/AIDS Programme was launched.

In my second interview with the Programme Coordinator, about three months later, (November 2005), he repeated that parents and guardians of learners played a key role in programme implementation. This time he used the term 'red issue' to emphasise the importance of their contribution. The need to also find a fresh approach to reach out to the community had become clearer. As the case school principal did, he suggested that the EMDC, or the school clusters, should call all faith-based or religious institutions together in order to reach out to the communities and achieve a wider range of support for the HIV/AIDS Programme implementation.

### 7.9.2 "Principals don't open emails" (Programme Coordinator)

The thesis data give the impression that the contact and communication between most HIV/AIDS school coordinators and the EMDC's professional support staff suffered from a general poor capacity and limited access to internet facilities at school level.

Despite these constraints, the case school's HIV/AIDS Coordinator voiced the view of both herself and the Cluster Coordinator when she said:

*Although it's difficult you get through to them...but **they are there**. And **it depends of course on us** whether we are going to make use of all these things that they have available* [learner support material, posters and videos]. (my emphasis)

She highlighted the teachers' own responsibility to take action and make proper use of the pedagogical resources available at the EMDC.

The Cluster Coordinator explained how the introduction of communication through electronic mail had unforeseen effects that negatively impacted on the communication between the EMDC and the schools. There were examples of how this could have a damaging impact on the extent of teachers' engagement in HIV/AIDS activities.

The Cluster Coordinator said:

*And one huge problem is that EMDC has decided that all **correspondence should be via email**. If it is, at schools, **that principals don't open emails up**, we are not going to get it. So I would get a phone call on a Tuesday afternoon that say, 'see you at the meeting this afternoon', and I'm not even aware that there is a meeting ... because no fax comes ... as everything must now be done via email.*

*And I think that has impacted a lot on activities. And I think schools have lost interest.* (my emphasis)

The Programme Coordinator reinforced the poor communication when he said:

*It is amazing how the teachers do not receive our email or fax!*

Problems of achieving access to the EMDC staff was also expressed at the cluster meeting I attended as an observer. All five HIV/AIDS school coordinators present complained of similar communication problems with the EMDC Office.

The schools' limited internet access was worsened by the difficulties experienced in using the landline phone. The Cluster Coordinator said with a sigh:

*Yes ... because they give you all the numbers and like everybody said when they go on to phone the people, they're not available. The phones just ring and ring ...*

## 7.10    Good intentions lost? Programme impact and system change

As described in Chapter Five, the Western Cape Education Department has since 1995 implemented a number of programmes to facilitate structural and cultural changes within the whole education system. These programmes were expected to achieve a synergistic effect in terms of change.

Teachers were trained and educated together with management staff at all levels of the education system in order to break down some of the vertical barriers in the system, encourage critical thinking and empower the lower levels in the system.

Apart from the principal, only one teacher at the case school participated in the SEED/STEDS training. She described the ambitious purpose of the training like this:

*It was excellent training. The intention was to **bring the different layers of the department closer together**. Everybody participated from top down. We learned about change in mindset. In order to have real changes, **you must change the way you think**.* (my emphasis)

According to this teacher nothing had changed in spite of the fact that the education itself was perceived as excellent. She continued to explain her view:

*The training we were given was meant to close the gaps in the different areas/divisions/departments ... but nothing has changed. People, like the circuit managers are still behaving like those 'pompous inspectors' from the previous system [apartheid system]. They are supposed to be your line manager, but they are unapproachable; you don't feel like asking them for help; they either don't respond or they take their time. Also, this training happened three years ago,*

*and many of the participants then have already left. **So the process falls flat. It should be done periodically.*** (my emphasis)

Like her colleague who talked about the need for HIV/AIDS in-service training and periodically follow-up of teachers, this teacher also emphasised the importance of periodically training to uphold the impact of the original SEED/STEDS programme, especially in terms of changing attitudes. Periodically training or other kinds of follow-up could keep a process of change alive by maintaining what was accomplished from each training session. These teachers saw this as a prerequisite to enhance a continuous process of development and change at all levels of the education system, including the school.

As shown previously in this chapter, however, most teachers at the case school felt that the curriculum support was not sufficient. They felt that the school visits conducted by the EMDC's professional staff were not adequately supporting the teaching/learning processes in the classroom.

The views of the teachers relating to the changing of the mindset of people in the education system, as described above, were not supported by the view of the Programme Coordinator who claimed that attitudes and practices of the old system indeed had changed. He referred to the previous practice of department *inspection* of teachers and learners as an example. The *inspection* had changed to *monitoring* teachers in order to provide *support*.

The Programme Coordinator also claimed that the mindset among teachers had changed as a result of the internal training taking place, and he related the change to how the teachers viewed education and the child:

> ***Meeting the same teachers now – they are different people. Their mindset has changed!*** *The way they view education is different now. Despite there are still frustrations and complaints, they see the child now and they see their colleagues.* (my emphasis)

The Programme Coordinator was, however, critical of teachers' motivation with regard to the educational reforms. He claimed that the teachers resisted change because it meant more administrative work, and that they were not willing to proactively explore the content and purpose of new reforms. Instead they relied on information from the Head Office of the Education Department to be transferred via the school principal. The consequence, he argued, was that the Department's good intentions with programmes of change were lost.

He said:

*As you may know, is* **things are done from Head Office. Then it is brought down to the schools ... in different layers.** *And as it* **comes down to the lowest level, the whole message is 'scribbled',** *watered down, not really given as the directive, unless teachers see it in black and white and read when it is there ...* **but teachers don't read. They expect the principal to tell them what it's about.** *So the principal gives his version of what he heard from the circuit manager or the inspector at that time. So teachers knew that there were changes happening, but they don't have the full ... like OBE when it came in.* **It's not that they read about what OBE really is, it's what they heard** *... the negative things and they translate that aspect. So to have a system of change processes that has happened ...* **the good intentions are lost because of the resistance to change.** (my emphasis)

Resistance to change came across a number of times in the interviews I did with the teachers, in particular when they talked about OBE and the increased administrative work that followed. The increased administrative workload seemed to negatively influence teachers' motivation to teach HIV/AIDS or to engage in extra activities linked to the HIV/AIDS month.

The voice of one teacher at the case school captured the voice of most of her colleagues when she talked about the new demands related to the change taking place within the education system. As the case school principal also did, she claimed the Department expected too much of the teachers:

*The teaching was never so worse ... it's worse now.* **They expect too much of us.** *And every time you find there's something new, then they bring it in, you must do it like this and that, and then next year they just throw it out. Then they try again something else, and whatever. And I think there's not a lot of teaching anymore to do, there's lot ... too much administrative work, you know, it's not teaching anymore ...* **All the kinds of nonsense they dig up.** *So there's really less time for you to teach.* (my emphasis)

One teacher made the following outcry in this context:

**Administrative** *work, oh it's too much,* **too** *much!*

The Programme Coordinator had also registered teachers' frustrations over the extra workload placed upon them by the education system. Despite his critical views of teachers' attitudes towards change, he expressed empathy with their frustration. He argued that the amount of administrative work expected of teachers negatively impacted on their motivation to teach HIV/AIDS. Furthermore, he expressed concerns

regarding how the situation influenced teachers' perceptions of the Department of Education.

He said:

> ***Teachers are frustrated ... they're overburdened by administration, bogged down by little nitty-gritty things that's placed upon them by the schools system itself, which blames the department for giving it****. So the teachers are blaming the department for the extra workload and everything else ...* **so the department has a negative face – a negative connotation** *– because they are giving the teachers extra work ... extra things they can't really teach ...* **so now we need to look at that and look at how to motivate teachers to do better***. (my emphasis)

The case school principal talked of the challenges imposed on leadership when resistance from teachers was encountered when implementing the new reforms and directives:

> *It's not always easy to put changes in place* **because we have all been used to going along with certain rules and regulations***. I would say I try to be democratic, but sometimes I think I can be more assertive. I try and encourage us just working together. Because, I mean, the minute you work together, there's no one that needs to work against you and want to push you, or so.* (my emphasis)

However, she underlined the view that despite the general resistance to the many changes at school level, she aimed to exercise a democratic leadership style when she loyally implemented every new instruction from the Education Department.

She continued to explain:

> *I sometimes still think I'm in over my head in this thing, being ... fairly new to this, and I think* **what makes it difficult is that things change all the time. Just when you are getting used to something a certain way, there's a new policy from the Department that needs to be implemented** *... that you need to give attention to or need to change, what you have put into place ... what I've put into place at school.* (my emphasis)

One single teacher of the case school reflected on the changes that had taken place within the education system and argued that there was a general shift towards a bottom-up approach in decision-making processes which meant the teachers had real influence on decisions:

> *Well,* **when** *did I start teaching ...  in '89? Then we didn't have a say, yes, but now we have. And you are part of the whole school development. You are actively involved in everything.* **Like usually it was filtered down from the top to the teachers, but now it goes from down here to up to the top.** (my emphasis)

When I asked the Cluster Coordinator whether she knew the justification for the choice of September as AIDS month, her answer and experience pointed to the opposite practice, namely the impression of a prevailing top-down decision-making system:

***Absolutely no idea**. That is the problem with these metropoles. Decisions are **made at the top – top-down** – made by people who haven't sorted out things very carefully. **You have to include people who are actually working with the children –** in these meetings.* (my emphasis)

One case school teacher made a strong statement as a result of frustration over the number of new directives sent from the Department to the school. She felt there were too many directives. She claimed the EMDC's staff, and the curriculum advisors in particular, did not know anything about teaching anymore.

In a resigned voice, she said:

*And every day is difficult. **They just send in from 'Head Quarters' letters and letters and letters ... do this ... do that**. They don't know a thing about teaching, you know.* (my emphasis)

The Programme Coordinator highlighted a need to evaluate change, and not only with regard to learners and teachers, but also in terms of school management and leadership.

He described some observations he had made as follows:

*In some areas ... communities things are still the same ... things are going on as it used to be with the manage system and styles. They take whatever is given and translate that into their system. And with others you have seen changes. **You've seen breakdown of schools because of changes, and you've seen a new democratic style coming along and working together and achieving more.** So it has been negative on some and positive on others. It affects schools very differently.* (my emphasis)

As he pointed out, the impact of change varied among schools in terms of the extent to which the process of change strengthened democracy through the decentralisation of decision-making power.

The variation in terms of how far the schools had reached in changing the ways of 'working together', might be reflected in the variation of the extent of the impact of the HIV/AIDS support schools. When I interviewed the Programme Coordinator in October 2005 he summed up the impact of the programme at that stage as follows:

> ***Some schools are very far in their fight against HIV and AIDS.*** *They've done their policy, their implementation, their planning ... look, they're managing the situation ... they're on top of it.* ***They've got their parents behind them ...*** *when you walk into the school you can see ...* ***the school is HIV-friendly.*** *You can see it by the posters; what kids are doing; what teachers are doing; their work that is presented.* ***Other schools are not. So we've still got a long way to go in supporting everybody to this point.*** (my emphasis)

He clearly described a variation from the most successful schools in creating an AIDS-friendly environment, to schools that had not created such an environment. He acknowledged that a significant number of schools were still in need of support from the HIV/AIDS Programme. And again the Programme Coordinator mentioned the key role of parents.

According to the Programme Coordinator, the impact of poverty did not seem to have any decisive effect on creating an HIV/AIDS friendly school environment. He referred to the low cost of HIV/AIDS interventions in the school, and to examples of poverty-stricken schools that did excellent HIV/AIDS work, and rich schools that did not. He also indicated that generally well-managed schools in some cases did not appear as an AIDS-friendly school.

In the Programme Coordinator's own words:

> *But some schools are* ***well managed and some schools are poorly managed****. And in a lot of the poorly managed schools there's apathy towards other things, because they can't cope with existing things. So things like HIV and AIDS anti-thing ... even in some well managed schools ... so it differs from area to area, and from school to school ...* ***and then it has nothing to do really with resources. Some very poor schools are doing excellent work in HIV and AIDS ... and some rich schools are also. So it does not cost money to do the work.*** (my emphasis)

The Programme Coordinator continued by pointing to the school HIV/AIDS Coordinator and his/her role in enhancing the HIV/AIDS work in the school. He explained how their levels of activity varied from school to school, and how this again was influenced by the support and level of activity at cluster level:

> *They are supported in clusters. And it* ***depends on the cluster how active they are ... how active the schools will be.*** *So it differs from area to area. In some areas more needs to be done, others can be left alone.* (my emphasis)

It is interesting to note that the Programme Coordinator claimed that the level of cluster activity determined the level of school activity. The Cluster Coordinator,

however, had the opposite view. She argued that the level of activity at cluster level depended on the composition of the school staff, and the attitude and commitment of the school principal and the school's HIV/AIDS Coordinator. She did not seem to see her own role as critical as the Programme Coordinator did. As pointed out above, she did not initiate any cluster meetings in 2006. She waited for the instruction from Programme staff at EMDC level to call a meeting or initiate other activities.

She had clearly not lost her motivation to continue as Cluster Coordinator and to make the cluster active again. I asked what was needed in order for that to happen, and this time she pointed to the role of leadership at the EMDC level as well as the need for a bottom-up pressure:

> *We (our cluster) have some fantastic ideas and the EMDC are aware of our ideas. **Though, they need someone to push them** so that we can maybe implement out ideas. I feel that maybe **they need somebody at the EMDC with more vision**. They need somebody who can think (maybe) differently.* (my emphasis)

## 7.11    Summary

The main question that emerged from Chapter Six, and was followed up in Chapter Seven was whether the teachers, the HIV/AIDS coordinators and the principal's need for support with regard to HIV/AIDS was being adequately and sufficiently addressed by the Education Department.

The data presented in this chapter focused on the Western Cape Education Department's HIV/AIDS Life Skills Programme in order to explore and identify the most important issues when addressing HIV/AIDS in a poverty-stricken primary school.

I investigated how this school support programme was implemented through a decentralised system of support to schools, represented by one school cluster model, which included the case school of this thesis.

Ample space was given to key support providers and support receivers within the cluster, in order to get a picture of how they perceived the HIV/AIDS support provided in particular, and their perceptions of the challenges involved. Views of teachers, the case school principal, HIV/AIDS coordinators and key HIV/AIDS professional support staff at district level, have been presented as accurately as possible.

The chapter includes glimpses of how teachers taught HIV/AIDS, as well as to what extent learners seemed to understand and behave according to the messages which were conveyed, in recognising the learners being the ultimate target group of the HIV/AIDS support structure.

The key findings emerging from the data presented in this chapter, as well as in Chapter Six, are analysed in-depth in the following two chapters of this thesis.

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# Does poverty conceal the needs of learners made vulnerable by HIV/AIDS?

## 8.1    Introduction

This chapter presents an analysis of the emerging issues from the thesis data described in Chapters Five, Six and Seven. The purpose is to provide a deeper understanding of key challenges faced by the case school with regard to HIV/AIDS and poverty, and how adequately these are addressed by the Education Department's support structures. In the attempt to discuss the complexity of the issues involved, areas where lessons from the case study of this thesis could contribute to the national and international literature are presented. The discussion of the findings of this thesis may imply useful input to the ongoing debate on appropriate educational responses to the needs of children made vulnerable by HIV/AIDS and poverty.

In this chapter, I analyse and discuss the experiences of the principal, the teachers and learners in the case school. All the teachers as well as the principal stated that they did not know of any learner who is HIV-positive. Shortly after I initiated my investigation, the principal and the class teachers came to know of two siblings in the school who were affected by AIDS. The fact that so little was known about the impact of the epidemic on learners attending the school constitutes an unexpected and surprising finding that was not anticipated during the initial phases of this research. All learners in the case school live in areas believed to have a high HIV prevalence. During the process of interpreting the meaning of this finding, the question of why teachers did not respond to the many indications of HIV/AIDS prevalence that I observed in the school, became an important point of focus in this investigation. The fact that the staff was not aware of any children affected by HIV and AIDS is tested against stories and testimonies of learners at the case school and of people living in the learners' communities. Also, experiences concerning the knowledge of learners

affected by HIV and AIDS, expressed in the interviews by the ten teachers from five other schools in similar areas of the same Education Management and Development Centre (EMDC), are used as a form of triangulation with regard to data from the case school.

Can culture, class and/or race/ethnicity or population group explain why teachers in the case school did not identify any learner infected with HIV and so few affected by AIDS? Is it stigma, fear and prejudice which leads to the lack of identification in this regard? Or could it be the overwhelming impact of the socio-economic problems facing schools in impoverished contexts that lead to a situation in which already over-burdened educators look the other way when it comes to the devastation caused by the HIV and AIDS pandemic? And how does the leadership in schools play a meaningful role concerning the effects of HIV and AIDS on children in such a context? If it is expected of principals to play a role, the question needs to be asked whether the cultural and structural reform processes of the education system are being implemented in a way which recognises the teachers' and principals' needs of support? The questions raised concerning leadership and reform processes are discussed in Chapter Nine.

In an attempt to structure the issues emerging from the questions in a logical framework, the following categories emerged. They are phrased and interpreted as dichotomies, which could, in line with Volan's research focusing on educational change in Zambia, be read as interlinking vertically, as well as horizontally (2003).

| | |
|---|---|
| Disabling home environment | Enabling school environment |
| Prejudices, denial, non-disclosure and stigma | Acceptance and openness |
| Control | Support |
| Structural change | Cultural change |
| Political leadership | Operational leadership |

In this chapter I discuss my investigation's findings in relation to the first two analytical categories mentioned above against the literature examined in Chapter Two and in Chapter Five. As described in Chapter Five, the Department of Education Directorate (2003) lists a number of 'barriers to learning' which all coincide with the findings from the case school and the learners' home environment. These findings are discussed under the first dichotomy, namely an enabling versus a disabling

environment. The extent to which the analysis of data confirms and/or differs from other South African and international research constitutes part of the discussion.

The remaining three analytical categories are discussed in relation to the literature reviewed for Chapter Three and Chapter Five, and constitute the content of Chapter Nine.

## 8.2 Disabling home environment versus enabling school environment?

As described in Chapter Six, the legacy of apartheid was very apparent in the case school. Severely under-resourced, the school caters for children from impoverished informal urban settlements and semi-rural settlements in Cape Town. All the children are either 'Coloured' or 'Black'. The principal and the teachers are, without exception, 'Coloured'.

### 8.2.1 Risk behaviour and HIV

The home environment of the learners (meaning school community/local community and not the individual home as such) can clearly not be regarded as a positive and enabling environment for the children. On the contrary, widespread poverty, high crime levels, substance abuse, violence, child rape and probably high prevalence rates of HIV, clearly do not make for a place of safety and care, and undoubtedly explain the reasons why all learners in the case school were defined as vulnerable by the principal and the teachers.

The interlinking factors of poverty, drug/alcohol abuse, rape, child rape and HIV risk behaviour were evident in the case school communities. The community leader of one of the informal settlements told me that the HIV rate in the community was at least 50%. The data gathered for the thesis indicate that the learners are at high risk of being exposed to HIV, both as potential victims of rape and/or as active participants in risk behaviour such as drug/alcohol abuse and the practice of unsafe sex. The indications of HIV prevalence among learners at the case school, potentially linked to unprotected sexual activity, drug/alcohol abuse and sexual abuse, are reported on in the previous two chapters.

The above indications are supported by the HIV prevalence figures from the 2005 nationwide survey which shows that South African children have a high HIV

prevalence rate. In the two to four-year age group, 4.9% of boys and 5.3% of girls are HIV-positive, translating into an estimated 129 621 children. In the slightly older age group of five to nine years, 4.2% of boys and 4.8% of girls are HIV-infected and in the 10 to 14-year age group, this figure drops to 1.6% among boys and 1.8% among girls (HSRC, 2005).

According to the HSRC study, most children in the 10 to 14-year age group, are "... likely to have been HIV-positive from birth, but the incidence data suggests other factors which could include a breakdown in infection control in healthcare facilities, or sexual abuse" (2005:1). Infection control in health care facilities is important, for example concerning the transmission of the HI virus from mother to child, and in the handling of blood. Child sexual abuse reported to the South African Police Service increased dramatically from 2002 to 2003 from 2 648 cases to 4 798 cases per 100 000 of the population (Smith, 2006:14, 50, 56). The South African Police Service reported in 2003 that more than 40% of rape survivors were under the age of 18, with 14% under the age of twelve (2006:50).

Based on teachers' observations, and in spite of a seemingly high level of awareness about HIV transmission among the learners in the case school, unprotected sexual activity was taking place amongst learners. The number of learners at the case school who are over the average age for their class grade due to the prevalence of Foetal Alcohol Syndrome (FAS), made sexual activity among primary school learners even more likely. Idle out of school youth who were observed in close proximity to the school added to the risk embedded in the FAS phenomenon.

The teachers in the case school had noticed learners using drugs and some teachers claimed this was on the increase. Youth risk behaviour and interlinking aspects of that behaviour are being increasingly well-documented by South African and international studies. The potential link between drug abuse, unprotected sex, sexual violence and HIV prevalence are found to be alarming. This link was not recognised by the case school teachers, only by the principal, and probably more as an afterthought to my questions. In one of my interviews with the principal, she said:

> *But it is very, very obvious that unprotected sex is happening here, and that AIDS is definitely doing its rounds.*

A study carried out by Simbayi, Kalichman, Jooste, Cherry, Mfecane and Cain (2005), examined risk behaviour and HIV risk factors among young people living in a Black South African township. The results show that men (68%) and women (56%)

reported high risk sexual behaviour related to HIV infection. Although knowledge about HIV transmission was generally high, the study produced evidence that misconceptions about HIV and AIDS persist, particularly myths related to HIV transmission. For young men, HIV risk factors were associated with fewer years of education, lower levels of HIV/AIDS-related knowledge, attitudes about condom usage, and dagga (marijuana) use. Among young women, HIV risk factors were associated with beliefs that condoms get in the way of sex and that men preferred unprotected vaginal intercourse (2005). Their report confirms some of the findings from the case study, although the case study represents a much smaller sample and younger age groups. However, the stories of sexual abuse, sexual activity and teenage pregnancies in the case school, some caused by rape, are undoubtedly a strong warning signal of future scenarios. Summers, Kates and Murphy refer in their report to several surveys indicating that HIV/AIDS awareness, that is important facts about the disease and how to prevent or treat HIV infection does not necessarily translate into practical knowledge. This was found in countries of high prevalence, including South Africa (2002).

## 8.2.2 Impact of poverty

South African and international research investigations suggest substantial evidence that high levels of poverty in the family and neighbourhood increase a child's vulnerability to sexual abuse. As noted in section 8.2.1, about fifty percent of the learners at the case school came from impoverished urban informal settlements. The other half came from semi-rural impoverished areas with similar poor infrastructure exposing health risks. Researchers based in Cape Town claim that the scourge of abuse can be partially explained by the stark economic reality facing a large percentage of 'Black' and 'Coloured' people in the townships of Cape Town (Joubert, 2007).

The MRC's 2006 report reveals that almost a sixth (16%) of South African men have raped a woman at least once in their lifetime. The mean age at which the study's respondents had first raped a woman was 17 years. The report describes a surprising finding – contrary to much of the research carried out in the area of behavioural/gender studies, the research found that men of relatively higher social status were more likely to rape (Breytenbach, 2006).

A number of studies addressing reasons why men rape – some common factors in their background like adversity in childhood, alcohol abuse, peer pressure, gang membership and the use of drugs – were identified by Joubert (2007).

The other noticeable set of factors identified are related to particular ideas of masculinity where women are seen as objects to be conquered and controlled (Breytenbach, 2006). The analysis is supported by Kistner who claims this to constitute the common understanding of 'masculinity' (2004).

According to Richter, Manegold and Pather (2004) most children affected by HIV/AIDS are also affected by conditions of poverty and exclusion. They argue that poverty exacerbates the spread of HIV infections and that it becomes, in itself, a consequence of AIDS. International research documents the same impact of HIV/AIDS on children (Kelly, 2002; UNICEF, 2003; UNICEF, 2004; Grainger, Webb and Elliot, 2001). They describe the direct impact of HIV/AIDS on children concerning material problems related to food security, education and health, as well as non-material problems related to welfare, protection and emotional health.

Statistical information with regard to HIV prevalence and HIV incidence broken down by age groups, gender, race and place of residence forms a basis that can serve to give more weight to the HIV/AIDS indications emerging from the analysis of this thesis data. Rehle, Shisana, Pillay, Zuma, Puren and Parker (2007) conclude that figures of HIV prevalence and HIV incidence clearly demonstrate that people's place of residence is an important epidemiological variable because it embodies socio-economic contexts that influence the risk of HIV infection. They found that the HIV incidence amongst 'Blacks' (13.3%) is about nine times higher than the incidence found in the other race groups; 'White' (0.6%), 'Coloured' (1.9%) and 'Indian' (1.6%) (2007). Persons living in urban informal settlements were found to have by far the highest incidence rate (51%), compared with those living in rural formal areas (16%), rural informal areas (14%) and urban formal areas with an incidence rate of 0.8%.

The calculations referred to above are confirmed in the *Government's Strategic Plan 2007*-2011 (South African National AIDS Council (SANAC), 2007). The Plan states that informal settlement are associated with higher levels of HIV prevalence in South Africa, with an HIV prevalence of nearly 26% for people aged 15-49 in urban informal areas being almost double that of prevalence in urban formal areas, which is close to 14%. The Strategic Plan emphasises that informal settlements include social fragmentation that may increase the likelihood of exposure to unsafe sexual activities.

The Plan further underscores the impact of diminished resources in informal settlements stating that inadequate housing, sanitation and access to health services all exacerbate overall health risks.

However, contrary to the expectations that the figures and studies described above imply, the teachers in the case school had not identified any learner infected, and only two siblings affected by AIDS*,* which constitute a prerequisite for teachers to offer or access any kind of support if needed. As shown in Chapter Six, with the exception of one teacher, all teachers, including the principal, were supporting the statement made by one of their colleagues, who convincingly said:

> *We have not yet identified any learner infected with HIV/AIDS – not even suspected it!*

This contradicts teachers talking about learners practising risk behaviour, as well as traumatic cases of sexual abuse and child pregnancies. During the case school investigation, I observed physical signs in a significant number of learners that could be interpreted as symptoms of HIV infection. The teachers, with one exception, explained these as signs of unhygienic living conditions and practices, irresponsible parental behaviour or as signs of the spring season. All are conditions caused by weak immune systems according to the teachers.

One of the teachers represents the perceptions of the large majority of teachers in the case school, including the school's HIV/AIDS Coordinator, when she said:

> *Because they don't wash their hair. Because they fetch water ... then they ... like ... push it with their feet... from the tap. So I mean ... if we were in those circumstances ... cool. When we were children, we don't really mind about washing ... you know what I mean ... so we don't blame them. But it's mostly the sores ... it's all the sores and the parents don't see the sores. And it gets worse. There's one sore ... tomorrow there's two ... then five. This shows us that there are immune systems that are weak.*

Other signs like stunted growth and/or being underweight, which were common factors among the learners, were explained by the teachers as results of poverty.

Findings from my interviews with people closer to the learners' home environments, as well as the interviews with the teachers of the five other schools in the same district do not support the case school teachers' explanations. Learners themselves made statements in the group interviews as well as in the classrooms which indicate that they know about the existence of HIV/AIDS in their home environments.

The interviews reveal a significant number of indications of a high prevalence of HIV infections and AIDS in the district, which finds support in the statistical information provided by the EMDC. The figures on HIV prevalence do vary between the different areas within the district. In one of the interviews I held with EMDC staff members, the HIV/AIDS Programme Coordinator explained these variations by people's general reluctance to go for testing at the local clinic due to the widespread stigma in the communities. Holden points out that it is not very likely that 60 million people currently living with HIV/AIDS in the world will live and die without passing HIV on to anyone else, in particular not since an estimated 80 to 90 percent of them are unaware that they are infected with HIV (2004). The figures obviously increase the chance of spreading the virus or infecting other individuals.

This thesis did not investigate whether any of the teachers were HIV-positive, as this was regarded as unethical and could cause disturbances in the school (the principle of 'do no harm' was followed strictly). The thesis investigation revealed, however, that teachers had not identified any learner infected, and had not even 'suspected' it. This may represent a unique finding as the literature review for this thesis did not locate any other study documenting the same.

The extensive study carried out by Giese, Meintjes, Croke and Chamberlain (2003) in South Africa which included two townships in Cape Town do report a similar finding, although not to the same extent. They report that, in spite of the school environment providing an ideal opportunity to identify vulnerable children in the context of HIV and AIDS, many teachers failed to respond to warning signals. They were found to hesitate in identifying learners, with the effect that learners in need of support did not always get it. This happened in spite of teachers displaying a good knowledge of the general signs associated with vulnerability in learners (2003).

Why teachers either did not respond to warning signals of learners possibly being infected with the HI virus, or were reluctant to do so, became a pivotal question to address.

I argue that these warning signs that could have been associated with HIV/AIDS were not noted due to the fact that the teachers understood the signs as 'normal' for the learners in the case school since 'all' children were regarded as vulnerable because they lived in poverty. The same analysis can be applied to other indications of vulnerability caused by HIV/AIDS, such as learners' absence from school. A significant number of learners in the case school have responsibilities at home like

subsistence farming or other income generating activities and household chores which could be expected to add to a high level of the absenteeism. Also, bad weather conditions in winter, long walking distances to school and lack of transport were often the reasons given for learners' high absenteeism. The teachers knew this and therefore thought of absence as 'normal' which rarely gave cause for alarm.

Giese et al. support this view when they compare the absentee rate of poor orphans to poor children who are not orphans. They argue that:

> … while there are some additional factors impacting on school attendance among orphans, such as domestic and/or caregiving responsibilities and grief, most of the reasons that poor orphans are not in school are the same as those that prevent other poor children from attending school (2003:9).

Giese et al. highlight the fact that, during the period prior to the death of a sick adult caregiver, differences between enrolment and attendance rates between children experiencing orphanhood on the one hand, and other poor children on the other hand may be observed. Based on these observations, they advocate the need for schools to be aware of children being absent over longer periods of time and establish measures to accommodate them, especially in the case of orphanhood or impending orphanhood (2003).

Giese et al. further underscore the view that efforts to support children during this phase are often hindered by the silence and secrecy surrounding HIV and AIDS (2003). This could result in reluctance on the part of caregivers and children to inform teachers of illness in the home, which can be further explained by the following finding in their research:

> Several children who participated in the research were reluctant to return to school or faced difficulties in doing so after being absent for long periods of time, often as a result of being sent home for some infringement, or as a result of caring for a sick or dying member of the household (2003:22).

Apart from the general registration of learners, which also includes information regarding orphan status and health, there was no mechanism in use for tracking and monitoring vulnerability in the case school (all the learners were regarded as vulnerable), nor in the schools surveyed by Giese et al. The researchers found only a few schools that recorded any kind of detail regarding children's home circumstances (2003). I asked the case school principal to explain about the ESS (Education Support Services) system and how the school made use of it. I interpret her answer as negative

with regard to whether the school uses this system. However, the principal claimed that this is about to be done.

She said:

*No we don't have a register. We've got in on the system. I don't know if you are aware of the ESS system. It is almost a ... like something the department has where the child gets a unique number, and everything about the child is on the system. So if we go onto that website now, and we put in our school's name, everything about our learners then come up: their names, addresses, date of birth, ID numbers, parents who are deceased ... we actually need to update that now. So we don't have a register, but it is there and we are aware of that.*

Giese et al. found that teachers across the sites in their study were quick to refer to a variety of indicators which they understood to be associated with vulnerability in children. However, the teachers were mostly conscious of two indicators illustrating poverty. The two indicators raised significantly more frequently than the rest were the appearance of the children's clothing, and children's hunger (2003), as did the teachers and the principal in the case school. When I asked about what kind of support was provided to vulnerable children in the case school, the principal kept referring to feeding and clothing interventions.

Richter, Manegold and Pather (2004), emphasise that households in rural and urban areas face different challenges. They argue that rural households tend to be poorer, and that children in rural areas tend to carry a substantial burden related to substance activities, which often limits time to do school work. Their view underscore the case school teachers' descriptions of the 'farm children' in terms of their appearance and school performance in comparison to learners from the urban informal settlements (see section 8.3). The teachers described how learners from the informal settlements were better dressed and were performing better than the so-called 'farm children', and this was in spite of the fact that learners from the informal settlements faced the constraint linked to language of instruction. The data indicate further that daily challenges linked to the language of instruction not being the mother tongue of half the learners was increasing work-related stress and affecting the teachers of the Foundation Phase in particular.

### 8.2.3   Enabling school environment? Teachers as care-givers

The education sector's role in the social support of affected learners seems to have been unclear according to Coombe (2001). Richter (2003) points to the need to adapt

the schools to provide a range of support measures for children. Her view is supported by a number of researchers in Southern Africa (Giese et al., 2003; Meerkotter and Lees, 2003; Kelly, 2002). UNICEF (2004) reports that in spite of the many barriers to assisting and supporting children through schools, teachers and principals can play a positive and supportive role in the lives of many children. The above arguments concerning the role of schools coincides with the finding of this thesis's case school study with regard to the supportive role played by the principal and the teachers in the case school.

Giese et al.'s study (2003) supports data from this thesis which demonstrates that there are teachers who are committed, but not appropriately prepared to face challenges related to HIV/AIDS. There is no doubt that the case school teachers displayed a strong commitment to their learners in spite of high work-related stress levels. Many expressed feelings of frustration; however, this could be ascribed to the fact that they felt that they functioned more as social workers or caregivers than as teachers. This was also found in Giese et al.'s study in which teachers expressed concern over the fact that they needed to do much more than is normally required of teachers. They also had to play an extensive caregiving role, particularly when sufficient support from other service providers was non-existent (2003).

Many teachers participating in the study conducted by Giese et al. expressed a sense of being overwhelmed by the vast numbers of needy or vulnerable children that they faced in their classrooms (2003). In the case school selected for this investigation, *all* the learners were defined as vulnerable by the teachers, as well as by the principal. The experiences by teachers in Giese et al.'s study (2003) coincide with the experiences by the case school teachers concerning the difficulties in providing the learners with the individual attention needed to learn and to assist in addressing the social problems related to home circumstances that they might have. The social problems represented a daily struggle for the case school's teachers, which at times, led to frustration because these problems often considerably limited the time spent on teaching and learning.

One teacher at the case school shared with me the approach she used when learners' behaviour needed to be dealt with:

*Usually, at that moment, at that time we have to stop with whatever we are busy with. Then we have to address the problem. But then, it's difficult just to because it's sensitive for them. So you ... usually when you do a lesson – Life orientation,*

*then you will address it ... the problems that they have. And then everything comes out. Then it doesn't feel that you are pressurising them personally or undermining them. It is regarded as a classroom discussion, thus making them feel it is not their individual problem. They find out they are many with even similar problems ... you are not alone. This is how we should handle the situation.*

The case school teachers' frustrations are shared by many participating teachers in the study of Giese et al. (2003), who felt that it was not their role as educators to be assisting children with their personal difficulties. They quote a teacher from the township of Gugulethu in Cape Town, who insisted that they were not in school to probe into the private lives of learners; they were in school to teach. Instances of teachers lacking sympathy with regard to the difficulties learners faced were recorded in this study. The researchers claim that teachers' unsympathetic attitudes towards learners' social problems diminished the likelihood of caregivers or children requesting assistance (2003). This supports Meerkotter and Lees, who claim that there is little evidence of teachers making much effort to support the learners and their parents in their continuing struggle for survival (2003).

Unsympathetic attitudes towards learners were also recorded in the case school study, but clearly did not represent the general attitude towards the learners in the case school. An exceptional attitude was expressed by one teacher commenting on a girl who did not return to class after she was raped:

*A girl who was raped by two men last year, sent me a letter two days ago saying she is not coming back to school. But she is a failure ... a failure!*

The AIDS Coordinator of the South African Democratic Teachers' Union (SADTU), David Mbetse, claims that schools in South Africa have become centres or nodes for social work and care, as recommended by Richter (2001) and Giese et al. (2003), and which also include social problems caused by HIV or AIDS (Manum, 2005). This seems, however, to contradict the finding by Giese et al. that the home situation of the children seemed to be rarely known by the teachers. The study also show that children's disinclination to reveal their home circumstances to teachers further constrained the potential to identify them for support at school. Many children and caregivers were found to be reluctant to share their personal struggles with the teacher (2003*)*. This reluctance was confirmed by the learners I interviewed at the case school, as well as by some of the teachers, including the school's HIV/AIDS

Coordinator. A willingness to share information or to request assistance obviously constitutes a prerequisite for teachers to address the needs of vulnerable learners. One teacher in the case school expressed the feeling of disempowerment because of the lack of information described above:

> *The thing is this: with most of the learners ... the thing is they have the ... not to disclose. So we don't know how to handle learners that are really affected or infected with the virus. So, what do we do, I mean, how do we handle the situation if we have a suspicion. We can't have that, because that is being judgemental. So what if he has a family history of ... uncles or aunts who are HIV-positive, and there's something ... he is always having sores, or there's this cough that he has ... what do we do in that case? If the parent doesn't want to take the child to a clinic for testing, what do we do then? Or if the parent doesn't want to take the child to a clinic or something ... what do we do? How do we deal with that?*

The case school's two siblings affected by AIDS were not perceived as in need of any particular support, not even in the case of the girl who apparently spent much time looking after her sick mother and her brother. The International HIV/AIDS Alliance emphasises that the loss of a parent is a traumatic and stressful experience which requires early intervention. "We should not always assume that children can cope. Children should be given plenty of opportunity to express their feelings" (International HIV/AIDS Alliance, 2003a:74).

According to Giese et al. (2003) much of the literature lacks a discussion concerning the impact of caregiver illness on children's enrolment and school attendance. Their claim is supported by other studies (Barnard, 2002; Steinberg, Johnson, Schierhout, Ndegwa, Hall, Russell and Morgan, 2002). The researchers underscore that schooling opportunities for children living with sick caregivers can be negatively affected in terms of absenteeism, which seems to be especially true for girls. As described above the case school had high absentee rates in general. A significant number of learners were registered as absent for long periods of time – weeks and months at the time.

Kelly (2002) has emphasised the need for the education sector to ensure an enlarged cadre of guidance and counselling personnel qualified to provide the kind of support and assistance needed to address the trauma, loss and discrimination experienced by children affected by and/or infected with HIV/AIDS (2002). My analysis of the data gathered for my investigation reveals that the teachers in the case

school had not received any training in how to counsel learners with social problems. This finding is supported by the HIV/AIDS Cluster Coordinator who claimed this training need applied to all teachers in the cluster (five schools), and the teachers were all requesting such skills. The EMDC had provided one group of teachers with this kind of training, and intended to conduct more workshops of the same.

When comparing the school and the home environments of the learners, the case school was in general perceived by the learners as a place of safety, care and hope for a better future.

The principal expressed how the learners perceived the school as follows:

*Well, I would say so, because I feel that this is their beacon, in spite of their poverty and everything, they love coming to school. They get fed every day, there is some form of feeding for them, it is warmer, drier, sometimes they get clothing ... they don't readily go home. In the afternoons we must actually tell them, leave now, especially the ones who live around here. Obviously the ones who travel by bus are forced to go. They hang around here because what's at home – a small dingy shack.*

Despite a case school environment characterised by poor resources in terms of human, financial, pedagogical and administrative resources, the teachers and the principal demonstrated a high level of commitment towards the learners, which manifested itself in a variety of ways to the extent that teachers at times paid out of their own pockets to improve the physical conditions of the classroom in an effort to establish a more welcoming teaching and learning environment. This coincides with teachers in the study by Giese et al. who loaned or gave children money, paid their school fees, purchased uniforms, bought food, and drove children to the clinic in their own vehicles (2003).

My impression is that the case school faced one additional challenging factor linked to poverty which could have a 'blinding' effect on the principal and the teachers in terms of HIV/AIDS. The significant impact of FAS on the teaching/learning environment made particularly heavy demands on teachers' time and energy in the case school. All teachers in the case school reported that a significant number of learners were suffering from FAS, a problem well-documented in South Africa, and in the wine producing Province of the Western Cape, in particular. The National Institute of Alcoholism and Alcohol Abuse found that, among children in grade one, the prevalence of FAS was 40 to 46 per 1 000 children in 2000 (Makgetla, 2006). Other

studies have shown that in some communities in the Western Cape, as many as eight percent of children are born with alcohol-related birth defects (Ross, 2006).

The effect of FAS on learners was acknowledged by the majority of the teachers. Already in the first interviews teachers talked of signs of FAS in learners. The disease has a very noticeable and distinct impact on the behaviour of affected children, which disturbed the teaching/learning environment in most classes considerably. The teachers felt that there were no places to refer these children to for the necessary support.

The case school's remedial teacher explained:

*Yes, I think more children should be tested by a school psychologist because they have greater problems than just simple reading problems. There are domestic problems. There are many children who have Foetal Alcohol Syndrome, and of course the social background of many of the children at this school is very poor. I think that adds to their lack of concentration.*

I would argue that the impact of FAS, in addition to teachers having to deal with a wide range of other social problems of learners probably eroded much of the energy left to identifying and having to deal with yet another problem, such as HIV/ADS. The schools in areas such as the case school undoubtedly require appropriate forms of support from the district HIV/AIDS support team. According to Giese et al., the teachers' reluctance to bear the responsibility for single-handedly supporting vast numbers of vulnerable children is understandable and justifiable (2003).

### 8.2.4    Enabling school environment? Teachers as teachers

The data gathered for the thesis suggest significant evidence that the poor availability of human and material resources in the case school itself created serious obstacles to implement the prescribed school curriculum, let alone the addressing of all the other pressing issues.

This impression was confirmed by the school principal when I asked her to describe the working conditions for the teachers:

*Well, I must say we have been very, very lucky in that whoever came here ... as a teacher ... maybe the odd one or two that, you know, ... didn't adapt, because you need to be special. I maintain you need to be special to ... to work here, and to work with these children ... it's really taking someone special to be able to be here ... and to deal with ... with the challenges that we face.*

The level of stress felt by most teachers in the case school was found to negatively influence their motivation to implement the HIV/AIDS and Life Skills

syllabus, especially with regard to the new requirement of integrating HIV/AIDS and Life Skills into each of the eight learning areas. Most teachers were found to experience difficulties in achieving this. Interviews with the teachers and some classroom observation revealed that most teachers seemed to need training in how to implement participatory teaching strategies based on a learner-centred approach in their classrooms. These are techniques particularly necessary in topics where learners are supposed to acquire not only academic knowledge, but are also meant to strengthen their chances of survival through the development of life skills. The data gathered during the investigation reveal that inadequate competence to teach HIV/AIDS reinforced the poor level of motivation. Dalin (1998) draws on Fullan (1991) who finds that teachers use new ideas and methods in their teaching when they find the content of the in-service training relevant and specific, when the acquisition of knowledge happens on an interpersonal basis, supported by sufficient personal follow-up in the implementation phase and when the school and the district have a positive attitude to school development (1998).

A few teachers in the case school even expressed the feeling that there was no use in teaching and empowering the learners as they are exposed to such extensive abuse in their home environments. One of the teachers captured the feeling of most teachers when she said:

*The learners listen to us, but at the end of the day they follow their instinct and have unprotected sex. We teach abstinence most of the time depending on beliefs we have as individual teachers. But then the learners go back to their environment and some are abused or they abuse one another. And the parents don't see anything.*

The majority of teachers as well as the school principal did not seem to fully acknowledge the relevance and importance of the HIV/AIDS Life Skills syllabus for the case school as they had not identified a single HIV-infected learner. The two learners affected by their mother suffering from an AIDS-related sickness, were only acknowledged after I started my investigation for this thesis, a factor which is discussed in the methodology chapter of this thesis.

Meerkotter and Lees argue that in spite of statistical differences regarding the HIV/AIDS pandemic in South Africa, it is reasonable to conclude that the context in which schooling takes place is not always a favourable one for optimal teaching and learning (2003). Their conclusion is clearly supported by the data of this thesis's case

school investigation. The quality of teaching and learning in the case school resulted in most teachers expressing poor motivational levels regarding the HIV/AIDS syllabus and related extra-curricular activities. In line with the argument of Meerkotter and Lees (2003), I add that the context in which schooling takes place is not always favourable, neither for the teaching/learning of HIV/AIDS, nor in terms of identifying and supporting children made vulnerable by HIV/AIDS. On the contrary, I argue that the context of poverty, both in the case school and in the home environment, seems to 'blind' the teachers in terms of recognising indications of HIV/AIDS. Consequently, the problems of HIV/AIDS-affected learners do not only overlap considerably with the problems related to poverty, the very existence of HIV/AIDS may be concealed by the poverty-related problems that teachers have to face on a daily basis before they can start teaching in the morning.

The importance of context is reinforced by Smith who found how policy measures meant to protect rape survivors against HIV are criticised for being inadequate because they ignore poverty: "Most rape survivors cannot afford the bus or taxi fare to return for the medication – a woman or child who does not take the full 28-day treatment [post-exposure prophylaxis] is not adequately protected against HIV" (2006:54).

As reported above, the principal and the majority of teachers in the case school perceived HIV/AIDS as irrelevant for their school at the time of gathering data for the thesis, a view not supported by the ten teachers representing the five other schools. The implication would, in my mind, certainly affect their level of motivation to teach meaningfully about HIV and AIDS.

The view of the staff at the case school seems to be decided by a combination of unwillingness ("I do not want to see"), an inadequate understanding ("I cannot see") and fears linked to stigma and disclosure and an insecurity in terms of issues related to sexuality ("I dare not see"). All these factors were identified as significant in the data collected and analysed, and I would argue that the data consist of sufficient evidence to claim that there seems to be a strong denial regarding HIV/AIDS among the majority of the case school's staff members. The denial results in a dominant, albeit inconsistent and contradictory belief that HIV/AIDS may exist in the school communities, but not in the school itself.

In the literature review conducted for this thesis, I have only identified one study dealing with factors that can contribute to explaining the teachers' (un)willingness to

teach about HIV/AIDS. Visser-Valfrey was motivated to conduct such a study because he found there was a gap in the research on teachers and HIV/AIDS in relation to how teachers' knowledge and attitudes were translated into practice. His argument is that a better understanding of the personal and contextual variables influencing teachers' willingness to communicate about HIV/AIDS, provides a key point of departure for policy decisions in terms of the design of practical interventions that will strengthen the teachers' role as communicators about HIV/AIDS (2004).

The main findings from Visser-Valfrey's study in primary and secondary schools in Mozambique are that younger teachers – teachers who know someone who is sick/has died of HIV/AIDS – and teachers who teach upper primary school learners, were more likely to talk about HIV/AIDS. In addition, there are factors like teachers' own condom use, a high perception of personal risk, and a high positive overall attitude towards talking about HIV/AIDS which had a positive impact on teachers' willingness to teach and, in general, communicate about HIV/AIDS (2004). Except for the principal and one teacher in the case school knowing of someone who had died of AIDS, the factors identified by Visser-Valfrey are not found in the thesis data.

Another important factor to keep in mind concerning HIV/AIDS support programmes, as well as the HIV/AIDS curriculum, are issues linked to gender. The findings of this study offer no evidence that gender was systematically integrated in the support provided to teachers, including the one HIV/AIDS teacher workshop that was conducted as part of the HIV/AIDS support programme soon after the launch of the programme in the beginning of 2004. As described in Chapter Six and in section 8.2, a significant number of learners in the case school suffered from various forms of abuse in their home environment. The teachers appeared to be 'gender blind'. Sexual abuse was perceived as a trauma that affected boys and girls equally. Some teachers did not think that girls suffered more than boys, and they talked of cases where boys had been sexually abused. One teacher of a higher grade class explained her view like this:

> *No, there's no difference ... because their problems are much the same ... their social problems are much the same ... their economic problems also.*

Although the literature review revealed a reality that girls suffered significantly more that boys when it comes to sexual abuse, mention was also made about the vulnerability of young and teenaged boys with regard to sexual abuse in contexts affected by poverty and HIV/AIDS (Fox, 2003).

UNICEF draws attention to the particular vulnerability to sexual abuse of orphaned girls forced by poverty to take on domestic work. The organisation refers to focus group discussions carried out by researchers in Uganda revealing that girls orphaned by AIDS were especially vulnerable to sexual abuse as domestic workers because of the stigma attached to their status as orphans (2004). Researchers attached to the International HIV/AIDS Alliance document that in extreme cases, girl children may sell sex to support themselves and younger siblings. Sometimes girls may get married for economic security (International HIV/AIDS Alliance, 2003c). Their findings are supported by a survey conducted by Steinberg et al. in three provinces of South Africa. Here the researchers found that almost 75 percent of AIDS-affected households were female-headed. In more than 40 percent of the female-headed households the main caregiver had taken time off work or school to care for an AIDS patient. Most of the surveyed households were already poor before AIDS appeared, and women and girls paid a price beyond the immediate toil and distress. Their opportunities to advance their education or income-generating activities were gradually diminished together with an increase of caregiving duties (Steinberg et al., 2002).

As in the rest of Sub-Saharan Africa, the epidemic in South Africa disproportionately affects girls and women. Young females aged 15 to 24 years are four times more likely to be HIV-infected than young males in the same age group. In 2005, young women had a prevalence rate of 17 percent compared to nearly five percent of young men (Shisana et al., 2005).

It is clear from the literature that, apart from the biological factors, the many cultural factors, including the general perceptions of 'masculinity' and 'femininity' increase a woman's risk of becoming HIV-infected. As pointed out by many researchers (Kistner, 2003; Holden, 2004; Summers, Kates and Murphy, 2002; SAHARA, 2004a; Parker, Colvin and Birdsall, 2006), women and girls are made more susceptible to HIV infection if social norms dictate that they should submit to their partners' demands to have sex. The case school principal repeatedly expressed her concern about the teenage pregnancies in the school community, and she placed the fact of teenage pregnancies in a context of HIV/AIDS in my last interview with her.

She said:

*I see too many teenage pregnancies on the farms of learners that come here with their babies on the arm. And that indicates to me that unprotected sex is still happening, which also indicates that HIV/AIDS could be out there.*

The school social worker whom I interviewed for this thesis referred to her understanding of being 'African' when explaining her views on promoting abstinence:

*There is still ignorance. That is why, you know, in Uganda, they preach abstinence very well. So we need to be very strict. If something's not working, let's go back to our rules if our rules failed. A woman needs to abstain. That is being African ... that's what we're saying. You need to abstain until you get married. And we don't want to talk about that. If the Deputy President [referring to former Deputy President Zuma] is saying that ..., just imagine, what are the people saying? That is the mentality of being African. AIDS is not going to happen to me ... and a man says that and that and that ... I can sleep with so many women. I mean HIV is a reality.*

Many studies in Southern Africa, including South Africa, demonstrate that going to school may place girls at risk as they can face sexual harassment and violence both from male learners as well as from teachers (Human Rights Watch, 2001). This does not coincide with findings based on the case school study. The teachers and the Programme Coordinator claimed that sexual harassment had declined in the district's schools since the HIV/AIDS Programme had been introduced. The data collected in this investigation did not reveal any other evidence to support this claim.

To what extent the HIV/AIDS syllabus and the teaching/learning processes made provision for gender-related issues fell outside the scope of this thesis. The importance of including gender in the teaching aimed at the prevention of HIV transmission through safe sex, must not, however, be underestimated. This is emphasised by many researchers, e.g. Lewis, who claims that the main question concerning HIV/AIDS youth behavioural change and prevention programmes should be linked to gender awareness – how girls and boys imagine they should behave within the cultures of expectations of masculinity and femininity. According to Lewis these expectations need to be critically questioned and linked to the impact of HIV/AIDS on young people (2003).

One teacher of a higher grade class in the case school made an appeal to the principal to bring in an external resource person to go into the communities to address issues of teenage pregnancies in the context of HIV/AIDS:

*I told the principal one day, we must get somebody who works with AIDS and that, to go into this community, here, because there's a lot of young boys that's out of school, doing nothing, just hanging around, and all the little girls from Grade 5, went to high school, dropped out, they've got babies now. And the principal told them one day, spoke to the boys ... 18, 19, 20 ... You're just making*

*babies, babies, babies ... what about AIDS ... you must put on condoms. They say, 'No, we don't like condoms'.*

## 8.3    Prejudices, denial and stigma versus acceptance and openness

### 8.3.1    "We are not meant to say" (learner)

A crucial factor emerging from the thesis data that clearly contributes to explaining why teachers in the case school had not identified any learner infected with HIV, and only two siblings presumably affected by AIDS, is the stigma attached to HIV/AIDS. The following statement by the HIV/AIDS Cluster Coordinator reinforces the above:

*Because many of us, many teachers, many people, and many parents shy away from HIV and AIDS. We don't want to know about it.*

Stigma probably also explains why most learners did not seem to confide in their school teachers. Statements made by learners in the group interviews as well as statements they made in the classrooms when people other than the teacher was in charge of the lesson on HIV/AIDS, indicate that the learners know about the existence of HIV/AIDS in their home environments. One learner even stated:

*We are not meant to say!*

The fact that learners confide in other people rather than the teachers is confirmed by the following experience of the EMDC's social worker:

*What I can tell you is that there is a great need for whatever program that we can help at the schools and also to help people understand it is not a disgrace. I mean, they cannot tell people their mother died of AIDS ... they cannot tell ... and I mean, it's really a problem we're experiencing. So with the learners I've experienced much. **They never talk to any teachers about it.** (my emphasis)*

Also, the findings of Giese et al. show that learners do not easily confide in teachers (2003). This could manifest itself particularly when learners had been absent for a long time due to, for example, caring for a parent suffering from an AIDS-related disease, making it difficult to return to school. Giese et al. highlight in their report that efforts to support children during this phase of the disease are often hindered by the silence and secrecy surrounding HIV and AIDS. This can result in reluctance on the part of caregivers and children to inform teachers of illness in the home (2003).

Fears of confiding in teachers were probably forged by the poor contact reported between the case school and the learners' homes. In spite of efforts made by the

teachers in the case school to attract parents to meetings, they rarely succeeded. The reasons given by the teachers and the principal seemed feasible at first, e.g. the impact of poverty, the long walking distance between school and their homes combined with a lack of public transport. The teachers also rarely visited learners' homes due to fears for their own safety, a finding which coincides with the findings of Giese et al. (2003). Some teachers simply explained the poor turnout at teacher/parent meetings as laziness and a lack of caring on the side of the parents. However, during my fieldwork, I did observe fund-raising functions (bazaars, cake sales, jumble sales and so on) at the case school attended by a significant number of parents and other people in the school communities. I could probably argue that the content of the parent/teacher meetings as compared with the more likely pleasant atmosphere of functions like a bazaar made parents overcome the practical obstacles of transport. The contrasts observed in turnout between the two occasions could also indicate that the teacher/parent meetings were, in general, not conducted in a way that motivated parents to come. This interpretation derives from how teachers talked about parents in general, as described below. It is supported by Giese et al. who found that one of the reasons for the poor turnout at parent/teacher meetings are that meetings were perceived by parents and other caregivers as opportunities for teachers to chastise caregivers for non-payment of school fees (2003).

My interviews with the group of teachers from the five other primary schools situated in the same district as the case school provided me with a more diversified picture. The ten teachers had identified a significant number of learners infected or affected by HIV/AIDS, and they talked eagerly of learners approaching their teachers for extra care and support.

The teacher/parent meetings were, in general, well-attended and HIV/AIDS issues could appear on the agendas of meetings. The claimed high level of parental involvement in these schools emerges as a crucial factor in developing the school as an AIDS-friendly school environment (see section 8.2). These teachers represented schools which also have 'White' learners, although the learners were predominantly 'Black' and 'Coloured'. The schools varied in terms of resources, although all are within the disadvantaged category, as is the case school.

The HIV/AIDS Cluster Coordinator explained how the teachers in her school had identified learners infected with HIV or affected by AIDS. The learners did not,

however, inform anyone of their own HIV status. This was done by an adult family member.

She said:

*... because we have lots of Black children, we do find we have children whose parents die of HIV and AIDS. They might not tell us that they died of HIV/AIDS, but we know, because the family will come and tell us ... not the child. As far as children ... identifying learners who are infected ... I can't see if a child is HIV-positive. We will only know if a parent comes to tell us or if the child becomes seriously ill and we are able to see the symptoms ... TB.*

It is very clear from my interviews with teachers, learners and people living and working in the case school's communities that stigma linked to HIV/AIDS is widespread and deeply rooted in their culture. The Programme Coordinator confirmed the widespread stigma, but emphasised that it was stronger in some communities than others without being able to explain why.

As opposed to the other schools included in this thesis investigation, no meetings between the case school and the home had ever addressed HIV/AIDS as a topic. The same applied to the meetings conducted by the school's Governing Body. Denial and stigma are strongly present in all the school's communities, and the reasons for not addressing HIV/AIDS in these fora in the case school therefore need to be sought elsewhere. Could denial and stigma have been reinforced through a lack of leadership with regard to HIV/AIDS in the case school? The question of leadership is discussed in Chapter Nine.

### 8.3.2 Teachers own prejudices and fears: Issues of 'us' and 'them'

Some of the teachers acknowledge the prejudices and fears within their ranks. As described above, the teachers had very little knowledge of the home circumstances of learners, a fact which clearly forged prejudices and fears. This could probably lead to misconceptions or poor understanding of learners' messages; whether these are expressed verbally, or through their behaviour (aggressive/passive or extrovert/introvert), or indirectly in the case of their physical appearance. The learner might, for example say something like: "My mother is ill", which could be interpreted by the teacher as: "The mother is drunk".

A teacher in the case school who had conducted some visits to a farm, claimed that the parents may look sick, but that they were actually drunk. A number of teachers referred to mothers drinking and not caring about the effects thereof on their children.

FAS seemed not to be recognised as an illness, neither in the case of the mother herself nor in the case of the child. It seemed to be understood as little more than a symptom or consequence of the mother's alcohol consumption during pregnancy.

When analysing what the teachers were saying in more detail and cross-checking with what learners conveyed in different ways, and with the interviews held with other respondents, the question arises whether teachers' own prejudices and fears led to misconceptions and to mentally block, deny or dilute other realities potentially embedded in what they heard and saw in school.

The teachers' perception and interpretation of information received from the learners emerged as a critical issue in terms of explaining their ability to identify learners infected or affected by HIV/AIDS. The data collected and analysed indicate a number of factors having an impact on how the teachers interpreted learners' messages – factors related to race, class, urban/rural home context and gender.

As reported above, the teachers had very clear opinions of the attitudes of parents, claiming the parents were lazy, inclined to drink too much and that they did not care about their children. Like the other teachers in the case school, the remedial teacher attributed the differences between the two groups of learners to different attitudes of caring among their parents:

> *Well, I find that it's just ... I think that those people in those settlements, they feel the children will get a better education maybe at a school like this, and maybe the parents are caring for the children, and they're really interested ... whereas a lot of the parents, I think, who live in this farm area, here, do not really care. ... You could pick it up on the way the children come to school. They're untidy or dirty, for that matter.*

As the quotation above illustrates, the parents they described as non-caring were mainly those working as farm labourers in the area. The learners coming from the informal settlements were described differently, because these learners came to school tidy and well-dressed. The children of farm labourers were referred to as 'our children', while the learners from the informal settlements were described as the 'bus children', the 'African children' or as 'they'. The language used by the teachers and the principal to distinguish between the two groups of learners implies that they distanced themselves from the 'Black' learners and connected with the learners from the farm areas because they were of the same race ('Coloured'). At the same time teachers seemed to be ashamed of the learners from their 'own' population group. The

teachers described them as 'untidy' and dressed in 'dirty clothes', and blamed the parents or other caregivers for being lazy and not caring. Adding to their potential shame is that 'their' children's performance at school was weaker than that of the learners from the informal settlements, despite their comparative advantage with regard to language of instruction. 'Race' seems to outweigh the effect of the Coloured children's 'class' (rural working class). The principal and teachers are, as mentioned before, all urban, middle class and 'Coloured'. Children of farm owners (all 'White') in the area did not attend the case school.

Giese et al. (2003) also found that teachers often revealed disparaging attitudes through the language which some of the teachers used to speak about the children in their schools, like for example: caregivers who were unable to pay school fees were labelled as 'irresponsible', 'dishonest' and 'lazy' (2003:30). However, discrepancies with regard to 'race', as noted in the case school of this thesis, were not referred to in their study.

The HIV/AIDS Programme Coordinator claimed that during the teacher training workshop, the facilitators observed that workshop participants were not comfortable discussing their own sexuality or in discussing related issues. He was concerned about the way in which this relates to, or how it is translated into their teaching practices, e.g. the ways in which they expressed themselves about HIV/AIDS. This is certainly a valid concern. The ability of most of the teachers at the case school to teach HIV/AIDS was clearly affected by their own prejudices and fears concerning HIV/AIDS.

Poor capacity and incompetence, identified in my analysis of the thesis data, may be perpetuating conditions under which prejudices and fears connected to HIV/AIDS fuelled teachers' lack of ability to acknowledge HIV/AIDS as a phenomenon in the school. The teachers and the principal therefore, may, with one exception, be in a state of denial in terms of HIV/AIDS affecting learners in the school, or even teachers themselves.

In addition, the history of the school, which originally was a church school, may have preserved conservative values among the teachers in terms of issues related to sexuality amongst the school's staff members. Although the school became a government school, it has kept the name of the church, as well as some of the daily traditions associated with a church school, indicating a prevailing culture linked to the original conservative tradition of this particular church. As pointed out by some teachers, their values at times conflicted with that of the church in the teaching of

HIV/AIDS, in particular concerning the use of condoms. The Social Aspects of HIV/AIDS Research Alliance (SAHARA, 2004b) claims that, in spite of extensive campaigns about the use of condoms, condoms still remain an unpopular preventative option – even though, other than abstinence or fidelity, condoms are currently the only reliable means to prevent infection. SAHARA explains this by referring to deep-rooted traditional beliefs in many African cultures as well as to the influence of the Catholic Church. Condoms are seen as unnatural and as a waste of sperm. Some cultural beliefs see the use of condoms as breaking the symbiotic bond between the living (sperm) and the dead (ancestors). Roman Catholics discourage condom use because sex is supposed to be for procreation only (SAHARA, 2004b). The school church is not Roman Catholic, but shares many of the same values with regard to the use of condoms.

Remarks made by some of the teachers directed towards parents or learners, as reported above and in Chapter Six, could be interpreted as a result of deeply entrenched fears and prejudices connected to issues linked with sexuality and/or substance abuse. The case school's principal argued, however, that there was a high level of awareness among the teachers when I spoke to her again at the end of my field investigation. She added that because they cannot disclose anybody's status:

*The staff treats every child as if they have HIV/AIDS.*

The statement contradicts many of the statements made by most of the teachers during my interviews and discussions with them. I therefore argue that it probably represents a statement that can be characterised as school policy rhetoric rather than a policy statement which is implemented in teaching and learning situations in the school. The teachers' and the principal's concerns with regard to the disclosure of learners' potential HIV status, however, seemed rather to have contributed to an attitude of denial in terms of HIV/AIDS.

Towards the end of my fieldwork, all teachers participating in my investigation demonstrated some insight into their own limitations in terms of dealing with potential cases of learners infected or affected by HIV/AIDS. They all expressed a need to be trained in skills in how to approach parents/guardians to establish their status in order to assess learners' need of support without risking a breach of confidentiality. Some teachers felt unable to act and even withdrew out of fear of disclosing somebody's status.

The fear was not shared by all the teachers whom I interviewed, and in particular not by the HIV/AIDS Cluster Coordinator who talked about the many home visits she made to learners living in informal settlements. Both she and the school's social worker made the right of confidentiality known to the parents or guardians of learners, and they felt this to be a sufficient assurance for everyone involved.

At the time of the data collection, there were cases of disclosure brought to court and reported in the South African media. Some cases involved people in political leadership positions, and with traumatic consequences for the HIV-positive people affected (Molwedi, 2005). Summers, Kates and Murphy argue that especially young women and girls may avoid health care services due to their fear of stigmatisation or even violence – particularly if it becomes known they are sexually active (before or outside of marriage) or infected with HIV. They also refer to the fact that South Africa has witnessed a number of violent incidents where young girls or women have been killed because their HIV status became known (2002).

The findings of the thesis confirm that stigma and fear of disclosure are very much present in both the poverty-stricken case school and its communities. This interpretation of data coincides with the work of researchers who claim that HIV/AIDS in African communities in particular, coincides significantly with stigmatisation and other discriminatory practices (Strebel, Crawford, Shefer, Cloete, Henda, Kaufman, Simbayi, Magome and Kalichman, 2006).

## 8.4    Summary

The analysis of the thesis data in this chapter has demonstrated that the many and interlinking challenges arising from disabling conditions in both the home and school environments seem to overwhelm most of the case school's teachers' ability to adequately address the problem of HIV/AIDS. The findings are found to coincide with other research in similar socio-economic locations in South Africa.

Poverty can probably have a 'blinding' effect on teachers in the sense that effects of poverty on learners are hindering the teachers to 'see' the learner made vulnerable by HIV/AIDS. This finding indicates that poverty does not only increase the social impact of HIV/AIDS, but that it can also conceal the existence of HIV/AIDS. It is clear that this finding concerning the concealment of the epidemic should be included in the discussion on how to support teachers and learners appropriately in this context. This

chapter's discussion of why teachers in the case school were not 'seeing' any learner in need of support in the context of HIV/AIDS, and why they did not see HIV/AIDS as relevant in their school, identified stigma and denial as major topics to be addressed in the education sector.

Chapter Nine looks closely at the Education Department's HIV/AIDS support provision to schools. The impact of the Department of Education's HIV/AIDS programme in schools, educational reforms and processes of change within the education system on the quality of the different categories of support provided, form part of the discussion. Triangulation concerning the data and theories of education reforms, change and change leadership are used to test and discuss findings from the case study.

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# New policies emerging 'thick and fast': Managing change *and* HIV/AIDS?

## 9.1    Introduction

As pointed out in Chapter Eight, the framework for the case study of this thesis is the support delivery to schools by the Western Cape Education Department (WCED) aimed at reaching teachers and learners faced with the challenges of HIV, AIDS and poverty. The availability and quality of this support is, in this chapter, analysed within the context of the WCED transforming itself from a system focused on controlling schools to a system focused on development and support to schools. The transformation process is outlined in Chapter Five along with the post-1994 education Bills, Acts and policies, and the national imperative to democratise education.

The broad objective of the transformation process is to develop a sustainable education system that is able to understand the real needs of its schools and other training sites, and manage and support them in ways that would ensure that they are enabled to successfully manage themselves (Teacher Inservice Project and International Movement for Transformation and Education Change, 2002).

In order to get more up-dated information about the transformation of the Education Department, I interviewed Professor Sandy Lazarus at the Faculty of Education, University of the Western Cape. She participated in a research team that evaluated the change programme, SEED/STEDS, leading to the establishment of the seven EMDCs in 2002 (see Chapter Five).

Lazarus has also been engaged by the WCED to train EMDC staff in order to prepare and empower them for the changes taking place. Her comments, perspectives and analysis from my interview with her are used as a form of triangulation to verify the data and findings from the case study and the historical presentation in Chapter Five.

As shown in Chapter Eight, the principal and the teachers at the case school seemed 'blinded' by poverty to the warning signs of HIV/AIDS prevalence among the learners. They were also found to be too overstretched in their daily work to appropriately teach HIV/AIDS Life Skills. The analysis of the thesis data shows that this situation was forged by widespread stigma related to HIV/AIDS, as well as by teachers' own prejudices and fears.

How the WCED addresses the factors identified in Chapter Eight is discussed in this chapter. To what extent did the case school receive the support it needed in the context of HIV/AIDS? What are the factors found in the system change processes that seem to facilitate and enhance HIV/AIDS support in a poor school and community environment, and which factors seem to have the opposite effect?

Embedded in the analysis and discussion of the thesis findings is the question whether the quality of the Education Department's HIV/AIDS support delivery structures gives an indication of what impact the transformation process has had at the district (EMDC) and the school level. Included is the question whether leadership is a critical issue in providing the kind of support and assistance needed for teachers to adequately implement the HIV/AIDS curriculum, and for them to provide support to learners infected by the virus or affected by the HIV/AIDS epidemic.

The findings are tested against other studies of how primary schools address the needs of learners made vulnerable by HIV/AIDS (see Chapters Two and Eight) and international theories of education reforms and change (see Chapter Three).

The discussion focuses on three of the dichotomies presented in Chapter Eight, which can be read as interlinking vertically, as well as horizontally.
These are:

Strategy/approach ..................................................... Context
Structural change ...................................................... Cultural change
Political leadership ................................................ Operational leadership

All quotations used in this chapter are inserted verbatim.


## 9.2      Strategy/approach versus context

As the findings of the case study so strongly indicate (see Chapter Six, Chapter Seven and Chapter Eight), the education sector alone cannot address the challenges related to

learners being affected by poverty, sexual abuse and other challenges like FAS (Foetal Alcohol Syndrome) in their home environment. As shown in Chapter Two, child sexual abuse has become a major issue in the context of the HIV/AIDS epidemic because of the risk of HIV infection in such situations. Dealing with sexual abuse illustrates the need for a multi-sectoral approach potentially involving a wide range of service providers. The Department of Social Development has therefore developed guidelines (2001) that define the roles of service providers when caring for child rape survivors. The service providers include social workers, the South African Police Service, the Public Prosecutor, the judicial system, health workers, medical doctors, nurses, psychologists, teachers and, in addition, the CBOs, youth, community workers and community structures (Smart, 2003).

The overall aim of the National Government's strategy to address the HIV/AIDS epidemic can clearly only be met through the establishment of a multi-sectoral approach. As noted in Chapter Eight, the many, often interlinking factors, related to HIV/AIDS, emphasise the necessity of a multi-sectoral response to the epidemic. This understanding has obviously influenced policy makers in formulating the comprehensive national strategic plans since 2000 and up to 2011, which combine prevention, treatment, care and support for those infected or affected. As a direct outcome of the national strategies, a number of operational plans within different sectors at the national and the provincial level in South Africa were developed (see Chapter Five). The HIV/AIDS Programme, which is one of the foci of this thesis is one such programme aimed at the promotion of service delivery to schools. The programme is presented in Chapter Five.

The National Policy on HIV/AIDS for learners and educators seeks to promote effective prevention and care within the context of the public education system in South Africa (Department of Education, 1999). To achieve the aim, the policy states: "Develop knowledge, skills, values and attitudes in order that they may adopt and maintain behaviour that will protect them from HIV infection and to support infected and affected" (1999:1). This will be done through the promotion of non-discriminatory attitudes along with the addressing of related fears and stigma. The National Integrated Plan was developed in consultation with the Departments of Justice, Health, Social Services and Education. The implementation of the Plan is supported by the Departments of Health, Social Services and Education, with the aim to address the issue of HIV/AIDS in a coordinated manner (Department of Health, 2006b).

As reported in Chapter Five of this thesis, the HIV/AIDS Programme in schools was being implemented within a framework of structural and cultural change processes taking place within the education system. How, and to what extent, systemic factors related to leadership and decentralisation within a context of organisational change have had an impact on the appropriateness of the support to schools, were explored during the field study. The field study focused on the HIV/AIDS support provision with the intention to test the assumption that the quality of the HIV/AIDS support significantly reflects the quality of general support both in terms of addressing problems relating to curriculum and the social reality of learners.

As the findings of the case study indicate (see Chapters Six, Seven and Eight), the education sector alone cannot address the challenges related to learners being affected by poverty, crime and other challenges, like for example FAS (Foetal Alcohol Syndrome), in their home environment.

The case school's principal explained:

*Yes, because of the alcohol abuse, we have a vast number of learners with FAS who stay here because of lack of transport to schools supporting those children. There are no taxis operating in this are and no public transport, so how do those children get to the schools? So this is why we sit with a vast number of children who are really weak, the literacy levels are weak, 50/60% of the class are not even at a literacy level. You can hardly find a good learner; most of them are not working on that level of the actual grade they are in.*

Both FAS and other problems affecting the learners in the case school illustrate the need for the education sector to collaborate with other sectors in support provision. The findings of the Giese, Meintjes, Croke and Chamberlain study support the need for the education sector to collaborate with other sectors (2003).

With the exemption of the two outstanding schools, the research by Giese et al. reveals that more effort is needed on behalf of all sectors to ensure a collaborative partnership, as for example, collaboration between teachers and social workers at the sites which were in general found to be poor. Referrals to social workers from schools were usually linked to non-payment of school fees and seldom associated with any longer-term collaborative relations. In general, the study shows, on the one hand, that collaboration between the education and health sectors at school level was limited to an annual visit by the school nurse. On the other hand, the study reports several cases of teachers accompanying children to the clinic (2003). This is exactly what I found in the case school. The school nurse rarely appeared at the school, and the social worker

was often difficult to get in touch with. Teachers accompanying learners to the local clinic was, however, not an unusual phenomenon. This was probably reinforced by the fact that the clinic was situated closer to the school than to the homes of learners, as well as the lack of public transport and poverty. Teachers claimed that parents waited for their sick children to be back at school, e.g. after a weekend, in order for them to assist the children. The teachers reported some cases where this kind of delay in seeking medical assistance nearly had fatal consequences for the child. The case school's impoverished environment can serve as an example of how systemic disparities in access to health care may heighten vulnerability to HIV infection. The situation is described as follows by Summers, Kates and Murphy:

> Many of the countries hardest hit by HIV/AIDS lack sufficient infrastructure and resources to deliver needed HIV/AIDS-related services, including prevention and treatment services, HIV counselling and testing and mental health care (2003:7).

### 9.2.1   Support or control?

The discussion regarding support relates to the concept of 'appropriate' support and is, in this thesis, understood as the extent to which the HIV/AIDS support was perceived as meaningful by the support receivers. Relevance and availability of the support provided by the Education Department emerged as key analytical issues from the interviews with the teachers and principals.

As described in Chapter Eight, the teachers at the case school claimed that they had not received any, let alone adequate, training in how to identify learners infected or affected by HIV/AIDS. Two teachers thought they remembered it having been included in a training workshop about two years previously. The HIV/AIDS Programme Coordinator explained that all schools had received guidelines on how to identify learners, and argued that this ought to be a sufficient tool combined with the follow-up visits by EMDC support staff to schools. The question arises whether all teachers in fact had received the guidelines, and if so, whether they had been appropriately supported in using them. The case school principal and teachers had no knowledge of guidelines at the time of my investigation. The school's HIV/AIDS Coordinator in fact requested the EMDC for guidelines to help teachers identify learners infected or affected by HIV/AIDS and how to assist those learners.

She said:

*... what we now discussed ... about finding out how to help, and how to detect people who have this disease ... to give us some guidelines as to what we can do, how to do it and how far we can go. And then we'll know what to do in certain situations ... where to go. (my emphasis)*

However, guidelines listing stress signals of affected children are not making provision for the 'blinding' effect of poverty in identifying learners infected or affected by HIV/AIDS (see Chapter Eight).

Giese et al. found that the reluctance on the part of teachers to identify vulnerable children was linked to the lack of available services to which teachers could refer such children for support, and the lack of support available for teachers themselves. They report that in schools where mechanisms were in place to support teachers and children, teachers tended to be more proactive in identifying vulnerable children in general (2003).

The teachers in the case school and the teachers who participated in the study by Giese et al. felt frustrated with regard to the inadequacy of referral options to other services. In a number of instances, the teachers of both studies complained that it was of little use to refer children to social workers and sometimes not even to particular NGOs to ask for assistance because these support services were similarly overloaded, partly dysfunctional or for some cases non-existent (2003).

The case school teachers and the principal voiced great concern regarding the school's ability to facilitate external support to learners affected by any kind of traumatic experience. The school's HIV/AIDS Coordinator referred to the story of the boy who had been raped (see Chapter 6.4.4):

*And even the boy who was raped, and he had the sores around the anus and that ... the case is still pending ... I am the witness ... the child came to me ... I went to the parents. We got nurses in and all that, but I've never been called. And this child is not even in school anymore. He was here till January, February or so. He's walking around.* **So it's useless, hopeless.** (my emphasis)

In terms of referral to external support resources, the case school demonstrated well-established internal procedures. In the case of the boy who was raped, the case school's HIV/AIDS Coordinator said:

*We refer it to the police and the social workers, and from there they take it.* **And everything must go through the principal's office.** (my emphasis)

My data clearly suggest that the principal and teachers followed these procedures whenever a learner suffered from a traumatic experience, however, often without receiving the assistance needed or even succeeding to make contact with the school social worker in the EMDC. The awareness among the case school teachers of existing services provided by social workers, and how to refer to these services, was not found to be the rule among teachers in the investigation by Giese et al. (2003).

The thesis's findings with regard to learners being infected or affected by HIV/AIDS is not supported by what emerged from the field interviews I undertook with the teachers from five other schools located in the same district as the case school. This was in spite of the fact that these schools were facing similar challenges to the case school with regard to poverty and health. The teachers had identified a significant number of learners infected or affected by HIV/AIDS, and the schools provided both internal support and facilitated external support to learners in need. The teachers claimed that their schools had managed to establish what they labelled an 'AIDS-friendly school'. Guiding principles of privacy, confidentiality and staff sensitivity to young people's social needs and perspectives, as pointed out by Summers, Kates and Murphy (2002), were followed by these schools in their efforts to create an AIDS-friendly school environment. The Programme Coordinator supports my investigation's findings with regard to the positive achievements by some schools in the same district as the case school. He said in the interview:

> *Some schools are very far in their fight against HIV and AIDS. They've done their policy, their implementation, their planning ... look, they're managing the situation ... they're on top of it. They've got their parents behind them ... when you walk into the school you can see ... the school is HIV-friendly. You can see it by the posters; what kids are doing; what teachers are doing; their work that is presented.*

Giese et al. (2003) had observed only a small number of schools in their extensive study across South Africa that had created a similar supportive environment for learners affected by HIV/AIDS.

The case school had also formulated an HIV/AIDS policy for the school, and during the month of September (the AIDS month), the school looked 'HIV/AIDS-friendly' by displaying posters received by the EMDC as well as pictures and items made by the learners. The school had not, however, achieved to have the support from parents (see Chapter Six). The fact that the case school had only identified two learners

affected by AIDS probably meant that the teachers and the principal had not felt any need to create an HIV/AIDS-friendly space beyond the AIDS month of awareness raising.

A common feature in all these so-called AIDS-friendly schools as described by the Programme Coordinator above is that the schools had received appropriate support from the Education Department. According to the non-case school teachers I interviewed, the support provided by the EMDC had been relevant to their needs. In addition, the follow-up visits by the support staff, including the HIV/AIDS support staff, had been both regular and frequent. As found by Giese et al., my research findings also suggest that when poor schools do receive adequate and sufficient support from the Education Department, the schools are better enabled to teach HIV/AIDS and Life Skills appropriately, as well as to create an HIV/AIDS-friendly environment for the learners (2003). The case school clearly was among the schools that had not been appropriately followed up by the EMDC at the time of the thesis investigation.

The Programme Coordinator confirmed this when he said:

*Other schools are not 'AIDS-friendly'. So we've still got a long way to go in supporting everybody to this point.*

A common factor found in the five schools is that the schools managed to mobilise the parents as supportive stakeholders in their efforts to create an AIDS-friendly school environment. As mentioned above, the involvement of parents was not a feature found in the case school as the teachers and the principal struggled to achieve any contact with the parents or guardians. In one of my interviews with the principal, she suggested how the school could make an extra effort to approach parents. The principal felt this could be best achieved through community groups:

*But I really wish I could reach them more to ... it's maybe something that I should consider ... that I haven't given maybe enough thought, with everything else on our minds. That's something to consider ... I know there's quite a number of groups ... who work here with the community. Some church groups and there's a youth group. I don't know if you've heard of them. They're also busy here in the community. So maybe through them, you know, one could say 'look, put HIV /AIDS into part of your programme'. You know instead of just maybe another ... another skill or so.*

The Programme Coordinator highlighted the supportive role played by the parents in schools that had achieved much in terms of HIV/AIDS interventions (e.g.

support to learners, facilities provided, general awareness and reducing stigma) in the school and its community.

Whether the school principal or other stakeholders played an important leadership role in facilitating parental involvement was not possible to determine on the basis of the thesis data, but would have been an interesting issue to explore in future research. However, independently of whoever exercised appropriate leadership in this respect, the impression remains that support from parents/guardians seems to represent a critical factor for creating an open, friendly and supportive HIV/AIDS school environment.

One might claim that the examples of HIV/AIDS-friendly schools show that the situation with regard to accessing support from the Education Department's district support structures is varied among the schools. The availability and quality of direct support provision to learners, as well as to teachers in order for them to support learners, is clearly another critical factor. To explain the variation in support, the research findings suggest that all the interlinking factors concerning human resources and financial capacity, both at the EMDC and the school level, need to be addressed. The WCED's 'Vision 2020' underscores the importance of building capacity of the EMDCs:

> It is imperative, therefore that the EMDCs are provided with the necessary human, administrative and strategic capacity to provide an effective service and support interventions to schools, school managers, teachers, learners and their parents (WCED, 2004:26).

The uneven spread of support amongst schools seems to imply that the necessary capacity was lacking and that a prioritisation of schools was taking place, leaving some schools with little or no support. It also implies that the quantity and quality of the support provided could be varied. As shown above, the Programme Coordinator explained that there was still a long way to go before all schools received the HIV/AIDS support needed. The question of how the HIV/AIDS staff at the EMDC level arrived at the prioritisation, and on what criteria their decisions were based emerged as an important matter to be addressed. The thesis data do not, however, give any evidence regarding the question, but do suggest that amongst the schools not receiving appropriate support were schools which could be regarded as very much in need of that support. The case school is a good example of those schools which did not receive the necessary support. The argument is, to a certain extent, supported by

Lazarus who had received feedback from EMDC staff in which they described a situation where they only had the capacity to respond to the 'neediest' schools. According to the EMDC staff, they therefore have to prioritise.

Lazarus said with a sigh:

*I can't understand how the EMDC arrive at their choices.*

She illustrated this by referring to the situation in a high school known to her which was under the EMDC's chosen list of schools for this study:

*They have enormous problems from HIV/AIDS, drugs and crime. The principal is very dedicated and has actually taken the trouble and asked for help. The school eventually got private help because the principal was told by the EMDC to get somebody in private practice.*

It is interesting to note that the school's principal in this case asked for help from the EMDC, but was advised to engage a private consultant. According to instructions from the WCED, the schools have a responsibility to make the official service provider aware of their needs and to request assistance (see Chapter Five).

Another challenge embedded in the change process was identified in the interview with Lazarus in 2005. She claimed that EMDC staff battled with the change from direct to indirect support to learners:

*Before psychologists and other learning support staff dealt with learners one on one, and now they deal with teachers and principals which is an indirect service.*

The research interviews with the case school teachers revealed that the change was experienced by the teachers as a shift in focus from the learner to the teacher, resulting in a form of control over the teachers. I would, however, argue that as long as the monitoring carried out by the EMDC support staff meant checking on what was being done or planned to be done, and not on *how* it was done, the teachers' traditional perceptions of monitoring as control of whether they did their job seemed only to be confirmed and reinforced. One teacher, visibly distressed, mirrored the perception of all the teachers in the case school, when she said:

*They give us such a lot of work to do with all the files. **It's for me like they're more interested in the file and the profile and the teacher's portfolio and the children's portfolio, and the preparation, planning and all that**. That must be there ... they want to see that. They're not worried about what is in this child's head. **What the child knows ... they don't worry**. Before when I was still ... started teaching, the inspector came and he wanted to see ... test the children:*

*you must come read, and you must do this and you must do that, and he asked questions. Not now ... **they come to you**.* (my emphasis)

A key focus of the HIV/AIDS Life-Skills Programme is the child. The focus on the child is meant to infuse all programme activities and the teaching. The following remark by the Programme Coordinator emphasised this point of departure:

*The child is the centre of focus, which is much better for what is happening in the classroom.*

It is also important to note that when individual learners were identified in need of special attention, the support interventions were implemented directly towards the learner on an individual basis. The school social worker claimed to be working differently from the HIV/AIDS support staff. She described in the interview how she worked directly with the learner, and not indirectly through the teachers and principals:

**I work differently from X and them in their HIV/AIDS work. They are just training teachers to learn to give support. But myself, in working with the learners, whoever is referred to us, we definitely give support** *... but, you know, you wish you can do something more, because some are left without the mother and the father, living alone or with their aunt, which is not always so nice.* (my emphasis)

### 9.2.2   The issue of context

In Chapter Three, I report the different views of researchers when comparing challenges of educational reforms in the North (industrialised countries) with the challenges of countries in the South (developing countries). Volan (2003) concludes her argument by saying: "I maintain that even if educational reforms in the South seem to face many of the same problems as in the North, developing countries also have to cope with additional hindrances linked to poverty and underdevelopment" (2003:37). Her conclusion supports the thesis findings, and I would emphasise the impact of the additional issue of HIV/AIDS which has links to poverty (Chapter Eight deals with this link).

McLennan and Thurlow refer to a particular problem of South Africa, the legacy of apartheid: "… the challenges schools in South Africa are facing in responding to the implications of the new policy and legislation; again for most schools the challenge is compounded by the enduring effects of the apartheid past" (2004:16). Their claim is supported by my thesis's data, which indicate a general relation of distrust between the EMDCs and the schools. The distrust, with its origins in the time of apartheid, seems

to be reinforced by the prevailing poverty in some areas and the many educational reforms. The HIV/AIDS Programme Coordinator expressed the frustration felt by many teachers due to the increased administrative work resulting from educational reforms. He acknowledged that the situation of increased workload for teachers posed a challenge for the support structures in terms of motivating teachers to accept and understand the need for the additional administrative work.

He said:

*Teachers are frustrated ... they're overburdened by administration, bogged down by little nitty-gritty things that's placed upon them by the school system itself, which blames the department for giving it. So the teachers are blaming the department for the extra workload and everything else ... so the department has a negative face – a negative connotation – because they are giving the teachers extra work ... extra things they can't really teach ... so now we need to look at that and look at how to motivate teachers to do better.*

The respondents taking part in this investigation felt that the reforms were 'too many and too fast'. The case school principal expressed a widely held view concerning the many new educational policies to be implemented in the school like this:

*I sometimes still think I'm in over my head in this thing, being ... fairly new to this, and I think what makes it difficult is that things change all the time. Just when you are getting used to something a certain way, there's a new policy from the Department that needs to be implemented ... that you need to give attention to or need to change, what you have put into place ... what I've put into place at school.*

The socio-economic, political and educational situation in South Africa can serve as an example of rapid and complex change of the society, which constitutes the external environment of any organisation. Davidoff and Lazarus explain that over the past years in South Africa, a number of new policies have been introduced to address the imbalances of the apartheid past. This also applies to the education sector. They claim that "… for many schools, and teachers, the introduction of so many new policies over a relatively short period of time has proved to be confusing and overwhelming" (2002:4).

The role of education in social transformation is widely recognised, as stated by Jonathan in the case of South Africa:

The crucially important role of public education in the social and political transformation of South Africa cannot be doubted by anyone who rightly recognises education as the key social practice which reflects, interprets and

modifies the social world at the same time as it aims to foster the intellectual, cultural and social development of individuals (2001:13).

The expectations directed towards the role of education, exemplified by the statement cited above, obviously place heavy demands on the teachers and the principal at school level, and in particular at a school facing challenges such as those of the case school. According to the principal, the challenges of being a teacher in this kind of school, required 'someone special' to work there:

> *I maintain you need to be special to, to work here, and to work with these children ... it's really taking someone special to be able to be here ... and to deal with ... with the challenges that we face.*

The principal underlined the fact that the teachers, including her, were expected to work harder. As described in Chapter Six, Chapter Seven and Chapter Eight, the teacher has to teach in all eight learning areas, and they receive a minimum of in-service training. The principal confirmed that since the HIV/AIDS workshop in 2004, none of the teachers had received any kind of training, whether formal or informal. She thought the education department expected too much of the teachers.

## 9.3    Structural change versus cultural change

What is meant by 'change' and how does the concept differ from 'reform'? Volan discusses this in line with the understanding of Fullan (1993) in her doctoral thesis. Volan writes:

> One could argue that 'change' is an open, value free concept. It is by nature neither good nor bad. Change is always there as a latent force and might be triggered by unforeseen events. It may be planned or unplanned, depending on the circumstances. Educational reform, therefore, is usually intended to be carefully planned change … frequently it is conceived at the top, with the troops further down the system being ordered to move (2003:9-10).

As reported in 9.2 above and more thoroughly described in Chapter Five, the transformation process of the education system in South Africa since 1994 has had clear objectives and strategies with regard to how the objectives can be achieved. The educational reforms and change programmes implemented in order to facilitate and ensure the transformation of the education system are, in line with Volan's (2003) argument cited above, intended and carefully planned change.

## 9.3.1    Educational reform and the learning organisation

Supported by thesis findings in the case school environment, and as shown by Giese et al., the concept of schools as 'nodes of care and support' also resonates with government policies and programmes which aim to promote service delivery through schools, and to create schools as centres of community life (2003).

The management capacity problems observed in the case school illustrates a prevailing need of building capacity at school level in order to implement government policy. As pointed out by Robinson, Langhan, Lazarus and Moolla, as early as in 2001, the WCED hoped that the newly established EMDCs would contribute to schools building capacity to manage their own development needs in accordance with the instructions of the school-based management model (2001).

The developmental approach adopted within the SEED/STEDS programme emphasised re-culturing in the initial stages of the transformation process, with a view to integrating restructuring interventions at a later stage. The relationship between restructuring and re-culturing is underpinned by the following understanding of organisations and development:

> Once organisational aims and strategy are clear, it becomes possible to structure the organisation in such a way that roles and functions are clearly defined and differentiated, lines of communication and accountability untangled, and decision-making procedures transparent and functional. Put slightly differently – form follows function (TIP and IMTEC, 2002: 46).

The change of name from SEED (Systemic Enhancement for Education Development) to STEDS (Systemic Transformation and Education Development) in 2000 indicated that the vision of the change programme was taken a step further, from 'enhancement' to 'transformation'. The work of STEDS in particular was to create an understanding of the importance of an effective link and interplay between the different levels of the system from the school sector to the EMDCs to Head Office. In this way, the system could be better prepared to address all the challenges it faced. However, the change and interplay did not develop as intended. A few years later, in 2005, tensions between the Head Office and lower levels in the system were registered (see section 9.3.3). Furthermore, the communication between the cluster of schools and the EMDC investigated for this thesis experienced serious obstacles (see Chapter Seven). Incidents of unopened emails in principals' offices were one of several constraints found in the communication between the EMDC, the cluster and the

individual school under study. The Cluster Coordinator explained how the introduction of communication through electronic mail had unforeseen effects negatively impacting the communication between the EMDC and the schools. There were examples of how this could have a damaging impact on the extent of teachers' engagement in HIV/AIDS activities. The HIV/AIDS Cluster Coordinator explained:

> *And one huge problem is that the EMDC XXXXXX* [removed for anonymity] *has decided that all **correspondence should be via email**. If it is, at schools, **that principals don't open emails up,** we are not going to get it. So I would get a phone call on a Tuesday afternoon that say, 'see you at the meeting this afternoon', and I'm not even aware that there is a meeting ... because no fax comes ... as everything must now be done via email. And I think that has impacted a lot on activities. And I think schools have lost interest.* (my emphasis)

Examples of the consequences were lost opportunities for teachers to participate in seminars, conferences or other activities and, in addition, added to teachers' general frustration towards the change processes in the education system. The poor communication seemed to affect an already strained relationship between the Education Department and schools. Statements and stories told by my respondents indicate that the situation applied to a significant number of schools, and confirms the argument by Dalin who refers to processes of change as complex and non-linear, and that they often break with the intentions of change (1994).

As reported by Robinson et al. (2001), the WCED emphasised that the process of SEED/STEDS included changing the organisational culture away from control models towards more supportive models, aimed at developing 'enabling environments' through the concept of 'learning organisations'. This means that all levels of the education system need to learn from their experiences in order to improve practice and to "… ensure that the system can and does provide the kinds of ongoing support and development that schools and communities actually need" (WCED, 1999:8). The SEED/STEDS review conducted in 2002 found the essential learning that the SEED/STEDS process did make a contribution "… towards the vision of schools as learning organisations and the WCED as a learning system" (TIP, 2002:13).

Based on the description voiced by the case school principal and teachers in Chapter Six and my data analysis in Chapter Eight, the case school can hardly be described as an 'enabling environment' in spite of a seemingly high level of commitment by the school's staff. The support provided by the EMDC was perceived as far from sufficient by most teachers and the principal. The school's needs for

support with regard to the many demands foisted on them as a result of educational reforms, were clearly forged by inadequate human resources and financial capacity in the school as well as by widespread poverty in the school communities. The case study showed that the principal, as well as the teachers, were overburdened with administrative tasks. One teacher made the following outcry in this context:

*Administrative work, oh it's too much, too much!*

The finding is supported by the study conducted by Giese et al. (2003). The feeling expressed by the teachers that they had too much administrative work illustrates not only the negative side of too many and frequent educational reforms, but also highlights what is pointed out by many researchers, namely that the school is at the heart of educational change, and where most of the educational policy is put into practice (Fullan and Miles, 1992; Davidoff and Lazarus, 2002; Volan, 2003). Dawes (2003) argues that many family support systems in South Africa are increasingly compromised because of HIV/AIDS and poverty, and that children have very few supportive resources left to them. In this context, he claims that a positive school environment can play a supportive role in learners' lives without going beyond what he describes as teachers' "overstretched schedules", expecting of them to become therapists to the children in their classrooms (2003:8). He claims that a whole school development approach is needed, with preferably simple interventions to reduce commonly occurring key risks to children's health, such as violence and sexual abuse. He continues to argue that "… complex interventions for teachers and learners simply will not work if the support base for such interventions is lacking" (2003:9). In his conclusion on how children's health can be promoted in the school, he states that *the systemic health* of all levels of the educational environment needs to be promoted and that "… the full professional and legal accountability of all the individuals who play a role in that system is probably the most important factor" (2003:10).

Fullan and Miles (1992) offer several propositions which could lead to a meaningful change process, one of these being that all large-scale educational change would be implemented locally by everyday teachers, principals, parents and learners. This is the only way that change happens, according to the authors. Fataar underscores the need for the Ministry of Education to conceptualise and support change over a long period of time. He claims that to offer information workshops on the new curriculum points to a lack of understanding of teachers' capacity to implement the curriculum

(2000). In my view the argument put forward by Fataar in 2000 is probably applicable to the extent to which the EMDC that formed part of this investigation failed to prepare and support teachers adequately to implement the HIV/AIDS curriculum four years later. As described in Chapter Six and Seven, the teachers and principals had been offered an HIV/AIDS awareness workshop which could easily be labelled as a purely information workshop, as argued by Fataar (2000) with regard to preparing teachers to implement the general curriculum. One case school teacher probably captured the voice of the majority when she said:

*Well ... they told us ... ok, things that we knew; how we can get the virus ... things that people think ... it's dangerous. But we were made so acutely aware of the pandemic, you know, and how many people die of it in our areas ... the teachers even. They mentioned how many teachers dies every month, or every week.*

However, one teacher expressed the need for regular frequent training and claimed the support from the EMDC in terms of HIV/AIDS was not sufficient:

*Well like, that ... the last workshop that we had was like ... or the training we had* **was like three years ago. They should be having it every year** *... I mean ... stats change and new things come along ... and just to keep you more aware, and constantly implementing the things, and giving you more resources, like posters ... even a poster helps ... things like that.* (my emphasis)

Resistance to change came across a number of times in the interviews I conducted with the case school teachers, in particular when they talked about OBE (Outcomes Based Education) and the increased administrative work that followed. One case school teacher expressed this indirectly in terms of a disillusioned feeling about OBE for all learning areas, an experience she seemed to share with the majority of her colleagues:

**But the new system is not working by this school**. *OBE is not working. You can't do OBE with these children.* (my emphasis)

The increased administrative workload seemed to negatively influence teachers' motivation in general and in particular to teach about HIV/AIDS or to engage in extra-curricular activities linked to, for example, the HIV/AIDS month (September). The resistance towards the extra-curricular activities of the AIDS month was reinforced by the choice of month (see further below).

Also the number of meetings conducted at cluster school level was drastically decreasing during my case investigation. It seemed like in the first year (2004) of

implementing the HIV/AIDS Programme in schools, the principal and the teachers were still motivated by the recent training they had undergone. The effect of the novelty of the issue was also pointed out by the HIV/AIDS Cluster Coordinator:

*If you think of anything in life: when something new happens, everybody jumps on the bandwagon. The first year is great, then, the second year, and then people start losing interest, because there's something else now. And I think that could be the problem ... when the focus shifts to something else.*

The need to build capacity to implement change is confirmed by Volan's study in Zambia (2003). She refers to Davidoff and Lazarus (1997) who argue in line with Fullan (1993) that change is unpredictable, and part of the challenge of development is therefore to ensure that the school as a whole, and the people connected with it, are able to cope with and manage change proactively and effectively. This requires that the teachers need to participate and contribute to policy formulation, in order for that policy to address real needs experienced by teachers and schools (2003). Davidoff and Lazarus (2002) and Pym and Lazarus (2001) applied the thinking regarding educational reform, local process and interrelatedness between different components to the link between the processes of whole school change and classroom change.

One of the findings of my investigation revealed that the teachers at the case school had not participated in the policy development and that the many reforms gave rise to feelings of frustration and disempowerment. The finding is supported by Davidoff and Lazarus who highlight the difficult situation of teachers in South Africa and the need for support. They refer to the many policy and legislative changes taking place, which mean that teachers are constantly faced with having to adjust to new circumstances – a stressful situation, unless appropriate support is provided. Their research in South African schools underscores the argument that it is the people in the schools who make a difference and that without people changing their attitudes and forms of behaviour, very little change is likely to take place (2002). Shaeffer (1994) argues along the same lines, when he states that educational planners cannot expect more than half-hearted support from teachers unless the teachers are consulted before introducing reforms (1994). Thesis interviews revealed much resistance among teachers with regard to the choice of September as the 'AIDS month', which meant an increase in the number of extra-curricular activities, which coincided with all the other demands associated with the end of school year activities. When I asked the

HIV/AIDS Cluster Coordinator whether she knew what the justification for the choice of September as 'AIDS month' was, she answered:

> ***Absolutely no idea***. *That is the problem with these metropoles. Decisions are* ***made at the top – top-down*** *– made by people who haven't sorted out things very carefully.* ***You have to include people who are actually working with the children –*** *in these meetings.* (my emphasis)

Davidoff and Lazarus believe that the school can be equipped to manage change effectively, which would mean that the school needed to become a learning organisation (2002). The concept of a learning organisation is constantly being adapted to suit contextual realities. The concept was not a familiar one amongst the teachers in the case school, except for the principal and the one teacher who had participated in the SEED/STEDS training. Thesis interviews in the case school did not, however, reveal signs of any planned or systematic reflection at staff or leadership levels to enhance meaningful learning taking place in the school. Reflection as a means of improving teaching practice only took place at the individual level, or in an ad hoc manner among teachers working in the same phase (foundation phase or intermediate phase).

Humes (2000) includes the school community and emphasises the need to view the school and its community as a learning society. Humes points to the concept of community, which he claims has become a popular metaphorical representation of, more specifically, "… the school as a learning community, one embodiment of the learning society …" (2000:40). Humes further points out that communities are not invariably or inevitably positive in terms of a safe learning environment. The ways in which Humes describes some communities coincide with my impression of the case school's communities: "Some communities are negative and destructive in their effects (rife with crime, vandalism and drugs)" (2000:40). Humes argues that in such communities all kinds of *negative* learning take place. As the teachers at the case school, Humes stresses how teachers in these destructive communities suffer from stress and overwork and argues that learners have learned "… how to suppress fears and emotions, how to conceal feelings of worthlessness, how to remain silent in the face of unfair treatment" (2000:40).

Humes's (2000) analysis is supported by Fullan who demonstrates that a number of factors related to the characteristics of innovation, of the school as an organisation, of the local school district and of the broader context, are all crucial to the

implementation of change. Fullan underscores the fact that the implementation is a process and not an event, and that the process of change itself is a learning process, that technical assistance is essential and that the innovation should adapt to contextual realities in the process (2004).

The findings from international research referred to above are summarised by the former South African Education Minister, Kader Asmal, when he responded to the newspaper debate regarding the review of the implementation of Curriculum 2005. He correctly acknowledged the turbulent context of reform implementation, the impetus to implement reforms too quickly and the constrained resources, including the high staff turnover (Asmal, 2000). All the factors pointed out by Asmal were repeated by Lazarus in my interview with her in 2005.

The review recommended that the principles of the new path embarked upon were to be retained and pointed to a few areas of implementation that should be improved, one being to strengthen the capacity of department officials to support teachers in classrooms (2000). The findings of my investigation revealed an extensive training programme of department officials, an intervention which, however, was negatively impacted on by the high level of staff discontinuity (see section 9.3.2 below).

### 9.3.2    To restructure is not to re-culture

As discussed in the previous sections, one of the aims of the change processes was to provide integrated and collaborative support structures to schools. This strategy required that the different professions in the EMDC changed their way of working. The SEED/STEDS programme has been referred to as facilitating deep processes of change. The programme was meant to accommodate the new ways of thinking about working together – the planned paradigm shift, which involved the decentralisation of power, as well as a shift in focus away from the Education Department controlling the schools to supporting the schools. Lazarus, however, pointed out in my interview with her that the SEED/STEDS processes in themselves had not been enough to prepare people for the intended change.

At the time of my investigation, the WCED seemed to have made considerable progress in terms of changing the formal structure with the purpose of introducing and enhancing a decentralised decision-making structure as required by the new reforms.

Many posts were shifted as part of the change processes, and according to Lazarus, the most purposeful structures had been established at the EMDC identified for this study.

Based on an extensive amount of feedback from people who worked in the EMDCs, as well as in the Education Department's Head Office, Lazarus described the situation as follows when I interviewed her in 2005:

> *It sounds to me like they are still struggling, they are filling in posts, most of that has been done. However, they are still in the early stages of settling in and trying to work out how to work. That's why there is such an emphasis on training, to facilitate that process, which makes sense, the correct thing to do from an implementation point of view, but then you've got to do it properly to really facilitate the change.*

My research data suggest that there is a general willingness at district level to work collaboratively in order to support the schools in a coordinated and comprehensive manner, also with regard to HIV/AIDS. Clarity about roles and responsibilities seemed to be present among the EMDC school support staff.

My interpretation concerning clarity of roles and responsibilities in the EMDC included for the purpose of this investigation is supported by Lazarus who reported a high level of collaboration and understanding of roles within the EMDCs in general. At school level, however, the EMDC support staff was perceived by teachers to be working in 'silos' still, that means in the same way as before the change programmes, SEED/STEDS and other training programmes, were introduced. The impression expressed by some of the teachers at the case school is supported by a study carried out by Beukes (2004) in which he concludes that the professionals representing four different sectors within an EMDC expressed how they continued to work in silos, despite the introduction of a 'Multi-Functional Team approach' (MFT). His finding did not apply, however, to the curriculum advisors, circuit managers and special education specialists, who were found to collaborate well. The respondents in the study expressed an understanding of the benefits working within an inter-sectoral approach, implying a willingness to work in a more collaborative way in future (2004).

The research data for this thesis is supported by Beukes's findings (2004). My interviews with respondents at the case school and in the HIV/AIDS support structures revealed that even if the different professions worked well together at the EMDC office, this was not visible when they conducted the visits at the case school. In spite of the efforts made to include the curriculum advisors in the monitoring of the HIV/AIDS

programme, the HIV/AIDS-related support to schools was still carried out by the HIV/AIDS staff at the time of this thesis investigation. Coordination of the actual support across disciplines seems to constitute an ongoing challenge even though the training of EMDC professional staff included issues relating to inter-sectoral collaboration, as described in the following comment made by the Programme Coordinator:

> *Well, our EMDC is one of the only ... **I don't know of another EMDC that work in such a coordinated way,** because even though the silos are there, and it comes from national and provincial ... is less ... and curriculum ... we work totally integrated ... we work together, we plan together, we sit down and we do the things in mix ... so you have your psychologist, social workers, curriculum advisors, your HIV/AIDS team. And everybody works in a link ... work with schools holistically together ... you know they're part of the team, so we work together in achieving things ... very integrated, on projects, programmes ... we make sure everybody knows what everybody else is doing. So, yes, though everybody has his or her own job description, and its own role to play in schools, we do work together.* (my emphasis)

Lazarus pointed out in the interview that collaboration across professions was just one of the numerous challenges that the EMDCs were facing in the change processes, both with regard to structure and their ways of working. According to Lazarus, most EMDC staff had not been involved in the SEED/STEDS programme. Lazarus talked about how staff discontinuity may explain some of the challenges:

> *Many people have dropped out and many people have come in, so they haven't had that history. It would be interesting to see whether that paradigm shift in that deep learning has happened, and if so, where?*

Other training programmes were in place during my thesis investigation. Lazarus described what she called 'a sharp learning curve' that had been introduced in the Education Department in order to facilitate the change processes. This implied a time-consuming activity for the EMDC staff, which was also pointed out by the Programme Coordinator in one of the interviews.

Lazarus said:

> *They are faced with so many learning needs and challenges, and so I know that they are all going to workshops. It's a problem because they're overloaded with workshops.*

Lazarus's impression coincides with the findings from my interviews with the case school staff and the HIV/AIDS cluster coordinators. The EMDC staff visiting the

cluster schools was perceived as overburdened. If correctly interpreted, this could explain why the case school visits were conducted in such a hurry, and with increasingly less frequency during the time of my field study. It may also contribute to explain the difficulties experienced by the principal when trying to contact the EMDC staff, e.g. the school social worker. The principal in fact emphasised the need for a school-based social worker.

Lazarus implies that this problem was common amongst a significant number of schools when she claims that:

*Most of the schools that I hear from say they're having even less contact with the EMDCs now than when they were established. The impression I get, is that it's not better, it's worse. I suspect it's because the people in the EMDC are so busy that they are actually not out there much. They're just not able to respond to the needs. Or they have moved to another post or died of AIDS even.*

The time factor was also identified as an influential factor by the EMDC investigation carried out by Beukes (2004). Lazarus, in addition, referred to AIDS-related deaths in the Education Department, which may be contributing to the situation becoming worse in terms of the EMDCs' capacity to maintain, let alone improve, their contact with the schools. My thesis study did not, however, explore the potential impact of AIDS-related deaths on the capacity of the Department of Education itself, but this is an issue of severe importance – probably needing further research, including the Western Cape.

The extensive training taking place could be felt as very time-consuming, also at school level. Referring to the National Policy on HIV/AIDS for learners and educators (1999), Giese et al. (2003) found in their study in several provinces, including the Western Cape, that in several of the schools, one or more teachers had had some exposure through the HIV/AIDS Programme. They write:

Many felt that further and ongoing training and support was necessary and that more teachers needed to be trained. Others felt that too much time was spent on workshops and training and that more time and resources should be spent on supporting children more directly (2003:41).

There are therefore strong indications that the intention to change the traditional ways of working – the culture of work, to be more specific – was uneven between the two levels investigated, and that this was probably the main reason for taking a long

time. The time was significantly longer than had been anticipated by the policy makers and by those in leadership positions.

Dalin points to problems of creating a cooperative culture in an organisation which could illustrate the above description of problems connected to inter-sectoral collaboration in the EMDCs: "In the first place, it is difficult to develop a cooperative culture, let alone maintain it once it has been established" (Dalin, 1998:50).

Fullan argues that structure does make a difference, but that it is not the main factor to ensure that the aims be met. Transforming the culture – changing the way things are done – is the main point according to Fullan, and he calls this re-culturing (2004). He argues that this does not mean adopting one innovation after the other, "… it means producing the capacity to seek, critically assess, selectively incorporate new ideas and practices – all the time – inside the organisation as well as outside" (2004:53). This is in line with the concept of a learning organisation as described by Senge (1990), Dalin (1998), Davidoff (2001) and Davidoff and Lazarus (2002). Fullan underlines the fact that when it comes to the process of re-culturing, change takes time (2004).

In the case school of this thesis, little evidence of a collaborative culture was found amongst teachers, nor did research interviews reveal a dynamic culture of innovation and reflective practice. According to Volan (2003) and Fullan (1993) many reforms are failing because of an excessive preoccupation with structure and legalities, and an inability to focus on teaching and learning, and on supportive collaborative cultures amongst teachers. Volan argues that workable, powerful solutions are difficult and hard to conceive, and even harder to put into practice (2003).

The thesis data indicate a general confusion with respect to the understanding of roles and responsibilities attributed to the voluntary HIV/AIDS positions established at school and cluster level as part of the support structures. The case school's principal and the school's HIV/AIDS Coordinator, in the first interviews I had with them, displayed an unclear understanding of duties in terms of implementing the HIV/AIDS Programme in the school. The principal voiced this perception as follows:

*Ja, ja, you know, to be quite honest with you, **I don't even know what her responsibility is**. What she does from this side is organise things, and if anything comes for a workshop I send off the notice to her ... that there's a workshop for HIV/AIDS coordinator; there's a ... there's a learning session; there's a conference – HIV/AIDS conference which she attended last year, that is what I'm doing, basically just giving her every, any information that she needs to get, and*

*... **I'll hand it over to her** ... and she needs to be seeing to that. But, **I'm not too clear what ... what her role is.*** (my emphasis)

The follow-up interviews, conducted one and a half years later, reveal a better awareness and understanding of the various roles and responsibilities. This had not, however, led to more proactive initiatives by the cluster school coordinators. The fragile nature of the HIV/AIDS structures at cluster and school levels became increasingly more critical in terms of ensuring the HIV/AIDS Programme implementation.

In spite of the structures in place and a seemingly better understanding of roles and responsibilities at EMDC level, the data collected for this thesis is supported by Lazarus, who reveals more uncertainty about how far the different professions had developed in terms of changing their ways of working together. She emphasised how these kinds of change take time, and that this become particularly apparent when the changes include redressing the legacy of the apartheid era:

*After ten years it's inevitable that we'll be in some mess because apartheid messed up the system and you don't correct it even in ten years.*

Lazarus is supported by Fullan (2004), who argues that change creates 'messiness'. Fullan stresses, however, that embedded in the mess is a great potential for so-called creative 'breakthroughs' in the change process. He also points to the paradox that transformation without the messiness is inconceivable (2004).

In summary, the research data reveal variations in how far the change processes had reached both at EMDC and school level. The structural changes and the many new reforms seem to be in place, although they were causing general resistance and power struggles between those directly affected in terms of authority being shifted from one level to the one below. Deep processes linked to changing the culture of the education system as a whole are not supported by the thesis data. In spite of the fact that the HIV/AIDS Programme Coordinator claimed that the mindset among teachers had changed as a result of the internal training taking place, his argument is undoubtedly challenged by the findings linked to the data collected from the case school with regard to learners potentially infected or affected by HIV/AIDS (see Chapter Eight).

### 9.3.3   Challenges of decentralisation

As reported previously in this chapter, one challenge emerging during the change processes of the WCED, was signs of a power struggle between the Head Office and

the seven EMDCs. This probably developed as a result of the delegation of authority and tasks to lower levels of the education system. This finding is in line with Volan's findings in her study of educational reform processes in Zambia. She had no difficulty in comprehending that Ministry officials will be the first to resist a new structure depriving them of their present status and power (2003). Volan's understanding is supported by Fullan (2004) who lists a number of side issues in organisations such as the protection of turf, and competition for resources.

One might think that the factors pointed out by Volan (2003) and Fullan (2004) are applicable to the education system in the Western Cape since similar education systems often face the same problems connected to change (Dalin, 1998). Already in the early phases of the change processes, TIP reported some indications of resistance: "Letting go of hierarchical thinking is a major challenge, and becomes more of a challenge the higher up the system one goes" (2000:12).

In the thesis interview, five years later, Lazarus attributed the tension as linked to the decentralisation process not being well managed:

> *There is a tension between the EMDCs and the Head Office because EMDCs won't allow Head Office to tell them what to do or to control them – it's a real reaction to the decentralisation process where the EMDCs have taken the power, and now the Head Office don't know where they quite fit in.*

It is not, however, possible to determine whether there in fact was a power struggle within the WCED on the basis of the data from the case study. My research data do not reveal any signs indicating a tension between the different levels in the support structure investigated. However, it should be acknowledged that, due to the need for limiting the scope of the thesis, the case study did not, in particular, address the relationship between the EMDCs and the Head Office.

Mintzberg claims that organisations with a highly cooperative culture are better able to resolve structural conflicts during transformation processes (1991). As reported in section 9.3.2, my investigation did record a collaborative culture at the level of the EMDC. The culture of collaboration at cluster and school level seemed, however, fragile and ad hoc. The observed dependency on individuals volunteering to take initiatives and responsibilities beyond their teaching duties clearly challenged the intention of the decentralisation (see section below discussing 'top-down' versus 'bottom-up' processes of decision-making). The fragile nature of the cluster structure was probably reinforced by feelings amongst some school HIV/AIDS coordinators

(including the case school), indicating that the cluster was of little relevance to their particular school's reality with regard to HIV and AIDS.

The findings of this investigation with regard to the extent of collaboration across sectors reveal the need for ongoing education and training to change the way of working. This is supported by Volan who underscores the need of government staff at the centre to be retrained in order to assume new roles as collaborators rather than enforcers of regulations (2003). She also argues that there is usually a significant demand for training at the district and local level (2003). Volan's findings from her study of the educational decentralisation process in Zambia indicate that the need for training requires high priority if decentralisation is to succeed. She argues that the mental barriers of people, both at the central and local levels, should not be underestimated. She emphasises that change takes time and much effort in order to break down the traditional role pattern where some actors give instructions from above and other actors obey instructions received (2003).

As described above in this chapter, the data point to variations in how far the change processes had reached at different levels of the education system. The structural changes and the many new reforms seem to be in place, although they were causing resistance generally, as well as power struggles between those directly affected in terms of authority being shifted from one level to the one below. The deep processes linked to changing the culture of the education system as a whole are not supported by my investigation in spite of the fact that the Education Department conducted a series of internal training and education programmes (see 9.3.2).

### 9.3.4 Top-down and/or bottom-up?

Bush and Anderson argue that the concept of culture is "… less obviously valid for systems such as those in South Africa, which are still largely centralised despite the intention to locate extra responsibilities with principals and governing bodies in due course" (2004:88).

Bush and Anderson's claim regarding the prevailing centralised system contradicts the intention of change at policy level in which schools were provided with the new opportunities to manage themselves. According to the WCED (1999), the school-based management model was supposed to be implemented with support from the EMDCs to develop the needed capacity. The new decentralised model also implied

new challenges and demands in the case of the schools, one of which was that schools had to take responsibility for drawing on the services offered by the EMDCs (1999).

The centralised picture reported by Bush and Anderson (2004) was also reflected in the data gathered for this investigation, indicating that old lines of authority, whether formal or informal, were still in place. In spite of the reform processes of the education system aimed at changing power structures and empowering actors at lower levels, a picture of a prevailing top-down culture within the support structures studied for this thesis emerged.

An indication of a prevailing top-down culture of a strict bureaucratic structure is that the HIV/AIDS Programme Coordinator lacked the necessary influence in the development of the programme budget. Innovative bottom-up initiatives to solve problems encountered during programme implementation did not seem to be met with appropriate support or encouragement when the programme budget or terms of reference for the HIV/AIDS staff were challenged.

In general, however, one might claim that the hierarchical structure discouraged ownership of the HIV/AIDS Programme interventions and therefore discouraged an innovative and proactive attitude amongst the HIV/AIDS cluster coordinators (the case school cluster under investigation) as well as their willingness to take on additional responsibilities. The data collected for this thesis reveal a low level of proactivity among the cluster coordinators, which probably was also influenced by their positions being based on voluntary (unpaid) work and reinforced by the increased administrative workload described earlier in this chapter.

The tendency to place responsibility for poor performance at the level below could be a result of the change process being initiated from the top of the system. TIP reported as early as 2000 that the structural part of the transformation process that was taking place was occurring at the WCED's head office, from top management and down (TIP, 2000). The cultural change process was, however, intended to take place as a process starting on the ground. TIP reports that "… the cultural movement – the values and principles which have underpinned the SEED/STEDS programme – are being developed and moved on the ground – from bottom up" (TIP, 2000:12).

About five years later (2005), the combined strategy of top-down and bottom-up management and leadership was not evident from my investigation, especially so when considering the low level of proactive planning and acting, as well as the tendency to wait for orders from levels above amongst the participants occupying leadership

positions in the HIV/AIDS support structures. The Programme Coordinator, for example, explained how he waited for the 'brief' from his superior, before he could be instrumental in terms of initiating the implementation of planned programme components.

Humes's research in Scotland (2000) shows a similar tendency when he investigated how reforms were implemented. He argued that the position of the teachers is worsened by the fact that those who occupy leadership positions "… have succumbed to the pressure to concentrate narrowly on matters of implementation … They simply wait for the directives from above and pass them down the line" (2000:39).

Shaeffer (1994) explains that central planners and managers often make the fatal assumption that once educational innovations are designed as a reasonable and feasible programme at the top of the system, the innovation, through various central regulations and guidelines, will automatically and systematically be implemented by schools and officials at the very bottom of the bureaucracy. He further emphasises the fact that, in order for change to take place, institutions must *want* to change (1994).

In line with Volan (2003), I would argue that *people at all levels* of institutions must want to change. The argument finds support in the research carried out by Humes (2000) and Shaeffer (1994). Humes points to the crucial functions related to leadership at all levels of a system. Shaeffer argues that the centre does have a role to play in a process where change needs to happen.

One single teacher at the case school reflected on the changes that had taken place within the education system and argued that there was a general shift towards a bottom-up approach in decision-making processes, which meant that the teachers had become part of the processes in an authentic way.

She said:

*Well, **when** did I start teaching ... in '89? Then we didn't have a say, yes, but now we have. And you are part of the whole school development. You are actively involved in everything. **Like usually it was filtered down from the top to the teachers, but now it goes from down here up to the top.*** (my emphasis)

The case school's principal, however, pointed to what she called lack of incidental initiative among her staff and explained it by referring to the general workload faced by teachers:

*But, **there's that incidental initiative of just doing something without a directive ... is not there, but I think that is more because there's so many other things**, you know, so if you don't know that this is AIDS month, **if we at schools are not told in this AIDS month we must do something, I'm sure every school won't do anything because of the normal running**. So you are kind of forced to fit something in, to bring that awareness into your program, even though it's there.* (my emphasis)

The HIV/AIDS Cluster Coordinator argued along the same lines when she claimed that the level of activity in the schools depended on the composition of the school staff, and the attitude and commitment of the school principal and the HIV/AIDS Coordinator. The lack of proactivity at the level of the case school and the case school cluster could be reinforced by teachers' feelings of being overburdened. Teachers being overburdened were also reported by the HIV/AIDS cluster coordinators, and are supported by Giese et al. (2003), as discussed previously in this chapter and in Chapter Eight. The argument also finds support in the research conducted by Humes (2000) from the Scottish context of policy development, implementation management, the issue of top-down instructions and teachers' resistance. Humes argues that the continuation of reform programmes "… ensures that a chronically tired and largely demoralised teaching force lacks the strength and the will to engage in any kind of sustained critical interrogation, let alone develop an effective strategy of resistance" (2000:38-39). The UNESCO-based International Institute for Educational Planning (IIEP) also points to the issue of overburdened school staff. The Institute highlights the fact that a comprehensive policy framework should focus on strengthening the capacity of overburdened school leaders (2002).

The views reported above regarding overburdened principals and teachers strongly support the findings of my investigation.

Shaeffer's argument that the centre of an organisation does have a role to play in making change work (1994) is supported by Fullan (2004) who puts forward the argument that the top or centre and the bottom or local unit of an organisation are dependent on each other for change to take place. Fullan writes:

We have known for decades that top-down change doesn't work. Leaders keep trying because they don't see any alternative and they are impatient for results. Decentralised solutions like site-based management also fail because groups get preoccupied with governance and frequently flounder when left on their own.

School and district development must be coordinated. The centre and the local units need each other (2004:37).

The need to combine bottom-up and top-down strategies, as expressed by Fullan (2004, 1993), Volan (2003) and Shaeffer (1994) are echoed by arguments suggested by a number of researchers and organisations studying educational change processes in South Africa (Bush and Anderson, 2004; TIP, 2002; Davidoff and Lazarus, 2002).

## 9.4    Political leadership versus operational leadership

Smart points to a well-known experience when she writes: "The gap between policy development and practical implementation is recognised as a reality in many countries" (2003:70). Fullan, however, claims that change cannot be 'managed' (when understood as 'controlled'). He argues that change can be understood and perhaps led, but it cannot be fully controlled (2004). His argument draws attention to the need to understand the differences between management and leadership when studying factors influencing change processes (see definitions in Chapter Three and the discussion further below in this chapter).

TIP points to the key role of leadership at top level of the WCED. According to TIP, the review of the SEED/STEDS process in 2001 reveals the essential learning that the top management and leadership need to be committed and actively drive the process, and make sure that the change process is known throughout the system. "This will bring credibility to the transformation process and it builds capacity in the organisation" (TIP, 2002:13). An outstanding example of committed top leadership was demonstrated during the first phase of the SEED programme implementation. The WCED's Superintendent Director-General understood the importance of leadership involvement and allocated 40% of his time to the change programme in 1998 (Wirak and Olsen, 1998).

Commitment through action is supported by TIP and cites Senge:

Ideally, leaders should be people who are genuinely committed to deep change in themselves and in their organisations, and who demonstrate their commitment through action. They lead through respectfully developing new understandings, new skills and new capabilities for individual and collective learning (2000:8-9).

According to Lazarus, the core of the problems lies with leadership in the Education Department not being willing to accept that change needs the

encouragement of deep processes of change, and that enough time and sufficient funding should be allocated to ensure that the envisaged change takes place.

Lazarus expressed herself as follows in the interview I had with her:

*I felt the kind of changes that this new structure required is deep changes, not just shallow, superficial changes. The problem with the Education Department in this Province and in the Country on the whole is that they want a quick fix in terms of money and time. Even though for many years the literature on school development has said you need deeper processes. They haven't bought into that. They say 'yes', but we haven't got the money and time. The change becomes technical and this has undermined the process of change.*

It can also be argued that perhaps the real obstacle is not with the Education Department, but with the political leadership needing quick outcomes to ensure their re-election. The thesis data clearly suggest that the building of human resource capacity at all levels of the system should be central to any HIV/AIDS leadership agenda. Without the political leadership supporting the change processes with the necessary resources, these processes may continue to address challenges superficially – as pointed out by Lazarus above – a profound and long-lasting impact is unlikely to take place. Fullan's argument that "… our purpose is to understand change in order to lead it better" (2004:42), highlights the importance of an informed leadership to ensure the viability of meaningful processes of change. He also argues that any effort to understand and review change processes and the complex nature thereof needed more than checklists, which often tend to be oversimplified (2004).

The key leadership challenge, according to Fullan (1993 ) and Volan (2003), is the transformation of the educational system into a learning organisation, which implies that the educational leaders become experts in dealing with change as a normal part of their work, not just in relation to the latest policy, but as a way of life. Their view places high demands on leaders at all levels, and as reported above, this was not found to be a prominent feature in the case school. The importance of leaders being open to change is underscored by Volan (2003). She refers to Hallak (1990) who claims that there is evidence indicating that the first line of professional support is the school principal. Volan deducts from this that a principal who is receptive to change and sees the importance of creating a positive learning environment in the school, could have a powerful influence in relation to the entire teaching staff (2003).

According to Giese et al. (2003), the core of an educational response to the care and support of children made vulnerable in the context of HIV/AIDS rests with good

leadership and motivated and caring staff. They point to the findings of research conducted by the Education Department in 2000, which identified low morale among teachers and principals as a massive problem in schools. A conclusion emerging from Giese et al.'s study is that a large component of the Department of Education's strategy to address the needs of learners must be a strategy to improve the working conditions of staff. This becomes a critical issue to address "… in the light of roles and responsibilities teachers are being asked to assume in the context of HIV/AIDS and poverty" (2003:43).

At the school level, the case school principal was found to be overloaded with the many challenges related to educational reforms, especially in a poverty-stricken school. She underlined the fact that, in spite of the general resistance to change, probably caused by the frequency of new reforms, she aimed to exercise a democratic leadership style in the process of implementing the reforms. Her understanding of democratic leadership related to the opportunity for staff and learners to approach her to discuss any issues they wanted to with her.

In terms of involving the staff in decision-making processes, Fullan (2004) understands a democratic leader to make the first move in the opposite direction than what the case school principal did. Fullan claims that the democratic leader would approach the staff and asks for their opinion with the aim of "forging consensus through participation" (2004:44).

The principal emphasised, however, that the case school's decision-making processes were transparent, substantial tasks were delegated to members of staff, and staff meetings were conducted in an open and safe atmosphere. The question about what management entails and what form of leadership might, perhaps, take one's understanding a step further, is addressed by the South African educationists Davidoff and Lazarus. They accept Louis and Miles's definition that "… leadership relates to mission, direction, inspiration. Management involves designing and carrying out plans, getting things done, working effectively with people" (2002:37).

The case school principal exercised an 'open door policy' towards teachers, parents and learners who could approach her for support at any time. She was 'always' accessible and demonstrated extraordinary caring and listening skills. She obviously enjoyed much confidence and trust amongst the teachers and the parents. The principal's exceptionally honest and open attitude concerning the development of relationships of trust in the school communities included former learners, out of school

youth and their parents, who often approached her for advice on a wide range of matters.

The principal explained why 'everyone' approached her, as follows:

*What I have noticed, I said I ... I don't know if it's because I'm a woman, and I ... maybe seem to be more compassionate ... I'm a listener and I give them that type of ear that they maybe don't get there ...*

Her extensive accessibility certainly met the potential expectations of her as a female leader and in turn reinforced those expectations. These expectations could be seen as result of a general socialisation process in society where certain characteristics are 'gendered' through being encouraged and rewarded in girls/women and in boys/men (Moi, 1998; Blom, 1994; Scott, 1988; Kanter, 1977).

In line with the principal's own view, I therefore argue that the principal's leadership style could be categorised as 'gender specific' in the sense that her style is as generally expected from a female leader. The argument is supported by the 'special contribution' view within international literature dealing with leadership in a gender perspective, namely, that there are gender differences with regard to leadership. Gilligan and Sørensen argue that women are bearers of a different rationality from that of men. The rationality is seen as a result of the socialisation process, and it involves the capacity for taking care of other people's needs. Gilligan describes this as a 'morality of responsibility' and Sørensen writes about a 'rationality of responsibility' (Gilligan, 1982; Sørensen, 1984). In opposition to this view is the equal opportunity assumption that women do not have any special leadership orientation differing from that of men. It is assumed that men and women can be evaluated against the same criteria (Billing and Alvesson, 1989).

The thesis data suggest, however, that there are some limitations to the apparently democratic leadership of the case school principal. The principal mentioned challenges she had faced as a result of her democratic leadership style, for example resistance from teachers during the implementation of new reforms:

*It's not always easy to put changes in place because we have all been used to going along with certain rules and regulations. I would say I try to be democratic, but sometimes I think I can be more assertive.*

Huberman and Miles (1984) found that an effective 'change manager' was able to combine two leadership strategies at once. She or he places clear demands on their

colleagues, is prepared to accept additional responsibilities linked to her or his own role, and provides the necessary support throughout the change process.

The case school principal highlighted the fact that she was recruited as principal when she was a teacher in the school and how this, at times, made it problematic to be assertive towards her former colleagues. The data gave very little indication of the principal proactively making use of all the information she must have received from the teachers, parents and learners to initiate interventions that might for example improve the teaching/learning environment through the active involvement by parents. Nor did the principal approach the teachers to assess the potential need for the support they might have, as commented upon above. Interviews and observation in the case school do not provide any indication of the principal actually initiating much interaction with the teachers. There was no sign of the principal taking active steps in monitoring the teaching of HIV/AIDS or supporting the school's HIV/AIDS Coordinator in motivating teachers to implement HIV/AIDS extra-curricular activities. The principal did, however, change during my investigation in terms of her interaction with the school's HIV/AIDS Coordinator. She explained:

> ***Well, we liaise often, we have a good understanding.*** *If she goes to the meeting she will ask. She'll come and say look we need to do this or that; can she meet with the Health committee ... and I think that's the type of support where I won't say 'no'. And also I may give her ideas ... so there is that type of thing where she comes to me for advice.* ***I am there to support her in a big way****.* (my emphasis)

Dalin (1998) refers to research conducted in schools in the United States revealing a tendency among principals to uphold the *status quo*: Firstly, it had to do with recruitment and socialisation. Like the case school principal, the principals are recruited from the ranks of the teachers, and they often have very little management experience, and depend on being met with acceptance on the part of their colleagues. Secondly, a principal has few reward options to encourage acceptance of change among the staff. Most teachers know that reforms mean extra work, and to convince them that changing things will 'pay off' is difficult (1998).

Davidoff and Lazarus understand a school culture as comprising the values, the underlying norms that are given expression in daily practices, and the overall ethos of the school. They suggest that a way to describe the culture of a school is to look at the meaning of "the way we do things here" (2002:21).

Dalin underscores that management styles can vary, that effectiveness is context-sensitive, and that interaction with others is essential (1998). This view is supported by Thurlow (2004) who refers to the 1996 report of the Task Team of the Department of Education when analysing the shift in approach to education management at school level. The following statement in the report is referred to by Thurlow:

> While the responsibility for self-management rests heavily on the shoulders of the principal and the school governors, who are integral partners in the maintenance and development of the school, it will be necessary to establish and draw on a network of support involving the education department, other schools and locally-based sources of expertise in the community (2004:37).

The case school principal also expressed a feeling of isolation from other schools, from direct support by the EMDC, as well as from civil society organisations (NGOs) which, in fact, were not found to be operating in her school's communities. In spite of this, she claimed to be loyal in implementing every new instruction from the Education Department.

Can good leadership overcome the negative impact of poverty? The right leadership style at the right time indirectly raises the issue of the external and internal environment of the organisation. For example, the Teacher Inservice Project (TIP, 2000), emphasises that the contextual realities in and around many schools in South Africa characterised by poverty, HIV/AIDS, crime and abuse have compelled an understanding of organisational development that goes beyond Senge's definition of the learning organisation. The ongoing transformation process from the apartheid era poses extraordinary challenges to leadership at all levels. "While the transformation process has mobilisation towards positive change at its centre, there is a long hard struggle before its benefits reach all communities" (TIP, 2000:5).

Based on the above arguments about leadership and management, I am convinced that the limitations or weaknesses observed in terms of the case school leadership were not caused by a lack of willingness or motivation to exercise a more proactive leadership approach by the principal. The reasons are complex, relating to internal and external factors, as described in this chapter.

## 9.5    Summary

The analysis of my data indicates that the process of structural and cultural change of the education system in the Western Cape is facing challenges that, to a large extent, are confirmed by international and national studies. The intended change from control to support in the school sector was not found to be significant in the case school. The finding relates both to general curriculum support (including HIV/AIDS Life Skills) on the one hand, and support to learners affected by poverty and/or other traumatic experiences, on the other hand. However, the Education Department's support provided to schools with regard to HIV/AIDS in the area where this investigation took place seemed to vary amongst the schools in terms of the availability of health care professionals and quality.

The relation between internal and external factors (poverty, leadership, the number of reforms, capacity problems, the prevailing top-down culture, ownership, training, problems linked to implementation strategies, multi-sectoral coordination and collaboration, technical problems of communication, and other hindrances linked to decentralisation/restructuring) were identified as vital in the understanding of the impact of the change processes on schools.

Based on the thesis findings, the following chapter discusses the extent to which I have answered my initial research questions, and whether the findings can enrich research on how the education system can best support learners made vulnerable by HIV/AIDS and poverty.

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

# Answering the research questions
# and asking new ones

## 10.1    Introduction

I have now reached the end of the research journey of this thesis. The final chapter sums up the main findings of my investigation, and discusses to what extent I have answered the original research questions. Recommendations aimed to improve the HIV/AIDS support provision to schools are presented along with suggestions for further studies. However, before turning to the research questions and the aims of this research, I briefly discuss the relevance of my research to the case school chosen.

## 10.2    Summary and conclusions

When I first entered the field and engaged with the school selected, my research questions were challenged by the school principal saying that I would not find what I was looking for, because the school did not have any learners infected or affected by HIV/AIDS (only some time later were two siblings identified as affected by AIDS). This was unexpected because the literature review undertaken for this thesis indicated a high HIV prevalence rate in the school communities, which had all the characteristics of communities hardest hit by the pandemic, and not only in South Africa. The principal advised me to find another, more suitable school in the sense that the school would more likely have learners infected or affected by HIV/AIDS.

I decided, however, to continue as planned. I kept to the original research questions, but at the same time, my focus became increasingly diverted into an attempt to explore *why* the teachers and the principal at the case school had not identified any learner infected or affected by HIV/AIDS. I felt that the *why* question might contribute to answering the original thesis questions regarding the Education Department's

support provision to primary schools in the context of HIV/AIDS and poverty. It became, therefore, important to include other schools in similar circumstances in the same district as reference points.

The complexity of the issues involved when exploring the research questions became increasingly more apparent during the research of this thesis, which included the wider societal, historical and political context of South Africa. The socio-economic, political and educational changes in South Africa since 1994 can serve as an example of rapid and complex change of the society. In spite of the rapid and complex structural changes concerning the education system, changing the culture of the education system still poses a slow and complex process.

The case study, in spite of the principal's initial scepticism referred to above, undoubtedly provided me with a unique opportunity to develop a 'thick' description and to arrive at an in-depth understanding of a complex phenomenon from a local and holistic perspective. I was able to focus on process and had sufficient space for continuous reflection. Flexibility in the research process, which started at the time of my first interview with the principal, proved to be fruitful throughout my investigation.

The teachers at the case school confirmed in the beginning of the thesis investigation what the principal had said concerning the learners not being infected or affected by HIV/AIDS. The expected high prevalence rate in the learners' home environment, however, was reinforced in my interviews with participants living and/or working in the school communities. The views expressed by all these respondents, including the learners themselves, indicated a high prevalence rate of HIV/AIDS in the area. The consistency of their information made the question of why the teachers and the principal at the case school did not know of any learner infected with the HI virus, and only later of the two siblings affected by AIDS, increasingly more interesting and pressing to answer.

The surprising element of the thesis finding that most teachers at the case school did not know of, nor even imagine that any learner was infected with the HI virus, was reinforced when one of the teachers summarised the group's view, as follows:

*The learners listen to us, but at the end of the day they follow their instinct and have unprotected sex.*

I argue that the findings of this thesis investigation demonstrate that the problems of HIV/AIDS-affected children, families and communities not only overlap considerably with the problems related to poverty, and mutually exuberate their impact

– a widely held view among researchers – but the findings also demonstrate how poverty-related problems can conceal the very existence of HIV/AIDS.

My investigation shows that the widespread poverty affecting the case school learners seems to have 'blinded' teachers in terms of 'seeing' the learners in a context of HIV/AIDS. The fact that all learners were perceived as vulnerable because of poverty seemed to have influenced teachers in such a way that they were unable to see the differences between the learners; that perhaps some are more vulnerable than others. This phenomenon in the case school was observed in spite of the HIV/AIDS Programme Coordinator claiming that the district's teachers had been trained to 'see' the learner in ways they did not before the Programme was introduced. The finding obviously represents specific challenges to the support provision in enabling the schools to appropriately address the needs of learners made vulnerable by HIV/AIDS and poverty.

The analysis of the thesis data indicates that the process of structural and cultural change of the education system in the Western Cape are facing challenges that, to a large extent, are confirmed by theories on organisational change and change leadership. As pointed out in Chapter Nine, the intended change from control to support to schools was not found to be significant in the case school and relates both to the general curriculum support, support to the teaching of HIV/AIDS in particular, and support to learners affected by poverty and/or traumatic experiences.

The case school's capacity to address HIV/AIDS-related issues was not benefiting to any significant extent from the support initiatives provided within the framework of education system change. On the contrary, the ability of the principal and the teachers to appropriately address issues related to HIV/AIDS and poverty was hampered by the demands of the new curriculum reforms, the school being under-resourced, stigma, poverty in the learners' home environments and the many social problems of learners linked to poverty and, in particular, the problem of FAS (Foetal Alcohol Syndrome). Frequent educational reforms resulting from the system change processes not being accompanied with appropriate leadership and the allocation of adequate resources and HIV/AIDS competence-building contributed to the high stress levels and capacity problems of both the EMDC professional staff and the case school's teachers, including the principal.

The investigation reveals that some schools were benefiting to a significant degree from the support provided by the EMDC. In explaining the variation in the

extent to which schools benefit from the change support provision, I argue that it could be related to these schools being more successful in their accessing of frequent and regular follow-up support visits from the HIV/AIDS support staff. As concluded in Chapter Nine, there was still a long way to go before all schools received the HIV/AIDS support needed. The question of how the HIV/AIDS support staff at the EMDC level arrived at the prioritisation of the schools and the many school-related problems which needed their attention, and on what criteria their decisions were based, emerged as an important matter to be addressed.

Key factors and principles, some viewed as critical, for the determining or enhancing of appropriate HIV/AIDS school support measures within a context of complex processes of change in the education system, are outlined in section 10.3 below. The principles identified confirm or reinforce much of the lessons learned, and theories developed, from previous studies of change and change management (Davidoff and Lazarus, 2002; Thurlow, 2004; Fullan, 2004; Volan, 2003; Dalin, 1998 and others).

The study reaches, however, beyond solely confirming the work of others focusing on change processes. My thesis findings suggest that Fullan's symbol of the picture of a 'sandwich' in explaining how change happens (Fullan, 1993), could be enriched by the picture of a 'triple-decker sandwich'. The image of a 'triple-decker' illustrates issues that came into focus during my research that relate to the functioning of the support level 'in-between'. This support level is understood as the third level in between the 'above'; that is leadership above the multifunctional support teams in the EMDC and the 'below'; that is the school (see 10.3.6). The 'third' level might also be labelled a *key leverage point* in moving the case study's EMDC support system towards the achievement of the aim concerning the reaching of *all* schools in the district with adequate support.

Another area where the thesis finding could enrich the literature addressing the needs of children made vulnerable in the context of HIV/AIDS, relates to the necessity of support providers to assess and adapt the support to the culture(s) of a particular school (see 10.3.1).

## 10.3  Key and critical factors determining appropriate HIV/AIDS school support provision

As discussed in Chapters Eight and Nine, the factors influencing the change processes of the education system and the appropriateness of the HIV/AIDS support to schools are interlinked vertically and horizontally. It illustrates the complexity involved, and that there is no easy way to move or facilitate the change processes forward. Complex relationships between key internal and external factors were identified as vital in sustaining the change processes, and are illustrated by the implementation of the HIV/AIDS Life Skills Programme in particular.

I am neither claiming that the findings from the case study represent general trends with regard to issues around HIV/AIDS support to schools, nor do I claim that the case study itself can give rise to key principles for support provision to schools that might be applicable elsewhere. The principles and factors that are presented below find much support in other research on vulnerable children, change processes and theories of change and leadership presented in Chapter Two, Chapter Three and Chapter Five.

### 10.3.1  Cultural sensitivity

To prepare and support teachers adequately to implement the HIV/AIDS Life Skills Curriculum, the issue of cultural sensitivity needs to be taken into careful consideration. Schools themselves can differ significantly in terms of culture and tradition, which in the context of HIV/AIDS might manifest itself with regard to what is generally viewed as appropriate in relation to the teaching of issues around HIV/AIDS. The culture of a particular school, as well as cultural diversity, is important to assess when HIV/AIDS support to the school is planned.

How the teachers in a school look at the children might constitute one expression of the school culture. How teachers perceive the children, whether they see the individual learner or whether they possess any prejudiced attitudes based on their perceptions about culture, race/ethnicity and gender are crucial factors to consider when the support planned for a particular school is transferred into practice. The diverse reality of the 'new' South Africa poses challenges to all levels of leadership in formulating the HIV/AIDS policy, and developing the curriculum and support programmes. During the implementation phase of policies, curricula and support

programmes, the complexities which are synonymous with culturally diverse situations need to be acknowledged.

### 10.3.2   Factors relating to the principle of 'needs-driven' support

The establishment of monitoring and evaluation mechanisms as a component of a support programme would, clearly, have to take into account the entire teaching/learning environment of the school, as well as the needs of the individual learner, teacher and the principal. Support measures which ensure the active participation of the principal, the teachers and parents/guardians in formulating how and for what purposes the monitoring and evaluation should be carried out would enhance the element of support and development rather than control.

Regular monitoring and evaluation procedures concerning the meaningfulness of support measures would identify teachers' and principals' educational needs with regard to, in particular:

- The understanding of the relevance of HIV/AIDS Life Skills;

- Addressing of stigma in the school and the communities;

- Teachers' own prejudices and fears connected to HIV/AIDS;

- The provision of basic counselling to learners;

- Approaching parents/guardians without infringing their right to non-disclosure of HIV status;

- The facilitation of external support to learners made vulnerable in the context of HIV/AIDS and poverty.

A regular monitoring and follow-up of the support provided to the school should help to assess education and training needs and appropriate assistance required by the principal in particular. Education, training and assistance might relate to tasks connected with current school-based management reforms, curriculum reforms, supervision and in particular with regard to the use of mechanisms to track and monitor vulnerable learners. Supervision skills are particularly important when supervising staff around the sensitive issues related to HIV/AIDS.

Following below, are some critical factors to consider in enhancing the impact of the education and training of teachers and principals:

- In poverty-stricken communities, there might be a need to provide education, training and support that enable teachers and principals to see beyond the 'normality' of distress signals in learners.

- The education of teachers and principals, both pre– and in-service, should aim beyond the task of merely informing them about issues related to HIV/AIDS. Teaching HIV/AIDS and Life Skills require highly skilled and motivated staff with an in-depth understanding of the issues involved. The necessary skills include the ability to reflect on, and change their practices in ways which would enable the learners to make informed choices in the immediate future, and later in life. The understanding of issues involved must include perspectives focusing on gender, race/ethnicity and age.

- The education and training itself needs to result in a negotiated plan between all stakeholders on how to practise what is learned, and how the education system's professional support staff and the school principal will conduct participatory follow-up assessments and improve their measures of support. The importance of ensuring regular and frequent follow-up support services at school and classroom level cannot be emphasised enough.

- The plans need to address issues such as teachers' safety. Safety concerns may collide with teachers' needs to know a learner's HIV status or to know more about his or her situation at home, in order for them to provide or facilitate the necessary assistance to the learner. These issues clearly constitute dilemmas needing the professional involvement of sectors beyond the education sector.

One area of further research could be on how, and to what extent an appropriate HIV/AIDS support provision programme to schools might inspire and influence general curriculum reform implementation at classroom level with an emphasis on participatory classroom practices in the teaching of HIV/AIDS-related issues.

### 10.3.3   Factors relating to leadership and implementing capacity

There seems to be a need for leaders and managers at all levels of the education system to acknowledge that changing the culture of a system is time-consuming, complex and non-linear. A transformation process of a system therefore requires adequate and long-term investments aimed at restructuring and re-culturing. The re-culturing dimension of the change requires a continuous careful follow-up process with regard to support

provision to schools and all other levels of the system in order to ensure a deep and long-lasting change. The efforts necessary to change the culture of a system from control to development and support to schools are, in particular, important when the support is meant to address the sensitive and complex issues related to HIV/AIDS.

In order to achieve meaningful change and the successful implementation of reforms, support and commitment from the highest leadership levels are essential, and need to be ensured throughout all phases of change implementation.

The active involvement by top management and leadership must include political leadership. The key determinants concerning leadership recognised in this thesis investigation are: the ability to be *visionary*, to provide *credibility* and *direction*, and to demonstrate *consistency* with regard to HIV/AIDS policy and policy implementation. Ensuring the allocation of adequate human and financial resources to the operational levels of change and programme implementation was identified as a critical factor in order to provide a meaningful curriculum, programme or social support to schools. Leadership at policy and operational levels is required to focus on the entire teaching/learning environment of poverty-stricken schools in order to ensure that the environment is conducive for the principal and teachers to implement new educational reforms like, for example, the Outcome**s** Based Education (OBE) curriculum and the School Based Management (SBM) model.

The demands related to the many reforms require everyone who holds leadership positions in the education system, including teachers, to be open to change and to be able to work in a democratic, interactive and participative way. Apart from the issues related to capacity described above, leadership education and training is necessary to encourage the leadership qualities needed in the context of change management, which should also include a capacity for taking care of other people's needs in a change process that, at times, might be characterised by uncertainty and 'messiness', as described by Fullan (2004).

The demand to integrate the HIV/AIDS Life Skills into all learning areas illustrates the need for reforms to be appropriately supported with adequate resources and education and training programmes for those who are expected to implement the reform at school and classroom level.

A culture of voluntary involvement, which is largely dependent on appropriate support structures and the personal commitment of individuals, needs to be fostered to

ensure the impact and sustainability of the envisaged reforms. For example, the introduction of incentives such as release from an overload of teaching duties might lead to the establishment of a motivated and proactive cohort of HIV/AIDS cluster and school coordinators. Ideally, support structures need to be in place independently of the voluntary engagement of staff, especially so with regard to positions which are associated with responsibilities influencing the dynamics of the support provision.

### 10.3.4   The education sector cannot do it alone

The degree to which other professionals, non-governmental sectors, the business sector and various structures in civil society collaborate with the school in addressing the needs of vulnerable learners seems to be central to the success thereof.

The challenges facing schools in the context of HIV/AIDS and poverty illustrate the need for the education sector to collaborate with other sectors in the provision of appropriate forms of support to teachers, principals and learners.

In order to create an HIV/AIDS-friendly school environment, which can play a supportive role in learners' lives, the issue of support to teachers and principals as 'caregivers' becomes a matter of key importance. The availability of referral options when needed is a critical issue. The education and training of teachers in, for example counselling skills, needs to be carefully balanced, however, against expectations of teachers acting as therapists to the learners.

Efforts to change traditional culture of different support professions working in 'silos' to 'working together', require not only sufficient education and follow-up support, but is also dependent on the allocation of sufficient professional support staff to enable the staff to coordinate support at school level when necessary.

### 10.3.5   Factors relating to whole school development and the learning organisation

As is pointed out by many researchers the school is at the heart of educational change, and the place where most of the educational policies are put into practice. While responsibility for the school's self-management lies with the principal and the school governing board, the school must be sufficiently resourced with regard to both human and material resources needed for the school leadership to exercise leadership and change management in a whole school development approach. The leadership of a

whole school approach needs to include the ability to delegate leadership tasks to resourceful people within and outside the school.

Strengthening a democratic school culture through the encouragement of staff members' active participation in decision-making processes might enhance teachers' motivation in relation to take on extra tasks such as those relating to HIV/AIDS, even if the human and material resources available at the school are not fully sufficient.

The degree to which parents and other community members are encouraged and enabled to participate in the school's development seems to represent a critical issue in the case of creating an AIDS-friendly school environment, as well as in terms of enhancing a safe environment for both learners and teachers, generally.

Assessing whether, and how a school needs to be assisted in creating a dynamic relationship with the parents and the wider school community, could provide an excellent point of departure in a whole school development approach. The involvement of the school community in the development of an HIV/AIDS-friendly school environment would include issues around stigma in the school and the community, as well as how these could be addressed most meaningfully. The extent of, and culturally deep-rooted nature of this factor, strongly suggests that the school cannot embark on such a project alone.

More research seems to be needed which would look at whether the school leadership plays a decisive role in achieving community support and overcoming obstacles linked to poor resource allocation and widespread poverty when creating an HIV/AIDS-friendly school environment. Case studies at school level focusing on the issue of school leadership in a context of HIV/AIDS and poverty might very well be able to inform policy development in the education department, as well as other departments in curbing the impact of HIV/AIDS.

### 10.3.6   Factors relating to the principle of 'bottom-up' and/or 'top-down'

Leadership at all levels is important in facilitating change processes within a system. Key leverage points in facilitating HIV/AIDS support provision to schools seem, in particular, to apply to leadership at the levels of policy development and implementation (see 10.3.3 and 10.3.4), programme development, as well as the coordination of the implementation thereof at the district level (see below) and at the school level (10.3.5).

Linked to the issue of capacity is the importance of ensuring the ability of the HIV/AIDS Programme Coordinator, based at the education district office, to function foremost as a leader and not as an operational implementer of programmes and reforms. The risk to be caught between expectations of leadership and change management from the head office level, and the necessity to be operational at school level due to restricted human resources must be avoided in order for the support provision to have a substantial and meaningful impact at school level. I argue that the perspective of being 'caught in-between' the two expectations constitutes the third layer in the image of a 'triple-decker sandwich'. The image draws on Fullan's theory that change flourishes best in a 'sandwich': when there is consensus above, and pressure below, change happens (1993).

People who are targeted in the change processes must feel that the organisational development and change represent a potential of real improvement in their work environment. Resistance to change is reduced through large-scale active participation enhancing a feeling of ownership among the stakeholders at all levels of the system. A key principle underlying the aim to achieve planned transformation would therefore be to provide the opportunities for all stakeholders to be active participants in defining their own needs in a change process. Such a strategy would encourage a demand– or needs-driven support structure to a larger extent**.** It would, in addition, not only make support more meaningful to the support recipients, but would also enhance the efforts to decentralise the system itself. As shown in Chapter Three, no change happens unless change is perceived as meaningful and possible to achieve (e.g. Dalin, 1998). This general feature of change processes is illustrated by the resistance amongst teachers at the case school towards the many changes influencing their daily work as teachers. Most teachers felt for example that a major reform like the Outcomes Based Education (OBE) was impossible to achieve in a poverty-stricken school such as that of the case school, and the HIV/AIDS-related issues were, in general, felt as irrelevant for the school.

To change the power relations between the different levels of a bureaucracy require not only the devolution of power to lower levels, but also the allocation of adequate human resources. As a prerequisite, clear lines of authority, and financial means to exercise the decentralised power, are necessities. Leadership at programme level, such as in the case of the HIV/AIDS Life Skills Programme, should include the

possibility for the Programme Coordinator to initiate new programme ideas or to put pressure on higher management levels to obtain support for new ideas when necessary.

Finally**,** an effective link in terms of technical communication between the different levels of the system would be a prerequisite for meaningful support provision and programme implementation.

## 10.4    Final reflections

Looking back at the research journey of my thesis, I feel privileged that the Western Cape Education Department granted me access to a primary school in Cape Town, South Africa. The challenges the teachers and the principal at the case school are facing on a daily basis, and their commitment towards their learners, fill me with humbleness and a deep sense of respect for their work, and especially so, since I come from a country where schools are very well resourced.

However, it is interesting to note that teachers in primary schools in the well-resourced Norwegian classrooms also face challenges of HIV/AIDS relating to:

▪  A prevailing stigmatisation of those infected and/or affected by HIV/AIDS and a lack of openness with regard to the epidemic in society (Miljeteig and Fangen, 2007).

▪  A large majority of students in pre-service teacher education programmes in Norway have not received appropriate education in terms of how to *see* a child that has been exposed to physical violence or sexual abuse (Øverlien and Sogn, 2007).

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| ISalathiso | | |

**Wes-Kaap Onderwysdepartement**

**Western Cape Education Department**

**ISebe leMfundo leNtshona Koloni**

Ms Sissel Olsen
Faculty of Education
University of the Western Cape
Private Bag X17
BELLVILLE
7535

**Dear Ms S. Olsen**

**RESEARCH PROPOSAL: SUPPORT TO SCHOOLS IN THE CONTEXT OF HIV/AIDS AND POVERTY.**

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1.  Principals, educators and learners are under no obligation to assist you in your investigation.
2.  Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3.  You make all the arrangements concerning your investigation.
4.  Educators' programmes are not to be interrupted.
5.  The Study is to be conducted from 8th May 2005 to 28th April 2006.
6.  No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December 2005).
7.  Should you wish to extend the period of your survey, please contact Dr R. Cornelissen at the contact numbers above quoting the reference number.
8.  A photocopy of this letter is submitted to the Principal where the intended research is to be conducted.
9.  Your research will be limited to the following school: XXXXXX [erased to preserve anonymity].
10. A brief summary of the content, findings and recommendations is provided to the Director: Education Research.
11. The Department receives a copy of the completed report/dissertation/thesis addressed to:
    **The Director: Education Research**
    **Western Cape Education Department**
    **Private Bag X9114**
    **CAPE TOWN**
    **8000**

We wish you success in your research.

Kind regards.

Signed: Ronald S. Cornelissen
for: **HEAD: EDUCATION**
DATE: 8th **May 2005**

MELD ASSEBLIEF VERWYSINGSNOMMERS IN ALLE KORRESPONDENSIE / PLEASE QUOTE REFERENCE NUMBERS IN ALL CORRESPONDENCE / NCEDA UBHALE IINOMBOLO ZESALATHISO KUYO YONKE IMBALELWANO

GRAND CENTRAL TOWERS, LAER-PARLEMENTSTRAAT, PRIVAATSAK X9114, KAAPSTAD 8000
GRAND CENTRAL TOWERS,  LOWER PARLIAMENT STREET, PRIVATE BAG X9114, CAPE TOWN 8000
WEB: http://wced.wcape.gov.za

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VEILIGE SKOLE/SAFE SCHOOLS ☎ 0800 45 46 47

**A P P E N D I X   T W O**

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# Overview of interviews

**Schedule of Interviews**

**May to Nov 2005 and 7 Oct 2006**

| Date | Respondent | Venue | Language | No | Hrs |
|------|-----------|-------|----------|-----|-----|
| April 22 | Sandy Lazarus | UWC | English | 1 | |
| May 3 | School Principal | Principal Office | English | 1 | ½ |
| May 5 | School Principal | Principal Office | English | 1 | 1½ |
| May 9 | Teachers Grade 1-4 | Classroom | Eng/Afrikaans | 4 | 1½ |
| May 10 | Teacher Grade 1 | Classroom | Eng/Afrikaans | 1 | 1 |
| May 10 | Teacher Grade 2 | Classroom | Eng/Afrikaans | 1 | 1 |
| May 16 | Teacher Grade 3 | Classroom | Eng/Afrikaans | 1 | 1 |
| May 16 | Teacher Grade 4 | Classroom | Eng/Afrikaans | 1 | 1 |
| May 17 | Remedial teacher | School | English | 1 | 1½ |
| May 24 | Teachers and principals from five schools | UWC | English | 10 | 1 |
| Aug. 23 | Teacher Grade 5 | Classroom | English | 1 | 1 |
| Aug. 23 | Teacher Grade 6 | Classroom | English | 1 | 1 |
| Aug 25 | School HIV/AIDS Coordinator | Classroom | Eng/Afrikaans | 1 | |
| Aug 25 | Assistant Grade 1 – parent from farm areas | Classroom | Afrikaans | 1 | |
| Aug. 30 | Teacher Grade 7 | Classroom | English | 1 | ¾ |
| Aug 30 | HIV/AIDS Programme | Private house | English | 1 | ¾ |

| Date | Respondent | Venue | Language | No | Hrs |
|------|-----------|-------|----------|-----|-----|
| | Coordinator | (Athlone) | | | |
| Aug. 30 | Learners Grade 7 | Principal office | Afrikaans | 3 | ¼ |
| Aug. 30 | Learners Grade 5 & 6 | Principal office | Afrikaans | 4 | ¼ |
| Aug. 30 | Learners Grade 1 & 3 | Principal office | Afrikaans/ Xhosa | 4 + Xhosa inter-preter | ¼ |
| Sept. 2 | Church Youth Group member/ School volunteer/Farm area | School | Afrikaans | 1 | ½ |
| Sept. 2 | Church Group member/ Community Volunteer/ Farm areas | School | Afrikaans | 1 | ¾ |
| Sept. 6 | Principal of crèche next to the school | Principal office | Eng/Afrikaans | 1 | ½ |
| Sept. 6 | Crèche Asst. Community volunteer/ Informal settlements | Principal office | Afrikaans | 1 | ½ |
| Sept. 7 | School social workers | EMDC office | English | 1 | 1 |
| Sept. 30 | HIV/AIDS Field staff member | AIDS-Day event at three schools | English Combined interview and observation of activities | 1 | 3 |
| Nov.10 | HIV/AIDS Programme Coordinator | Private home | English | 1 | 1 |
| Oct. 7, 2006 | HIV/AIDS Cluster Coordinator | Private home | English | 1 | 1½ |

**A P P E N D I X   T H R E E**

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# Interview guides

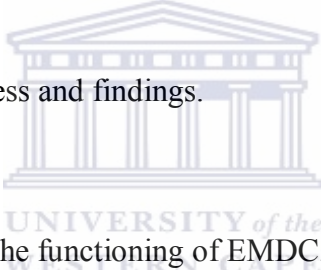## A.      Interview guide: Professor Sandy Lazarus

**Faculty of Education, UWC**

Date: April 22, 2005

*Open question:*

Elaborate on research process and findings.

*Check points:*

- Factors that impact on the functioning of EMDC.
- Whether the new structure contained in the EMDC was able to provide more holistic and coordinated support to schools.
- Cultural change versus structural change of the WCED.
- What changes had actually taken place? What seemed to have worked? Why/why not?
- Have changes been just cosmetic or have they been of real substance or even resulted in a paradigm shift (as intended)?
- Power relations emerging in the change process?
- Resistance to change (e.g. fear of job losses and new roles and responsibilities).
- The intention was to make schools producers of new models (SBM). How and to what extent has that happened?
- The teachers were intended to be included in change processes? How and to what extent has that happened?
- The plan was to establish a *Coordinating Unit* to manage a variety of development projects within the WCED (nationally and regionally initiated). Has this been done and how is it operating?
- If the Unit exists, does it have the synergy effect – reflecting everybody's participation and cooperation – as visualised?

▪ Has a more integrated approach to school support been achieved (both at EMDC level and between Head Office and EMDC)?

*Coordinating Unit:*

Integrated approach between the three *project teams*:

SEED Management

Educational Support and Development

Administrative Support and Control

## B.      Interview guide: Case School Principal

**Three meetings**

1. How would you describe the community of the school?
2. How would you describe the present situation for the teachers?
3. How would you describe the present situation for the learners?
4. What is the financial situation of your school?
5. How and to what extent do the parents contribute to your school?
6. What effects do you think the decentralisation of responsibilities and resources of the formal education system has had on your school?
7. What changes have you experienced since the introduction of the school-based management structure?
8. How is your school affected by the HIV/AIDS epidemic?
9. What are the aims and content of your school's management policy for HIV/AIDS?
10. Are any NGOs active in the school?
11. How do you perceive your own role in implementing the HIV/AIDS policy?
12. Do you, as the principal, think the school could play a greater role in fighting the epidemic?
13. How and to what extent is your school affected by challenges such as stigma, gender, poverty, health problems, violence related problems connected to life outside school?
14.  How, in your experience, does the HIV/AIDS Coordinator in your school function? How useful do you find the Coordinator's work?
15. How do you perceive the role of the teachers in implementing the HIV/AIDS school policy? How can they best be motivated to do so?
16. How, and how often, do you monitor the teaching of the HIV/AIDS Life Skills?
17. Have you registered the number of orphans at the school? How?
18. Leadership concerning dealing with the challenges:
    What possibilities do you see for improvements in the school dealing with

challenges of HIV/AIDS?

Does the school constitute a SAFE place of care and support?

19. How, in your opinion, does the School Governing Body (SGB) function in general and in particular with regard to HIV/AIDS?

20. How much support and backing do you get from the SGB? And from the EMDC?

21. What kind of support and backing do you get from the EMDC's HIV/AIDS staff?

22. What is the relationship between the school curriculum and HIV/AIDS?

23. What are your views concerning teacher in-service training and education in terms of HIV/AIDS?

24. Are the education materials, if any, appropriate with regard to the addressing of HIV/AIDS-related matters?

25. What needs do the learners have concerning their health and nutrition?

26. What are the gaps with regard to the school's needs in terms of dealing with HIV & AIDS-related issues?

27. Other needs of learners?

## C. Interview guide: Teachers

**Group Interview – Grade One to Four**

**Individual Interviews – Grades Five, Six and Seven**

*School Environment*

▪ How would you describe the teaching and learning environment in the school? (describe an average day).

▪ How would you describe a *healthy learning environment* and in what ways do you contribute in order to create such an environment in this school?

▪ How would you describe the average home and community environments of the learners?

▪ How does this external environment impact on the children as learners – and therefore your ability to provide them with adequate learning support?

▪ How appropriately do you think the school and the Education Department deal with issues of poverty (school fees and health/nutrition needs of learners)?

▪ Do you observe any differences between girls and boys in how they are affected by the home environment? If so, do you respond differently in any way?

*School as a Learning Organisation*

▪ Do you ever reflect on your work as a teacher – on the quality of the work you do and how it could be improved?

- How do you maintain discipline in your class?

- Are you aware of the school policy on HIV/AIDS?

- In what way did you get to know about it? Have you received any training?

- Has the policy had any practical meaning to you yet?
    - non-discrimination of learners in terms of admission and continued attendance;
    - precautions taken to minimise risk of transmission by blood;
    - prevention of HIV transmission during sport and play activities;
    - Age appropriate life skills and HIV/AIDS education;
    - The rights and roles of children/citizens.

- Have you had any education and training with regard to the HIV/AIDS syllabus? If so, what were the teaching strategies suggested? To what extent have you made use of those strategies? Were any manual(s)/teaching materials provided? Who provided the education and training?

- Have you had any training in dealing with your own prejudices and fears with regard to HIV/AIDS?

- Have you taught any HIV/AIDS and/or Life Skills lessons yet? If so, did you found the training useful? In what way(s)?

- How did the learners respond to the issues?

- What understanding do you think the learners in your classes have of HIV and AIDS (before and after the lessons)?

- Do you feel the need of more training or follow-up/guidance? If so, specify.

*The School, the Community and HIV/AIDS*

- Do you know of anyone infected with HIV or suffering from AIDS related diseases among the learners? Among parents?

- Do you know of any of the learners who are caring for sick parents? If so, how is it impacting on the child's psycho-social well-being and school performance?

- Do you know if any of the learners in your class have lost their parents (due to illness) and are living with grandparents, foster parents or other caregivers?

- Do you find that any of these children are in need of extra care and support from you as their teacher? And if so, how do you respond to that?

- How and to what extent do you communicate with the parents?

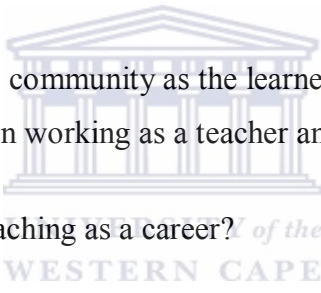- Have you come across any stigma attached to HIV/AIDS in school? If so, How did you respond to it?

*The Decentralised School Support Services*

- Have you had any support from the EMDC in dealing with issues related to HIV/AIDS? How do you value the support?

▪ Have you had any support in other areas from the EMDC (e.g. curriculum, participatory teaching approaches)? And how do you value the support?

▪ Any support from NGOs and/or the churches, or from any other organisations?

▪ Do you feel that you have any influence in the decision-making processes in the school? Have you noticed any changes since the introduction of the School Based Management Structure?

▪ Do you think the school could play a greater role in dealing with the challenges of HIV/AIDS? How?

▪ To sum up: Would you say the school at present constitutes a place of care and support, both for learners and for teachers? If so, in what way(s)?

## D.    Interview guide: Individual teachers

### Grades One to Four

▪ Do you live in the same community as the learners in the school?

▪ How long have you been working as a teacher and for how long as a teacher in this school?

▪ Why did you choose teaching as a career?

▪ Best part of the job?

▪ Worst part of the job?

▪ Are you considering to leave the profession? Why/Why not?

▪ Rate your work-related stress level from 1 to 10 (one being the least stressful).

▪ How do you deal with your stress?

▪ What is the level of absence among the learners in your class? And what are the most common reasons given?

▪ Do you know anyone living with HIV or AIDS personally? Anyone who died of AIDS?

▪  If you had anyone close to you living with HIV or AIDS: Has it affected your relationship to him/her in any way?

▪ Do you know of any learner infected with HIV or affected by HIV/AIDS in any other way?

▪ If yes, have you noticed any changes in the child since you learned about this?

▪ How do you treat this child? Does the child need any extra follow-up or care? If yes, what kind of follow-up?

▪ How do you perceive the leadership style of the principal?

▪ How and to what extent do you get support from the principal in your work? (curriculum/HIV/AIDS and Life skills/discipline/stress/emotional)

▪ Describe a staff meeting with regard to: who chairs, the agenda, the nature of the discussions, the atmosphere and decision-taking.

▪ Do you have a copy of, or have you ever seen the policy document? Are you using it? Have you participated in developing it?

▪ Have you used this learner activity book in your class? How did the learners respond? Do you think it has had an impact on their behaviour (making positive choices/caring/trust, etc.)?

▪ How do you perceive the in-service education and training on HIV/AIDS? Do you have any comments concerning the content or the methodology thereof?

## E. Interview guide: HIV/AIDS Coordinator at school level

**Two meetings**

1. Since when have you been the HIV/AIDS coordinator?
2. How were you appointed?
3. Why did you accept the appointment? (motivation)
4. What are your responsibilities? Any written instruction or description of duties?
5. Is it a paid position or an additional duty to your work as a teacher? Time allocated to carry out the intended duties (capacity)?
6. Have you experienced or noticed any similarities between the schools in terms of challenges related to HIV and AIDS?

   *Number of infected and/or affected learners.*

   *Perceptions/attitudes towards HIV/AIDS among teachers and learners.*

   *How the challenges are dealt with?*

   *Other?*
7. Have you experienced or noticed any differences between the schools in terms of challenges related to HIV and AIDS?

   *Number of infected and/or affected learners.*

   *Perceptions/attitudes towards HIV/AIDS among teachers and learners.*

   *How the challenges are dealt with?*

   *Other?*
8. What education and training have you received as the HIV/AIDS Coordinator?

   *By whom?*

   *Content?*

   *Weaknesses and strengths? Any training in dealing with your own prejudices and fears?*

   *Communication skills (related to teachers, parents and learners).*

   *Training manual and/or other training materials?*

   *More training needs?*

9.     What do you do in order to perform your duties as Coordinator?

*Constraints?*

*How do you share the information from the cluster meetings with colleagues?*

*Support from colleagues?*

*Support from principal?*

*Support/follow-up by the EMDC/Programme staff?*

10.    How do you coordinate the activities related to HIV/AIDS at the school?

11.    What do you understand by the "School as a Learning Organisation"?

*Reflection as a tool to improve own practice.*

12.    Is there a school policy on HIV/AIDS? *(show document).*

*In what way did you get to know about it?*

*Received any training in how to implement the policy?*

*Non-discrimination of learners in terms of admission and continued attendance.*

*Precautions taken to minimise risk of transmission of blood.*

*Prevention of HIV transmission during sport and play.*

*Age appropriate life skills and HIV/AIDS education.*

*The rights and roles of children/citizens.*

13.    Trained in the implementation of the HIV/AIDS Programme?

*Who provided the training?*

*Methodology used?*

*Teaching materials?*

*Useful? How? Weaknesses and strengths?*

*Any training needs still?*

*Follow-up?*

14.    The School, the Community and HIV/AIDS.

*Learners' general understanding of HIV/AIDS (age).*

*How did they develop this understanding?*

*Do they still have any misconceptions? Stigma? Why still?*

*Any differences between the two communities semi-(rural and urban informal) in this regard?*

15.    Do you know if any of the learners in school are sexually active? Unsafe sexual behaviour?

*If so, how did you respond?*

*And what are the procedures in place at school level?*

16.    Do you know of sexual abuse at school in or outside school involving any learner?

*If so, how did you respond (as a teacher if one of her learners was involved or in the capacity as HIV/AIDS Coordinator)?*

*How, in your view, did the procedures in place for such cases function?*

17. Knowledge of any learner infected with HIV or affected by HIV/AIDS.

    *If yes, How did you get to know or think you got to know?*

    *If so, is it impacting on the child's school attendance and performance?*

    *If yes, are there any differences between girls and boys?*

    *Differences between rural community and the informal community?*

    *Differences between age groups?*

    *How did/do you respond? And what are the procedures in place at school level?*

    *The follow-up of these children?*

18. Do you know if any of the learners have lost their parents (or other caregivers) due to AIDS and whether they are now living with grandparents, foster parents or other caregivers?

    *If so, is it impacting on the child's school attendance and performance?*

    *If so, are there any differences between girls and boys?*

    *How do you respond? And what are the procedures in place at school level?*

    *Any follow-up support? Have you experienced situations where any of these children have appealed to you for extra care and support?*

    *And if so, how did you respond to that?*

19. If none, have you noticed *any* children in need of extra care and support?

    *What are the reason(s) for the need for care?*

    *If so, any differences between girls and boys?*

    *How do you respond?*

    *What are the procedures in place at school level? Same as for children made vulnerable because of HIV and AIDS? Any weaknesses? Strengths?*

    *Have the needs and follow-up had any impact on the child's school attendance and performance?*

    *Are the needs of these vulnerable children any different from the children made vulnerable because of HIV and AIDS?*

20. Do you know of anyone living with HIV/AIDS in your own community?

    *If yes, How did you get to know?*

    *How did you react?*

21. Have you raised issues related to HIV and AIDS in the communication with the parents?

    *If not, why not?*

    *Constraints?*

    *Have you done anything to overcome the constraints?*

    *Any support from the principal on this?*

    *If yes, what issues were discussed?*

    *Did parents express any need of support from the school?*

    *If so, how did you respond to that?*

*If no, why have they not, do you think?*

*Anything expressed related to stigma?*

22. Do you know of incidents related to stigma (prejudices, discrimination) with regard to HIV/AIDS in the school?

    *If so, how and why?*

    *How did you respond to it?*

    *If not, why not?*

23. Formal School Support Systems

    How will you describe your working relationship with the EMDC (HIV/AIDS unit)?

    *Follow-up support.*

    *Appropriate and sufficient? What are the strengths and weaknesses?*

    *AIDS box/kits to keep in the classroom?*

    *Are these distributed to the teachers/classrooms?*

    *Need for in-service training/HIV-AIDS?*

    *What could <u>you</u> do to improve the situation?*

24. What is the nature of the counselling services, if any, available for HIV and AIDS infected and affected learners?

    *If available, how accessible and useful are these services?*

25. School Leadership

    *What kind of support do you get from the principal in your daily work? (Follow-up)*

    *Any changes?*

26. Influence in the decision-making processes in the school.

    *Have you noticed any changes in this regard over the past two years?*

    *In your experience, has any issue related to HIV/AIDS been on the agenda at a staff meeting?*

    *As an HIV/AIDS Coordinator, have you initiated HIV/AIDS items to be included on the agenda?*

    *If not, why not? If so, what was the response?*

27. Playing a greater role in dealing with challenges of HIV/AIDS.

    *How?*

    *Do you have any suggestions on how <u>you</u> could play a greater role in strengthening the school's involvement in these issues? For example, how to encourage more openness/reduce the stigma.*

    *Do you have any suggestions on how <u>the principal</u> could play a greater role in strengthening how the school deals with the challenges of HIV and AIDS?*

    *And the teachers?*

28. What are the plans for HIV/AIDS interventions in the near future?

29. And for AIDS Week?

30. What is the level of support from other groups or institutions in the community, if any?
31. Anything you would like to add to what we have discussed so far? Or anything that we might have left out?

*To sum up:*

▪ Does the school at present constitute a place of care and support in general for learners, including the most vulnerable?

▪ Does the school at present constitute a place of care and support in general for the teachers in order for them to provide appropriate care and support to the learners?

# F. Interview guide: HIV/AIDS Life Skills Programme Coordinator

## 1st meeting

▪ How were you selected for the position of HIV/AIDS Programme Coordinator?

▪ What is the HIV/AIDS prevalence in 'your' EMDC district? Statistics available?

▪ Have you been trained (pre-service and/or in-service) particularly for this job? How has this benefited your work as HIV/AIDS Programme Coordinator?

▪ Have you received any training as part of the SEED/STEDS (or other) change programmes of the WCED?

▪ What kind of training did you participate in, and how has this benefited your work as HIV/AIDS Programme Coordinator?

▪ How much resistance towards change and the HIV/AIDS Life Skills Programme have you observed/experienced at district and school level?

▪ Do you find that the process of decentralisation of the education system has had any impact on the HIV/AIDS Programme implementation?

▪ How, and to what extent, has the capacity and competence of the multifunctional teams at 'your' EMDC been developed in order to provide support in relation to challenges concerning HIV/AIDS in schools?

▪ How do you work with the schools? What works well and what are the challenges?

*Check points:*

▫ Visits to schools AND classrooms? Frequency and regularity?
▫ Supporting the schools in becoming learning organisations?
▫ Assessment of the implementation of HIV/AIDS policy and the HIV/AIDS syllabus. Assessment tools.
▫ Teacher empowerment. Guidelines developed for the teachers.
▫ Counselling skills training.

▫ Resource material development.

▫ Reporting procedures.

▪ How do <u>you</u> involve the community (parents/community groups/NGOs) in support provision? What works well and what are the challenges?

▪ What are the remaining challenges or areas of work that need to be improved?

## G.    Interview guide: HIV/AIDS Life Skills Programme Coordinator

### 2<sup>nd</sup> meeting

1. When we met in August 2005, you mentioned that during the planned intensive visits in 2006, you would also monitor how the schools deal with HIV/AIDS through classroom observations?

   ▫ Have you received the 'brief' from your supervisor to do so by now?

   ▫ Are teachers still as sceptical to being observed? And what do you do to deal with this scepticism in order to motivate teachers to welcome observation as a kind of support?

   ▫ What are the main issues you picked up?

   ▫ Do you have any concern in terms of teachers' <u>attitudes</u> when they teach about HIV/AIDS?

   ▫ What is your impression regarding the extent to which learners <u>understand</u> HIV and AIDS issues? What is it that they actually learn? How do you ensure whether they have learnt what you wanted them to learn?

2. Have you done any impact study on behavioural change among learners as a result of the HIV/AIDS teaching and learning?

3. Last time you said that teachers are often informed of the HIV/AIDS policy and interventions through the principal or the HIV/AIDS coordinator ("they do not read themselves").

   ▫ What is your impression of the teachers' <u>understanding</u> of the HIV/AIDS messages coming from the department and transferred this way?

   ▫ How do you monitor whether the outcomes of cluster meetings are filtered down to the teachers (and learners)?

4. How will you describe the relationship between 'your' EMDC and the schools in general today?

5. Last time you mentioned that parents were 'tricky'. Is this still the case or have you noticed any change in this regard?

   ▫ Do you find principals or teachers more proactive now in terms of involving parents and the community in general?

   ▫ Do you actively encourage or motivate teachers in this regard?

6. Last time you also talked about how HIV/AIDS is being integrated into all learning areas and not only as part of LO (Life Orientation).

       ◦  How do you think this process is developing?

       ◦  Do you encourage teamwork amongst the teachers?

7.      What makes a school an HIV/AIDS-FRIENDLY school? What are you looking for in order to decide whether it is friendly or not?

8.      If you regard a school as not HIV/AIDS-friendly, what are the most common reasons behind it not being so?

       ◦  How do you follow up?

9.      Would you say that the EMDC is HIV/AIDS-friendly? Do you feel you have enough support from within EMDC and HQ to carry out your TOR effectively (inputs in relation to outputs)?

10.    In what ways does the EMDC, or you as 'seconded' staff, prepare your exit from the HIV/AIDS Programme? (Is there an exit strategy? And, What is the impact and/or sustainability of the Programme?

11.    Do you foresee any problems or challenges that need to be addressed in order for the Programme to continue successfully?

## H.     Interview guide: HIV/AIDS Cluster Coordinator

▪  The purpose of the HIV/AIDS cluster structures.

▪  HIV/AIDS initiatives through cluster meetings: what, how and by whom?

▪  Has any training/workshops been called for, initiated and/or been implemented through the cluster structures on how teachers could identify learners infected or affected by HIV and/or AIDS? *(If not, why not?)*

▪  How are the HIV/AIDS coordinators functioning in their schools (based on their report-backs to the cluster meetings and your general impression)?

▪  Support from school principals? Are they being proactive in their support to HIV/AIDS interventions?

▪  Support from the EMDC HIV/AIDS Field Officer and HIV/AIDS Coordinator: Do you get the kind of support you need? *(If yes, in what ways – and how does it assist you? If not, what kind of support do you need – and why?)*

▪  What kind of impact do you see at school level that can be attributed to HIV/AIDS initiatives through cluster structures?

▪  To what extent is the purpose of the HIV/AIDS cluster structures being achieved?

▪  Any other experiences or lessons learned in your position as the Cluster Coordinator – and as a teacher – in terms of HIV/AIDS, that you would like to share?

**A P P E N D I X   F O U R**

## Extracts from interview transcripts

### Case school principal – 2nd interview

August 2005

R = Researcher; P = Principal

*R*    *How would you describe your leadership style?*

P    When I was busy … in this leadership course … now …at … I said I … look I'm still very much in my baby … taking my baby steps. And it's very difficult for me having been a teacher with these teachers for about 10 years before I became principal. So for me to basically now come up here, its not always easy to … for example: put changes in place, cause we've all been used to going along with, you know, certain rules and so … so I would say I try and be democratic, but there's … there's times that, I mean, the interpersonal relationships are good. I mean, I don't have any bickering or, you know, problems like that. But sometimes I think I can be more assertive, but it's a bit difficult coming from where … being a teacher … you know … and now coming and being a manager and now wanting to come and keep … you know… So it's trial and error … I mean … What I try and encourage is just working together. Because, I mean, the minute you work together, there's no one that needs to work against you and want to push you, or so. So we've got our HODs and SMT which is myself and two HODs. We have mechanisms in place to help for example monitor that things have been done; that the prep has been handed in … and … you know … all those little hiccups that can cause problems.

*R*    *Do you try to also lead by example?*

P    Yes. Absolutely … absolutely … I definitely try that. I find that is very important because no one can actually turn around and point a finger at you and say, "look, but you're late every morning" or " you're absent every second day " So that is very important … that you need to … to keep that … in any … in any respect, I mean, even in the way you speak to people ... or … you know, if I'm going to be … have an attitude and you know, not have a …even if I have a problem, I tend to call someone in here. I won't address it openly in a staff meeting. I tend to call someone in here and say, "look, I didn't like that or I didn't like that " And that's

how I solve it more on a personal level, than making a big deal about it, and blowing it out of proportion … which can usually happen.

R   *So how do you think that staff and parents and learners perceive you leadership? Have you had any feedback from them?*

P   Not much. I've heard ... I mean, one thing I must say when it comes to the learners, I would say they are ... you know … They respect … they have that respect, and so on. And me being here for so long already … you know … like, a child that's now in Grade Seven, I've had since Grade Three. And it's also very easy though discipline … the problem. Because ... I mean … you can no longer take out your weapon and say "look" you know. So I tend to use the – the cheap psycho-psychological approaches like … basically sit them down and say, you know, like, "I don't know you like this ... you've been since you were seven years old – Why … and you know, basically, you know, bring this boy to tears, you know, just to … a motherly talk , and working a bit on the guilt and things like that. And I tend to … I find out that works, you know, they…just to speak to them, and really to say how disappointed I am, and you know, …what they are doing… But I … we're very lucky: discipline problems are not major. Odd fighting that happen in everyone's grounds … I mean, children always fight … little things like that … but not major things, I mean, you will never find there are disrespecting of the teacher like swearing and things like that, that you hear happen at other schools. From the parents I haven't really had really…feedback, but what I have noticed, I said I … I don't know if it's because I'm a woman, and I ... I … maybe seem to be more compassionate. I …I have a lot of social issues coming to my door. You know, "My husband's beating me, what do I do; I need to open a bank account, what do I do; I need to get my trust money, my parents are passed away. Kan juffrou nie bel nie/ Can't you phone to find out about … how I go apply for my ID. You know … those little social things … or … can't you get a social worker because my husband is now paid off . You know, like …. so it's a lot of …I find a lot of things like that, and I think it's because it's a woman and people you know, tend to think, like, and I suppose I am, I'm a listener and I give them that type of ehm ear that they… maybe don't there. I've also, like, had a boy who…he…one who admitted to be a substance abuser… just two years back. And him and … his mom and I like were in contact and I called to thank her, and I would ride him … take him there personally to thank her. Every Wednesday he had to be there and that type of … they're very appreciative of that. I've also had a comment on my … letters that sent home. One parent said something that didn't even give thought to. And she said she likes the way I send the letters ... always written so nicely … it just not asking for something …well I tend to put a bible verse on top or something like that. So she was like very ... It was just one parent that commented on that. And where the teachers are concerned: I haven't heard any…I just heard one teacher who says: Nee jy moet jou voet neersit ( No you must put your foot down) I need to be more assertive, you know. And … I always must say it's difficult especially like, say for example

the absenteeism. Now we'll come to school this one Monday morning and there are three teachers not here … which works out to a third teachers, say 30 children per class, that's 120 learners. What are we gonna do now? Now the teacher will say: "you must put your foot down." So I say, but if people come with a sick certificate there's nothing I can do. I mean go to any Doctor's surgery … it's not one person sitting there … There's a lot of people who are sick at one time, and unfortunately it happens … and unfortunately we're a small staff. So when it is so that there's three teachers sick at the same time, it's going to disrupt … but it happens, I mean it's … there's no saying that you need to get sick this week, and I'll get sick next week … and happens that it is maybe a morning that we find ourselves here and "Oh my Goodness … there's three not here today and what do we do and … divide the children – some of them up and I go into a class or something like that.

R As a principal, do you think you could play a greater role in … with the challenges of HIV/AIDS which you know are out there in the community? Is there any way you could play a role?

P Well you know  … I wish I could reach more people. And … but what I tend to do, I've still got a very good relationship with the teenagers, the high school children that …. So they often come and say Hello and … you know … and I will find out and I will speak to them indirectly, and I'll say, "As julle besig is (If you are busy) make sure you use a condom. You now, that type of things … informal things … but, it will be – it's difficult to reach everyone, you know, it's really … the nature of the community is just like that. I mean I've been here 12 years and I've seen it … how parents meetings. You come here after your Sunday lunch at 3 o'clock and there's three parents, four parents. I mean it happens … it happened like that. The parents just don't pay any interest … you know … they work long hours … they live in squalor. So it's like … sometimes I think also they just don't feel like another problem on their necks. You know its something that we need to deal with this side. It's your problem. When it comes to school, so it becomes your problem now. You know like I mean coming back to the even what you asked about the First Aid and that … a child will come, say for example it was now long weekend, and that child got injured on Thursday night … cut his finger or foot on a glass or … He'll come back today and say: Juffrou, my voet … I hurt my foot, and show the teacher that cut that is already festering and so … And now we need to bandage the foot, and put on some Betadine and see to that. The parent didn't do anything else. So that type of … there is … not taking responsibility. But I really wish I could reach them more to … it's maybe something that I should consider … that I haven't given maybe enough thought, with everything else on our minds. That's something to consider, I mean even if it is a drinking … I know there's quite a number of groups … who works here with the community. Some church groups and there's a youth group (Spades) I don't know if you've heard of them. They're also busy here in the community. So

maybe through them, you know, one could say "look, put HIV/AIDS into part of your programme". You know instead of just maybe other … other skill or so.

R    *You mentioned you have a Health Committee. And you also have one particular teacher who is responsible for the HIV/AIDS*

P    Yes

R    *OK. Do you find that these teachers are proactive in implementing the HIV/AIDS policy and programme? Is the Coordinator sort of taking that responsibility to … does she understand the role?*

P    No … I wouldn't say so. She will attend whatever workshop comes up for the HIV Coordinator at your school … she will go; she will report back; she will …. I mean I know she's also busy doing it in school. But no … I mean it's just a … another thing, if I can call it that. You know we all understand the seriousness of it and it's part of the curriculum, but the driving the whole thing at school … I mean if there's a HIV/AIDS school week, or so, then she will now … you know … be busy. But it's not something that she's doing all the time. She will go and buy ribbons … red ribbons and get posters and … she will see to it at that time … for the HIV/AIDS week. But it's not something that comes up every day.

R    *What role could you play in encouraging her, supporting her to carry out her duties and responsibility?*

P    Ja, ja, you know, to be quite honest with you, I don't even now what her responsibility is. Maybe it will be in this resource drive that came now, that the HIV/AIDS Coordinator is actually supposed to do. But, when, as I said what I … what she does from this side is organise things, and if anything comes for a workshop I send off the notice to her … that there's a workshop for HIV/AIDS coordinator; there's a learning session; there's a conference – HIV/AIDS conference which she attended last year … they had a conference that she went to the Saturday. That type of things where … that is what I'm doing is basically just giving her every, any information that she needs to get, and … I mean whatever we also get on this side for example: This…I'll hand it over to her … and she needs to be seeing to that. But, I'm not too clear what ... what her role is.

R    *OK. What about the HIV/AIDS Life skills education that you do … the teachers do implement here. Do you play any role in supporting the teachers in doing that? To motivate or whatever…*

P    The … the life skills … is part of my orientation. Correct Yes. I mean, I think, I can't be found guilty of not supporting. I really don't think so. I … but it's for them to come and ask: " Loo, can you maybe phone a couple of numbers and try and get someone to come and speak to the children" or can … I, I mean, I don't have the time or the… to, to be around and find out, "look, what support do you need, what do you need, what do you need," you know.? So I basically expect

them to come and ask of me, "Could you do this? Could you find out this? What…" I mean, I will offer my support when I …if I can, and I'm able to.


## Group interview – Teachers Grade One to Grade Four

May 2005

R= Researcher/ T1, T2, T3= Teacher / [ ] = Translated


R    *OK, now you have the books that you were given by the education department when you attended the workshop – HIV/AIDS workshop. So, and these books you have actually used, what is your experience in using those?*

T1   I give them this one, then; they must now say what you can so … what you can't do … then they must cut is out. One page is: what you can do and the other page is the dangerous one … what they can not do. So this, that and that and that they can do, but this they can't do. That was supposed to be the blood … supposed to be red. And here, this they can do, this can do this, this they can't do, this they can do. So they could do it. This they can't do … this they can do

T2   I tried once with the – with the principal. We went through it … I was looking for something. And I didn't understand, and I left it. But we did this like with the Health – Gesondheid – we did this …

R    *Would you say that you would like to get training in how to use these manuals?*

T3   Not really. Once you read it, you will know how to do each bit.

T2   At the workshop … I don't think … they didn't even go through …

T3   X and myself … we went to that. And from there they said we must go fetch the books …they're gonna send it to the school …

T4   You know about that workshop at that what do you call it committee?

R    *Health Committee?*

T4   Health Committee. So she and another teacher went to that workshop where they spoke about this

R    *I understand from the principal that one of you has been appointed as the HIV/AIDS coordinator in the school.*

T2   Yes, I'm just in the place of the lady (coordinator) … but (sigh) … and I do go with her…no real training

R     *Do you know about the ... do you know the content of the AIDS policy? Have you been trained or shown?*

T2   AIDS policy ... At school … ??

R    *Do you know the content?*

T3   Ja, man …

R     *What is the content?*

T2    I don't know anything about this

T3    It's in the books

T1    No, no, no…we have an AIDS policy … now you're not talking about that … are you talking about our AIDS policy?

R     *Yes the school's AIDS policy*

T2    Yes we have an AIDS policy

R     *Do you know the contents … what does it say?*

T2    Miss X drew up that thingy. We're all supposed to read through it and say this … and what the department says, and what we must know.

T1    We didn't

T3    We got it, but …

R     *You know that you have it but you don't know what is in it?*

T1    Yes … we have to discuss it … workshop it.

T2    There's so many workshops … there's no (time) for all this … really, really, really.

R     *Do you feel you are in need of more training in terms of HIV and AIDS?*

T2    But we do more training, where are the AIDS people that we must see to?

R      *What about prevention … to teach the learners?*

T2    We had something here already

R     *There's been some … ?*

T3    Yes, there was a lady here, and she spoke to all the classes, and she showed them all the pictures … one picture with the penis that was so red … then the one child said, "Juffrou my broer syne lyk ook so by die huis. [Miss/Teacher my brother's also looks like that at home]. This brother, he had some sexual disease, or something. But she spoke to them and she showed them every picture she had … in a pile.

T2    But they must come do the smaller classes also … from Grade One

T3    But still … I mean … even if you send G-d here now, children are like … ok, not all … but most of the time I find that children go by the way they feel, you know what I mean and how … whatever stimulates a child; the child goes with that feeling … in fact they are abusing, and I mean, we've, we've spoken to all those children, and when something happens in class, we speak to the children, we tell them the pros and the cons … and still, when they're in that situation, they go for it!

T1    You tell them, "When the people fight, just run home." They don't run home, they want to see. "When somebody's run over in the street, go home, don't go

look." Sometimes the brain's lying there ...  and this is lying there … They want to see.

T2    They're not afraid of anything … gunshots … they can come tell you.

T3    It's because … ehm … most of the things … I know that some things stick.

T2    You can speak to anybody

T3    But most of the time, when you tell children, like, we teach, we tell them, we show them. Tomorrow you as the same thing … they don't know. You teach again, you do everything over … they go home – they come back – it's the same story over and over.


## Individual interviews – Teachers in intermediate phase grade

August 2005

*R      How would you describe yourself as a caregiver?*

R sums up what the teacher said: Described her marriage to the widower with two little children. She has raised them and they are becoming teenagers now, and they love her dearly. That is the extent of her caregiving. She said will go that extra mile to care for the learners.

*R      Do you find amongst your learners that some need more of your extra care and support?*

T      Yes, definitely. There is a little girl in the class whose single mother started working for me (housework/domestic). So a few little girls I have over on a weekend about once a month.

*R      In school, is there anything you can do extra for her? How are you responding to her?*

T      She is such a loveable type of child. I would never have said she is in such an abusive situation. But now that I'm aware of it, I will give her extra attention.

She stays with me in the afternoon after school, while I'm busy preparing the following day's work. I understand now why she's doing it.

*R      I learnt from the other teachers I have been talking also. There are quite a few learners in the yard not wanting to go home at the end of the day.*

T      Yes, that's right.

*R      Do you have any other obviously vulnerable children in your class? You now, are there other children in your class who are suffering one way or the other?*

T:     Gosh, a lot. A whole lot…but like I say, with J, it doesn't have a bad influence on her. The circumstances didn't change her personality. Now there are others in the class who because of their circumstances they change … they become violent.

They become aggressive, and there are a whole lot of them like that. I got a little boy here, a Black … an African boy. He's fond of kicking and hitting the girls. Now in my mind, I'm sure that he saw that somewhere, and he refuses to talk. He says it is not.

R   *So you tried to talk to him.*

T   Yes. I tried to get it out of him. He gets so uptight, and then he just kicks the girls until they're lame. Things like that. I had him … more than once he went to Mr X [only male teacher on the staff]. There Mr X had to discipline him in a certain way, to get him to behave. And he's got a lot to offer, not that he doesn't have … I mean academically now, he has a lot to offer … even in the social part of his life. Last week I was doing an assessment with my class, and we were doing different religions. So I felt I was going to do it different … social science … that was for the history. I wasn't going to give them a work sheet, I was going to give them a practical. The children at this school are more practical type of children, than intellectual … theoretical. So we touched on the religions: Hinduism, Judaism, Buddhism, Islam, traditional African religion and Christianity. We touched on them all. We then role-played … divided them into groups and did a beautiful Christian ceremony, dressed up. And this little boy that I was talking about was so beautiful. He is not antisocial. So there … there's abuse somewhere in his life, but he's not willing to open up.

R   *But do you have learners where you can see their home environment obviously impacts also on their learning performance?*

T   Yes, like in his case, and not just him … there are three children in my class. Two of them have Alcohol Foetal Syndrome. They are supposed to be 11 turning 12 in this grade, but they are 17/18 going on 19. There's nothing going on there. But she comes from a loveable home. I met her mom this morning for the first time … a very loveable type of child, and the children in the class are very compassionate and they care about her. But the mothers still drink.

R   *How do you respond to the parents … to these mothers?*

T   I can tell you about J. When her mother came and there was this smell, the whole office stank because in a rage she went to the principal. I was called in and J was sitting there … shame. She cried, she said her mother was lying, that her father gave the mother money etc. But the mother just carried on. I then told her she "needs to listen to the child, otherwise you are going to lose her. You are saying you don't want to lose your child on the streets, but with your attitude, the way you are behaving and performing you are going to lose your child, because she is not going to want to be with you. A child can still go without a father, but the mother figure is so important to children." I told her "you must sit still, talk to yourself. You will have to change, because this is bad for you child. We don't want her to become a dropout on the streets."

R   *Did you find that the mother actually understood this?*

T    Oh yes, because I asked for the clinic cards before for my life orientation class, because we did HIV … was my theme … so I asked for their clinic cards because the immunisation shows on it. Her mother refused, but since our talk, she has given it. I told her children also have rights, so listen to your child.

R    *Do you also give that message to the learners?*

T    Oh yes, the first term of the year we covered children's rights, and responsibilities.

R    *Are you familiar with the HIV/AIDS policy?*

T    Yes. It is with the principal; from the media centre we also got a video cassette on HIV & AIDS. So when I did the AIDS lesson, I introduced it with that video. It was very effective. It points out the choices that we make in our daily living. We live with choices and many times that choice that we make, bad or good … we have to live with it. We pay the consequence of the choice we made. Very illustrative … this little video ... It was very effective because it brought out how can you not get AIDS, and also how can you get it. And I think that is the most important point that we have to leave behind with the learner. And they had to draw for me how it can and how it can't happen. But so far I haven't found ... there's no research done on any child at this school …

R    *Have you identified if any of your learners are infected or could be infected with HIV?*

T    I don't think … because we try to stress …

R    *Have you noticed if any of your learners are sexually active? Have they come to talk to you about it … or between themselves?*

T    Not really. I can maybe mention to you that I've got a little girl in my class, was in this grade last year, and in August she just stayed away from school, and she was pregnant. She's in the class now again, she had the little baby girl, it was taken away from her, the milk had dried up, they gave her tablets. She was under the social worker, and she was very tearful the beginning of this year. But you know what happened? She's turned into an aggressive child, swearing … and doesn't care if I hear. But in the last month or two she's changed a lot. I think it is the way she finds us accepting her. The rumour was it was her mother's 41-year old boyfriend, and there's also a rumour of a 21-year old person who was abusing her sexually. She started menstruating … and that is how she became pregnant. How I heard the story, this had been going on since she was 11, so when she turned 12 and started menstruating last year, she fell pregnant. They were both put in prison.

R    *Oh. So did the school report this to the police?*

T    Yes, the principal had the police but she went to the mother too. So, like I say, she was sexually abused, but she is not the type of child that will speak about it. I think she feels ashamed.

R     *Do you think she could be infected with HIV?*

T     That I can't tell you now.

R     *Is that something you have thought about?*

T     Yes, but how do you go about it? A person can't force … we had the mother called in at the beginning of the year because of her behaviour problems, swearing and that, and I couldn't handle it any more so we sent a letter to the mother. Then we heard the boyfriend was out of prison, and he was seeing the mother again. So it's like a whole cycle … I don't know … I don't know…

R:     *Oh. So you don't know … so let's go back … you said you did your HIV/AIDS lesson. Can you elaborate on what you think is the understanding the learners have before you did the lesson and after. Did you notice any changes?*

T     I think it came through in that video more than if I just told them about it. Because they saw the things … you know children are very fond of the TV, so afterwards they could really … even the weaker ones could give me a response. So I think the effectiveness was the tool that I used.

R     *Have you had any training in teaching HIV/AIDS?*

T     We went for the workshop last year … the whole school … at the previous school in 2003 I also did it there and at the other school in Grassy Park I also did it there at the workshop. And then I came here where I did the full workshop.

R     *So what do you think of the training?*

T     You know they did it so … it was so excellent. I met someone with full blown AIDS … the workshop was very effective … it left a lasting impression on me … I just want to tell everybody about it …

R     *Do you use any of the things you learnt in the workshop in the classroom? Do you apply it here?*

T     Every year they send us the HIV/AIDS work books.

R     *Yes, we have seen it.*

T     I let them work out of them and it's quite effective, where they have to tell you how can't you get the virus and how can you. And I think, like I say, to me that is the point that stands out. The child must be aware how you can get it, and how you can't.

R     *Our interview time is over, but if you have a few more minutes … you mentioned on a few occasions, very serious cases of abuse here. In your follow up … in your response to that, how was the support that you got from the principal.*

T     The principal … all the way … she's just there to stick to … whatever the case may be. Like in the case of the girl that fell pregnant ... she was with me all the time; we did the necessary; she phoned the social worker when the girl was crying – missing the baby – she was there for her.

R    *How was the response from the social worker do you think?*

T    They were very compassionate, but they were also thinking: the mother, she wanted to keep the baby. We sent her home and we said, go as your mother, how she feels about it, and her mother said "No". She cannot afford the child. The principal then tried to explain to her. Now can you just think of this child? That's a child sitting there in a adult's body, that's gone through all the things we as adults went through … I mean, she wasn't ready for this at all. The principal explained to her about nappies, you know, all the things that come with raising a child.

R    *Oh. Coming back to the principal and leadership, how would you describe her leadership style?*

T    Excellent. Very good leader ... I've been with lady principals before, and she's the first one that's so into it. You can go with anything out of my class from one of my learners, and it becomes her problem too. I can even come with a personal problem, and I can speak to her. She's always there to listen. She's got that heart, that big heart to just take everybody in. What you see is what you get. That is where she is.

R    *Are any of your learners living with grandparents, or other caregivers?*

T    I know of one boy. He's been absent for the whole week … I spoke to the class about absenteeism and told them even if you are bright … if you stay absent for more than 50 days in the year, you will repeat the year, according to the department. I spoke to 3 bright children in my class who are fond of staying absent. I mentioned this boy who was the only one absent today, but he doesn't normally stay absent. One of them said he was sick. The principal then said someone had phoned to say his grandmother is sick with worry … he's never been home since Sunday evening. But he's not missing. The children see him around all the time.

R    *How will you respond then? If he comes to school tomorrow ... what will you do ... will there be any follow up?*

T    Yes, I'll take him to the principal. I'll go there, and we will speak to him further.

R    *And then maybe contact social worker or ...*

T    Yes, go the extra mile.

R    *Well, we have to finish here ... thank you very much.*


## Community Worker (no interview guide)

R = Researcher; C = Community Worker; E = informal settlement

This caregiver has been working in 'E' informal settlement for the last three months.

C I have been caring for a little girl who was a year and six months old. The mother has AIDS and so does the father. I couldn't take her into my class because of her age [too young], but I didn't turn her away, because she is a clever girl. She was so small, yet she could do all the activities that we did. We don't take children who are still wearing nappies, because there are no facilities for nappies. There is no water nearby. The tap is on the other side [of the settlement]. There wasn't a tap that I could use. In the afternoons I had to run home to use my toilet. In any case, there's a lot of people there living with HIV/AIDS. There's lots of children [in the settlement]. I have a little boy here. One day while I was dishing their food he complained of stomach ache. He went home. Then his grandmother came to see me to tell me the boy is too ill to return. I gave her his lunch to give to him because I know there's hardly any food there. People get a child grant of R180 per child. Soon there is no money left, because they have to buy from the shop for the whole month, for the family. When I used to work there the Child Welfare used to supply food for them … bread, whatever … and whatever food was left, I used to give to the children in the surrounding area. When the term ended in June, my supervisor told me to join the holiday programme here at this crèche in July. We then got transport to bus the children in from E, and we are still here. But while I was working in E, I know the AIDS was so high in that area. Last Thursday, Friday it was storming. I rounded the children up for the bus, but before we left, I could see one side of the settlement … the houses were filled with water. The place was covered in water. The one lady couldn't get off her bed. When the bus driver (who is also a community worker) came, I asked him to inform head office of the situation. I couldn't even get enough children because everything was wet … their clothes … Well, as we drove back to E, I saw they came. My supervisor and two social workers came. They brought blankets, food, jerseys for the children. It wasn't a lot, but at least it was something. You know, to get to E, it is a long dusty road that I have to walk. But when you walk up that road in the morning, you can smell the sickness in the area. I myself became so sick, I couldn't take it anymore.

R *How is the safety in there when you go there?*

C Yes. Everybody knows me. A big lady – she also has AIDS – was walking with her shoes in her hand. She was in so much pain that she couldn't put her shoes on her feet. Yesterday morning, as I was rounding up the children for the bus, she came past me and greeted. She said she felt much better because I think they took her to hospice or somewhere. I don't know where.

R *Do you know of any children caring for sick parents there?*

C Caring? There are so many children staying in there … you know the 'house' is one small room, and in there are three or four grownups with six to seven children.

R *Do you find there are many children who don't go to school?*

C    Yes. I spoke to one yesterday. This little boy that is with me … we are taking photos in November, so I have to ask them if they have money to pay for the photo. He is about 10 or 11 years old, and I always ask him, "Why don't you go to school?" Then he says his mother has no money. Yesterday morning I went to the little house to ask his granny about the photo, and there he was lying on the bed – double bunk. He asked the granny to please send him to school … he will be a man one day, who will take a wife. And the wife doesn't always want to work for the man. The man is supposed to support the wife. The granny agreed. Anyway, my time is up now … back to work.

Arrangements were then made to go with Community Worker to E before the end of that week.

## EMDC HIV/AIDS Life Skills Programme Coordinator

Sept 2005, 1st meeting

Life Skills Programme Coordinator = C; Researcher = R; Area of the case school = X

R    *First of all, how did you become the HIV/AIDS Programme Coordinator?*

C    The truth or the lie

All    LAUGHTER

R    *[Laughing] Well, you decide…*

R    *Are you able to give me some information on the HIV/AIDS prevalence in your area, which is EMDC XXX right?*

C    Ja … it differs from place to place. This EMDC has what you call some red hot spots and some very green spots; you know … areas where people feel they're really not affected by HIV&AIDS at all. So our area stretches from xxxxxx [deleted] I've got all the stats at work.

R    *Have you? Would it be possible to get those statistics from you?*

C    Yes you would be able to get copies of it. Then we also have the xxxxxx [deleted]. The prevalence rate is not as high in some areas as in others, but V has got a high prevalence rate … people living with the virus, but very few go for testing … only when they are very ill, then they seek medical help. Then they will find out they are HIV-positive and some living with AIDS. So it differs from community to community. In some communities people go before the time, others – they wait till they're dying before they see a doctor … because your community takes care of you; your parents take care of you … and the stigma still exists in some communities more than others.

R    *Like X for example where I visit a small primary school there…*
     *Would you say it also varies within that area?*

C    It varies within communities….some areas in X has a low formal prevalence …
     others again has a very high rate. But one must also understand: in some areas
     people don't go to their own local clinic for HIV testing. People will go to other
     areas. If you're looking for stats for instance, the xxxxxx you look at a rate of –
     out of the 3 200-4 000 people tested, 995 were positive. Nearly a ¼ of them tested
     positive. In xxxxxx of the 4 095 tested, 834 was positive. So you can see it's quite
     a high rate … one in every 4, one in every 5 people is positive. And then we have
     … yes … within areas you have … it differs. For instance you take xxxxxx are
     for instance. One side of xxxxxx saw a higher prevalence rate than the other side,
     because you look at living conditions or the type of people living there, or older,
     more settled. Whereas others are young, new people coming in … around the area
     you have 'squatter' communities – you have informal settlements, you know, and
     so it differs. Some areas don't have clinics; others do have a clinic very close to
     them … very clinics … or other clinics, not so friendly where you'll find less. So
     it could be because of the services people get … whether they go to that facility
     of not.

R    *What about the informal settlements in X? Do you have any statistics on the*
     *prevalence there?*

C    Well we (offer) stats relating to the clinics in the nearby area. So whether it's the
     people themselves going there or people from other areas coming there … or
     whether people from informal settlements go somewhere else … that we don't
     know. But the only thing that we do know is that is that people often venture out
     of their own area and go somewhere else … because of stigma … unless they're
     so poor that they don't care … or they're so ill that they don't care … or the
     service is better. The service is actually good and there is a way in which their
     anonymity can be secured. If that is the case – which it is in some cases – you
     know some Day hospitals and clinics have provided sort of – what do you call it –
     people can remain anonymous.

R    *Can you tell me about the work you do … when you … how do you go about it …*
     *when you want to visit the schools, you know …  What is it you do when you're*
     *there?*

C    Well, visiting schools come at the latter part of the programme. We first started
     off with training educators – train them in basic HIV/AIDS life skills: we train
     them on how to do HIV/AIDS in the curriculum; sexuality – their own sexuality –
     dealing with issues pertaining to their sexuality; their learners' sexuality; looking
     at HIV/AIDS stats, and how that affects the world and also their own local
     community; and what is the whole community's status in the sense of – how is
     the community affected by HIV/AIDS, if at all… or don't they know about it. So
     we began with that process. We also gave them learner support material, and we
     gave them educator support material. And then we have regular meetings with

their HIV/AIDS coordinators, in clusters. We meet … extra training … they go back to tell the staff what has been happening in the field. WE supply them with updated information around HIV/AIDS. Then only now … nearly two years later…of (…) intervention in schools, bringing the programme to schools, sustaining the programme, and the educators – supplying them with material – that we are busy visiting the schools to monitor the implementation of life skills.

R     *Ok, so when did you start monitoring?*

C     We only began …we've been monitoring the whole time we were busy with them, but the intensive monitoring has been happening from the beginning of this term, that we've gone to schools with a checklist, audit forms, you know, with reports. Visiting them … looking at the books of learners, looking at what children have been doing in life orientation specifically, and how it is used in the classroom; any challenges teachers are facing; anything we can assist them with. So we chat with principals and HIV/AIDS coordinators, and teachers involved.

R     *Ja, when you chat with teachers, do you also observe the teachers when they are …*

C     No, not at this stage. Teachers are very sceptical about observation, especially you coming into their classroom – their domain – there's a whole political debate around observation in classes, checking up on people, except for IQMS where somebody has to sit in to see how you teach. The unions are involved in that. So we're not venturing into listening to teachers giving a lesson. That's not our scope. Our scope is more to see what lesson plans are there from the educators, and they've done it, and how does this reflect in the children's work. You know, so have they done the work in the classroom. How they've done it – that at this stage we are not interested until we get that brief. But, that it is done, and we check around how things are done; what is new, what is innovative; what can they share with other schools; what are the challenges that they found in the material that they are using; what other material are they using…so that we can share the good practices with other schools.

R     *What about testing the learners' understanding of HIV/AIDS issues?*

C     No. We have not gone as far as testing the learners' knowledge of AIDS – but what we could gain is from the learners' workbooks, how they engage with the material. Some learners are very advanced in their engagement with the material, especially with the skills, attitudes and the values around their own and HIV and AIDS life skills per se. In that way one can gauge, but going in with a test or a tool or a monitoring tool for learners, to see what is their knowledge, we have not done that yet. At this stage we think it's not appropriate right now. We probably will be doing that from next year when we do intensive visits at the school, when we hope to look at teacher lessons and we look at learners giving feedback on the lessons…where we'll basically look at whether the attitudes of educators influence the receptivity of learners to the messages – which has been mentioned

as one of the biggest barriers that learners have, to accepting any information ... is teachers' attitudes. Their own vulnerability when they talk about sexuality… their own inability to express themselves because they are not very comfortable with topics. So those have been things that we picked while we trained teachers. We picked up these things that teachers are not comfortable with their own sexuality, or speak around issues… which means – how do they relate that into the teaching practice. Yet that's not the brief as per se now. We're looking at taking it systematically now that they're used to us coming into the school to monitor… (it's good to be monitored again). We'll go around and look for something else now: We'll look at learner profiles; and look at how they have included HIV&AIDS in their profiles. So slowly they'll get used to us doing monitoring, so when we go in for the class, when we go in for learners, speak to learners they'll be used to us, because it's a new process. We've outgrown the monitoring or inspecting … for years now the inspecting of educators have been absent, because of the change in political system, caused a change in the education system, and the whole confusion around which roles people have to play, whether it is a monitoring role, or supportive role. We've been supporting educators for a long time now, and have not done really any in-depth investigation or evaluation of what really is happening in the classroom. And to that effect, a lot of abuse is still happening; a lot of malpractice is happening, but nobody does anything about it, because it's not something that's done. So hopefully in the new term … because government is looking at service delivery … teachers are zoned in. In the Weekend Argus report you looked at how many teachers were fired for misconduct, and how many teachers were fired due to sexual molestation, and how many are still waiting to be fired … 2 principals have been fired for disclosing somebody's HIV status. You know, so these things are currently happening, and the more I think we get into supporting schools … we're also looking at how we can those abuses … how can we translate that into better … making the teacher … you know … teachers are frustrated … they're overburdened by administration, bogged down by little nitty-gritty things that's placed upon them by the schools system itself, which blames the department for giving it. So the teachers are blaming the department for the extra workload and everything else …s o the department has a negative face – a negative connotation – because they are giving the teachers extra work … extra things and they can't really teach … so now we need to look at that and look at how to motivate teachers to do better.

R    *Are you familiar with the SEED/STEDS programmes of change? That was before your time with the department ...'96, '97, '98, '99... They tried to change the role of the department to a more supportive, instead of control ( during Apartheid) ... to support.. .*

C    I remember the time and because, you know, what happens in education, as you may know, is things are done from Head Office. Then it is brought down to the schools … in different layers. And as it comes down to the lowest level, the

whole message is "scribbled", watered down, not really given as the directive, unless teachers sees it in black and white and read when it is there … but teachers don't read. They expect the principal to tell them what it's about. So the principal gives his version of what he heard from the circuit manager or the inspector at that time. So teachers knew that there were changes happening, but they don't have the full … like OBE when it came in. It's not that they read about what OBE really is, it's what they heard … the negative things and they translate that aspect. So to have a system of change processes that has happened … the good intentions are lost because of the resistance to change.

R    *Do you, in your experience, find there is a any resistance to change?*

C    There is still a lot of resistance to change …

R    *Admin work?*

C    Yes … I will look at some of the schools we go to. They have their programmes in place; they have their learning areas in place. Stuff is being written by professionals; they've got everything worked out. Now I come … I come with guides that we introduce through the HIV /AIDS curriculum. "We don't have time for that now … it's not part of our brief … we have a curriculum, you just come and give us extra work …

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R    *Can we just go back to where you mention the difference between the school … in terms of how far they've reached. Of course there are many explanations, also differences in resources for example. But have you come across any differences that could be related to whether the school was part of SEED/STEDS process – the change process; change management, training of the principal and educators in school?*

C    No, I haven't looked at it. On that I can't give you an answer. But some schools are well-managed and some schools are poorly managed. And in a lot of the poorly managed schools there's apathy towards other things, because they can't cope with existing things. So things like HIV and AIDS anti-thing … even in some well-managed schools … so it differs from area to area, and from school to school … and then it has nothing to do really with resources. Some very poor schools doing excellent work in HIV and AIDS … and some rich schools are also. So it does not cost money to do the work.

R    *How do you explain these differences amongst schools?*

C    It has a lot to do with attitude and your view around HIV and AIDS and how it affects you or your community. In some of our schools we had quite a good success, where they were formally very apathetic … didn't worry about it; didn't think about it. After the training they become much more involved in it. Not just by policy and implementation, but by actual things that they do.

R    *What about the involvement of the community – the parents?*

C     They are better … the parents are tricky still, so a lot of schools have difficulty in having getting them involved in it. But the school community – what they're doing in the classes – what they're doing in their free time and the activities in the programmes … it al includes HIV&AIDS. So there you see the big difference between what was and what is now. Our initial meeting at the school, and then now when you go back to the school … it is totally different … where AIDS was just another thing, and now … I don't know if it's our personalities, because I think personalities also play a huge role in making this programme work, because we have better cooperation from principals, better attitudes, better … whatever we need to do.

      But we have to go.

R     *Thank you so much!*

C     We can do it again some other time.

(which we did)