

How school governing bodies in South Africa understand and respond to HIV/AIDS

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As the pandemic of HIV/AIDS increases daily and the epidemic in the Republic of South Africa is one of the worst in the world, causes and consequences of HIV/AIDS remain contested among political and medical elites in this country. It is indicated that school management and governance are not *au fait* with the legal requirements to deal with this disease and, in many cases, are still ignoring the existence of the disease. I argue that knowledge of the causes and consequences of HIV/AIDS and a positive management of pupils with HIV/AIDS would help to prevent the spreading of this disease.

Introduction

In South Africa, the origin, causes and consequences of HIV/AIDS¹ remain contested among political and medical elites (MacLennan, 2000:3; Anon, 2000:1; 2). This double-mindedness has raised serious questions about the understanding of the epidemic in vulnerable institutions like schools, and the possible actions that might follow such a skewed conception of what causes AIDS and how it could be treated. It is against this background that School Governing Bodies (hereafter SGBs) need to manage the impact of HIV/AIDS in South African schools. Coombs (2002:26) argues that HIV/AIDS is "an overwhelming disaster and so far little has been done to confront it effectively". According to the World Bank (2002:xvi; 1-2) the largest number of people with AIDS is currently living in South Africa.

The epidemic

The epidemic in South Africa is so intense that no one can ignore the reality and every life in the Republic is influenced by it. At this stage over 5 million South Africans are infected with HIV/AIDS (Desmond & Gow, 2002:3). It is estimated that between 5.3 and 6.1 million South Africans will be HIV positive by 2005, and between 6 and 7.5 million in 2010 (Steyn, Steyn & De Waal, 2001:46-47). Frederiksson (2002:1) indicated that in 2001 it was estimated that 83 581 babies had become infected through mother-to-child transmission. That those who will survive to enter the public school system will definitely pose a challenge to the SGBs in managing this disease in schools is clear. It is estimated that a sixth (3 million) of South African children will be orphans in 2010 due to HIV/AIDS (Desmond & Cow, 2002:4). Schools are already experiencing the effects of the epidemic as teachers, learners and members of their families fall ill. The National Minister of Education, warns that almost every educator will eventually be teaching some learners who are HIV/AIDS-positive. He further points out that this disease will disrupt learning and teaching, "teachers have to take on an extra load when sick teachers are absent". As a result, many schools will be crippled by the impact of the disease (Asmal, 1999:1).

In South Africa and abroad, very little research has been done on HIV/AIDS and education (Hartell, 2002:7). A cursory study of the comprehensive proceedings of the International Conference on AIDS held recently in Durban, South Africa, will reveal a preponderance of studies on the clinical and bio-medical aspects of HIV/AIDS with very little on the attendant psychological, cultural, legal and policy concerns related to the pandemic. The few educational studies available tend to focus on "AIDS awareness" and "AIDS education" with very little empirical work on the broader social issues and concerns related to HIV/AIDS. It is clear from Hartell (2002:2) that research on educational law related to HIV/AIDS is extremely limited.

Perhaps understandably, in a pandemic where time is arguably the most important variable in determining the availability of subjects for study, and where the urgency of activism and intervention overshadows the need for disciplined and systematic research endeavours, it might be unreasonable to expect a deluge of long-term studies on

education law and policy regarding HIV/AIDS. Yet, without a careful study of the rights of learners and teachers who, for example, are serum-positive, educational institutions are not only vulnerable to legal action and discipline, they could undermine the human rights and dignity of such persons within South African society. It is important, therefore, not only to gain insight through inquiry into how educational institutions understand and act on law and policy regarding HIV/AIDS in their daily routines and practices, but to provide the kinds of information through careful study that could assist educational practitioners to act in accordance with their rights and obligations.

Research strategy

The Inter-University Centre for Education Law and Policy (CELP) initiated this research project. It built on existing inter-institutional collaboration with the purpose of establishing an inter-institutional research endeavour which will have critical significance for development in South Africa.

The research project was undertaken in four provinces of South Africa, *viz.* Gauteng, Limpopo, Mpumalanga and North West. In this article we shall only focus on the research undertaken in the Gauteng.

Methodology

Five schools in the Gauteng Province were selected. While trying to sample schools, the researchers tried to sample former black as well as former white schools.

The research was conducted by means of focus group interviews which were based on case studies (descriptions) presented to each school. The language of instruction at the former black schools is English. The other schools were former white city schools. Two of these former white schools were Afrikaans medium. One was a primary and the other a secondary school. The last school, an English medium secondary school, caters for mixed-race girls, although it was a former white school.

Three very powerful, succinct and focused case studies were developed which have the following properties:

- (a) the case description is based on an actual or hypothetical event regarding HIV/AIDS;
- (b) the case description is intended to convey an underlying education law principle to be tested; and
- (c) the case description is designed to solicit a reaction from the school community as to its corporate understanding and operational policy on dealing with the "case" in the context of education law and policy.

A selection of stakeholders from the SGBs was brought together for these interview sessions which lasted about sixty minutes. The composition of the stakeholder group in the case of the secondary schools included, *inter alia*, the principal, two educators, two parents and one learner. In the case of the primary school, a learner was not part of the SGB.²

1 HIV means the human immunodeficiency virus. AIDS means the acquired immune deficiency syndrome, that is the final phase of HIV infection.

2 In terms of Section 23(2)(d) of the South African Schools Act, Act 84 of 1996 (hereafter SASA) the membership of the SGB comprises, amongst others, also learners in the eighth or higher grade at schools.

The SGB members were presented with each of the three case descriptions in sequence. Each case description was read to the group by the two researchers present. Each respondent also had a copy in hand. Hereafter time was allocated for the SGB to present its corporate view as well as the individual views of SGB members on how the SGB understands, responds to and would manage this particular case study. The interviews were transcribed and the two Afrikaans interviews were also translated into English for detailed analysis and comparison of responses across the five schools.

To analyse the data, we will compare the schools by examining their responses in the different case studies in sequence.

Case study one

Your school has a forward-looking Governing Body that is really concerned about the spread of HIV/AIDS and you (the School Governing Body) are determined to be an example to the community in providing AIDS education to teachers and learners. As part of your campaign against the disease, you as a Governing Body decide to propose voluntary testing of all the teachers in the school, followed by a counselling and support programme. The teachers agree to participate and 35 of the 40 teachers are actually tested (with full consent) for HIV-infection. The governing Body receives the medical report which shows that 54% (n=19) of the teachers in your school are HIV-positive. Nobody knows this, except the Governing Body that launched the study. Note that the Governing Body does not have the specific names of the teachers involved, only the overall test results.

Leading questions for the interview with the Governing Body

- What would be the policy of the school in this case with respect to disclosure of the teachers' HIV status?
- Would you inform the teachers (as a group, tested and untested) of these results?
- Would you inform the parents of these results?
- Would you inform the learners in your school of these results?
- What do you think the department of education expects from you as a Governing Body with respect to this particular incident in your school?
- What would you as a Governing Body do — if anything — to support teachers who are HIV-positive?

Questions posed to all five schools were regarding what their policy would be in terms of disclosure of the HIV/AIDS positive educator and what action they would take to address the infected and the affected.

Issues of disclosure

In two of the five schools, one a former white English medium secondary (catering for a mixture of white and black learners) and the other a former white Afrikaans medium secondary school (catering for predominantly white learners) felt that there should be no disclosure of anybody's HIV/AIDS-status whatsoever. Reasons advanced for no disclosure were that educators would be demoralised, parents would not register their learners in the school anymore, and that it is the department of education's requirement that there should be no disclosure. In cases where no disclosure would pose a danger to the school in terms of, for instance, infected learners passing the infection to other learners during sporting activities, or educators who absent themselves from school over a long period of time due to illness, the schools felt that if precautionary measures such as educating the school community about the effects of the epidemic are taken and if health aids such as gloves are available at the school and if substitute educators are in place, the infection should be of no danger to the schools at all.

One of the five schools (former black secondary school) felt that in the interest of being open about HIV/AIDS-issues, the percentage of educators infected with the virus should be disclosed to the entire school community (parents, learners and educators). Care would, however, be taken to protect the names of the infected. Some members of

this school felt that educators would be encouraged to disclose if they are willing to act as role models for learners. Two other schools would not disclose but if the status of those who have been infected proves hazardous to the school, disclosure would be encouraged.

For the pro-disclosure schools (i.e. if it were hazardous to the school) there was a disagreement between and within schools on whether the information would be revealed to the infected individual educators or educators as a group. In two of the pro-disclosure schools learners would not be informed about the status of educators.

Since Case Study One dealt with issues of disclosure, it is imperative that the provisions of the policy be examined. The National Policy on HIV/AIDS for Educators, Learners and Students states in section 6.1:

"No learner or student (or parent on behalf of a learner or student), or educator, is compelled to disclose his or her HIV/AIDS-status to the school or institution or employer."

It is noticeable that although all the schools immediately argued that there should be no disclosure of educators who are HIV-positive, different reasons were given like the right to confidentiality and privacy. Not one school mentioned the National Policy on HIV/AIDS. The positive assumption is that there is a general tendency of being aware of the Constitution and its entrenched human rights. As one school stated when asked if they had a policy to handle cases such as the above: "We work according to the Constitution". However, the question arises whether SGBs are really aware of the National Policy on HIV/AIDS or whether they are *au fait* with its contents.

It is significant that the SGBs of the former black schools felt that they would disclose the fact that some educators are HIV-positive (without disclosing their names) to parents and learners. The former white schools agree that there should be no disclosure to educators, parents or learners. It seems that at the latter, SGBs are more cautious and image-conscious. The former white schools have strong community awareness and in line with the new tendency of marketing a school, disclosure will definitely not be the correct marketing tool. As one educator puts it:

"I will tell you that I will be cautious in making it known to the parents. If you inform the parents you will have almost no children in the school for the next year. If it happens at this school, for example, and I as a parent find out about it, I will rather take my child to a different school in the next year. One will have to be careful in this regard."

The National Policy on HIV/AIDS also mentions in paragraph 6.2:

"Voluntary disclosure of a learner's, student's or educator's HIV/AIDS status to the appropriate authority should be welcomed ..."

Only one (a former black school) SGB mentioned that they would support voluntary disclosure.

"The thing is the teacher should take initiative ..."

"It is not compulsory but people are usually encouraged to do so, firstly to be examples for the learners ..."

Case study two

Two learners (Y and Z) of your school contracted AIDS. Because they were mindful and considerate of the implications of their children's state of health on others around them, the parents of Y and Z called on the doctor to disclose this information to the class teacher, Ms X. Ms X has been requested to regard the matter as confidential. No one else at school or in the community was to be informed at all. At the end of the term, the principal and Governing Body of the school call on the learners and educators to donate blood at the school's blood donation rally. Learners Y and Z — ignorant of the consequences of their HIV-status — are eager to donate blood as there is an urgent need. The nurse collects their blood. Ms X is confronted with the fact that she has promised to keep quiet about the learners' health status.

Leading questions for the interview with the Governing Body

- Does Ms X have a responsibility to disclose the information about learners Y and Z?

- What would you as a Governing Body expect from Ms X with respect to disclosure?
- Who exactly should Ms X inform, if anyone at all?
- What do you think the department of education would expect of Ms X?
- What do you think the department of education would expect of you as a Governing Body in this case?
- Should learners Y and Z be expelled from the school for endangering the lives of others?
- Should learners Y and Z be allowed to participate in school sports activities?

Questions posed to all five schools were regarding what their policy would be in terms of disclosure of the HIV/AIDS-positive status of learners. Questions were also posed to investigate what action they would take to address the infected and affected and how the SGB would respect or balance the fundamental rights of all stakeholders.

Most schools agreed (after debating the issue) that confidentiality is important and since the blood would be tested, Ms X would not be allowed to speak out.

However, one school (the former white, Afrikaans speaking primary school) did not have consensus on this question. Although the majority argued that confidentiality is important, a parent argued that the nurse should be informed that some of the blood is infected. An educator, however, believed strongly that since Ms X knew about the infected blood, she should tell in order to prevent a mistake in the handling of the blood which might result in an infection, especially since there is a window period³ in which the blood will not test positive. This argument persuaded another parent to agree.⁴

The SGB members disagreed on what the SGB would expect from an educator with respect to disclosure of the HIV/AIDS status of a learner in this regard. Some felt that Ms X had to keep quiet; others felt that the SGB had to be told that there were infected learners without disclosing their names. Another point of view was that Ms X should guide the parents to disclose if necessary.

One school (one of the former black schools) had consensus that the SGB or someone else should be told.

When asking exactly who should be informed, if any, there was no consensus between the schools and members of the SGBs. Their answers varied from the principal, the SGB, the doctor, the nurse, to no disclosure at all.

Most schools believe that the department of education would expect that confidentiality should be honoured. One former black school feels that the department would expect the SGB to support the infected learners. The former white primary school said that in this case the rights of all stakeholders should be balanced.

All the interviewers had consensus that no one should be expelled from the school. This is in line with the National Policy on HIV/AIDS as stated in Section 2.6:

"Learners and students with HIV/AIDS should lead as full a life as possible and should not be denied the opportunity to receive an education to the maximum of their ability."

However, it is interesting to note that no school indicated what the National Policy on HIV/AIDS for Educators, Learners and Students prescribed. One school said that it would be against the Constitution while a second argued it would violate their right to education.

There was general agreement that HIV-positive learners should be allowed to participate in all types of sports otherwise it would be discrimination. Policies had to be ready to deal with all injuries as if the injured were HIV-positive. A strong second point of view, however, from the former white primary school and a former black school, is that HIV-positive learners would be denied participating in contact sports.

Whilst the second case addressed the issue of disclosure of learners' HIV-status, the relevant section in the HIV/AIDS-policy is the same as in the first scenario (see p. 6). Whilst all the schools agreed in the first scenario that the status of educators should not be disclosed, there was no agreement about the disclosure of learners' HIV-status. It is interesting to note that even although the majority still believes that the HIV-status of learners should not be disclosed, when the question "Who exactly should Ms X inform?" was posed, they felt that the principal, the SGB, the nurse or the doctor must be told. Some said no disclosure should take place at all. This indicated that although the SGBs know how to apply general human rights the moment they are confronted with a practical situation close to them where the rights of other people (learners — even their own children) could be violated or their lives endangered, they seem to lose track in applying the legal principles or in balancing the rights of all the stakeholders.

Most SGBs indicated that they know that the department of education expects them to honour confidentiality which is in line with Section 6.4 of the National Policy on HIV/AIDS:

"Any person to whom any information about the medical condition of a learner, students or educator with HIV/AIDS has been divulged, must keep this information confidential."

However, only the former white Afrikaans schools indicated that they would balance the right to confidentiality with the fundamental rights of all the other stakeholders (especially infected learners):

"One should look at confidentiality, but if other children are infected, there will be judicial implications if the information is withheld."

"Remember that the rights of other learners are the issue here."

This is in line with Section 10.4 of the National Policy on HIV/AIDS which states:

"The principal of the school or institution must take the necessary steps to ensure the health and safety of other learners, students, educators and staff members."

All the schools said that learners with HIV-positive status should be allowed to participate in sport. All injuries should be attended to as if the injured were HIV-positive. This is in line with Section 7.1.1 of the National Policy on HIV/AIDS which states that:

"... in situations of potential exposure to HIV, all persons are potentially infected and all blood should be treated as such ..."

Significant, again, is the fact that two schools mentioned that they would not allow HIV-positive learners to participate in contact sports. This is addressed in Section 8 of the National Policy on HIV/AIDS:

8.1 The risk of HIV transmission as a result of contact play and contact sport is generally insignificant.

8.1.1 The risk increases where open wounds ...

8.1.2 Certain contact sports may represent an increased risk of HIV transmission.

8.2 Adequate wound management, in the form of the application of universal precautions, is essential to contain the risk of HIV transmission during contact play and contact sport.

8.2.1 No learner, student or educator may participate in contact play or contact sport with an open wound ...

8.2.2 If bleeding occurs during contact play or contact sport, the injured player should be removed ..."

One can ask the question whether the schools which indicated that HIV-infected learners are allowed to participate in all types of sports, are aware of the prescribed risk management of blood and injuries and whether their first-aid kit would be adequately supplied with the necessary equipment. The second question would be whether those schools which said that they would not allow these learners to participate in contact sports are aware of the policy. Firstly, by bluntly refusing them to participate, they would be violating their rights to equality. Secondly, one wonders whether they were aware of the measures to ensure that even if there were an injury, no one would be infected.

Case study three

A female teacher in a rural school goes for a medical check-up after feeling weak and ill. She discovers that she is HIV-positive. Fearful

3 There is a three-month window period after being infected and before the infection can be traced medically. After infection it takes almost three months before HIV-antibodies appear in the blood.

4 These members of the SGB forgot that the window period argument is irrelevant, since the learners had already tested positively.

that her colleagues as well as the learners might reject her at her school, she decides not to disclose her status to anyone. Her work suffers, she loses concentration, and is absent from school on a regular basis. Her health deteriorates, and she becomes weaker and leaner by the day. The teacher decides to consult a social worker who writes a report to the principal that she (the teacher) was undergoing psychological treatment. Upon receipt of the letter, the principal leaks this information and spreads the rumour (already rife in the school) that the teacher has AIDS. The pressure becomes so intense that the teacher resigns from the school.

Leading questions for the interview

- Assuming your school knows that this teacher is HIV-positive, how would you deal with the fact that she was absent from school on a regular basis because of deteriorating health?
- What do you believe are the rights of the teacher in this case? Do you believe the teacher can claim that she has been discriminated against because of her HIV-positive status?
- Would your Governing Body make any special provisions to cater for the needs of the teacher who is HIV-positive? If so, what special provisions would you make in your school?
- Should this teacher be allowed to continue teaching in your school?
- What do you believe the department of education expects from you as a Governing Body with respect to the case of the teacher described in this scenario?

Closing questions

- Does your school have the "Emergency Guidelines for Educators"?
- Has your school received any training on how to deal with HIV/AIDS in the school context?

The third scenario tested how the SGB would address continuous absenteeism by an educator due to ill health caused by HIV/AIDS.

All the interviewees felt that when an HIV/AIDS-positive educator is continuously absent, one should address this matter according to normal sick-leave policy but that there must be support for the educator.

The interviewees indicated that the educator who is HIV-positive had a right to confidentiality, privacy and to normal sick-leave procedures. They also agreed that the educator would have a claim that there was discrimination against her/him because the principal had spread the rumour.

All interviewees argued that the educator who is HIV-positive or already has AIDS should be supported. The former white schools mentioned that the SGB might encounter financial difficulties in providing substitute educators for those HIV-positive educators who have been appointed by the SGB.

Everyone agreed that HIV-positive educators should be allowed to continue teaching. One former Afrikaans medium school specified that as long as the educator is physically fit they would allow the educator to teach. One principal summarized it as follows: "All staff members should be handled in the same way. The school is a caring society. The work has to be done, but one does have sympathy."

All the SGBs state that the education department expects the SGB not to discriminate against these educators, to apply legislation and to support the educators as much as possible. A former black school states that there must be support. They do not mention the policy on dealing with dismissal on the grounds of chronic illnesses. The English speaking former white school states that they will not disclose. However, they will support the ill educator and appoint supplementary staff. It was only at a former white Afrikaans school that an educator states:

"To act in good faith and according to the law as we would have done in the case of any other person who fell ill."

All the SGBs agreed on the fact that there should be no distinction between the educator who is HIV-positive or has AIDS and an educa-

tor with any other illness or chronic illness with regard to sick leave — the normal sick leave policy should be applied. However, there is a tendency that they really would try to support this educator as far as possible.

The SGBs agreed upon the fact that if the principal disclosed the information about the educators' HIV/AIDS status, he would have acted against the Constitution and that his/her right to privacy had been violated. The educator therefore would have a claim because he/she was unfairly discriminated against.

Interview two referred to a court case where an HIV-positive educator who had lost her job because she absented herself too much, was reinstated after she had revealed during the court case that she had AIDS. This SGB seems to believe that the educator with AIDS should always be supported and could never lose his/her job, even though they indicated originally that the HIV/AIDS infected educator should be treated according to normal sick leave procedures.

The next questions indicated the positive attitudes of SGBs to support the HIV-infected educator:

Principal: "According to the law we as SGB must adapt the working situation of the teacher. We will perhaps know that she will not be in every day and then we can adapt her working situation accordingly."

Educator: "What she is doing maybe reshuffled. She can maybe be moved from a teaching position to a more administrative position where she has less contact with the learners."

Learner: "She must be given time to recover if she is not feeling well. Everybody must support her in order for her to be successful at teaching."

It is clear that the verdict in the court case had influenced this SGB to believe that they must support the educator with AIDS more than other educators who are terminally ill. The real facts of the case, however, were that the educator was reinstated because her dismissal was procedurally handled incorrectly.

All the schools agreed that they would support the educator with AIDS and that the government should supply substitute educators. However, the former white schools were concerned that if the specific educators are in SGB posts, they would not have enough money to pay the educators as well as the substitute educators. One of the former white schools, however, did not anticipate this problem originally. They argued that they have enough educators in SGB posts to substitute and that they appoint educators only for a period of a year and that they would simply not renew his/her contract. However, they then realised that it amounts to unfair discrimination against this educator.

Chairperson: "I think that we will make the same provision as for any other person. At the moment we have a couple of Governing Body posts. These people can stand in for when people go on leave or are ill and I think that will happen in this case as well."

Deputy Principal: "Our appointments are for a year, so we will have to look at the situation at the next appointment. But it is a difficult situation. If she is in an Afrikaans post, for example, and you appoint someone else in the Afrikaans, post you will have a problem because the Labour Act determines that you have to appoint her again."

On the question whether the educator should be allowed to continue teaching in the school, the former white Afrikaans medium schools said yes, up to the point that her health would allow her to teach. The former white English school only stated: "Certainly" while the former black schools argue that she must be allowed to teach and must be supported.

Principal: "The first 36 days are leave with full pay. Then the next 36 days the doctor must give direction, because the more the teacher stays away from school it means that the more the teacher's health is deteriorating. But the doctor must decide, because he knows at which stage this person is. If it is towards the end, the teacher must stay home. But if she de-

cides she still wants to come to school, the principal must decide on the best strategy to accommodate her."

To summarise

General impression

School Governing Bodies (SGBs) are aware of the impact of HIV/AIDS in education. At a theoretical level, they understand its effects and are aware of the measures they have to take in dealing with the effects within their schools. However, there did not seem to be real case scenarios of schools losing their educators to the epidemic or having an educator who continuously absents him/herself from schools due to the epidemic. Such that initially when a case like this was presented to them, they were all moved by compassion and responded that they would pledge absolute solidarity no matter what the circumstances. It was not until other cases were raised which challenged them on how they would react if the infected people in their schools posed a danger to them that their position of compassion and absolute solidarity wavered. They then began to talk about their rights and the rights of learners.

There seemed to be an approach of looking at training and counselling as a panacea to curb the spreading of the virus. The role of trainees as agents who make choices of implementing or disregarding what they have learnt seemed not to feature. One interviewee said: "If those learners are counselled regarding the dangers of HIV/AIDS, they will definitely not donate blood, it is a fact".

All five schools had an opportunity of having some of their educators attend training courses organised by the department of education on HIV/AIDS. All those who attended felt that the training was good and that it enabled them to better understand issues involved in the epidemic. There did not seem to be proper co-ordination of cascading the training to other members within the school. It seems that one or perhaps two educators would undergo training, normally the educator responsible for life-skills, and he/she should then disseminate the information to other educators.

In all five schools, training, support and counselling would be given to the infected and affected respectively. Schools revealed that HIV/AIDS featured in various learning areas and educators and learners get to talk about these issues in one way or another. In one of the former black schools there was a religious approach to matters of sexuality with stakeholders torn between being open to learners and regarding precautionary measures such as condoms and contraceptives, thereby risking exposing learners to promiscuity, or educating them and thereby arm them with life skills.

Although there were plans in place to address the epidemic, schools did not seem to have ongoing programmes on site to deal with it.

Understanding of departmental policy on HIV/AIDS

The schools' general understanding of the department's policy was that there should be no disclosure of HIV/AIDS-status. They also understand the provision of counselling, training and support in an attempt not to discriminate against the HIV-infected.

In a case where educators absent themselves over a long period due to being ill from HIV/AIDS, all schools agreed that they would follow the departmental guidelines and/or the Labour Relations Act in dealing with such cases. They all felt that they would give support by providing substitute educators. They were all very clear that they would not allow a situation where learners would suffer because of an educator who is ill.

"It was in this case where it was becoming clear that a line was drawn between compassion and reality, there was a sense of 'for as long as it does not affect us, it is okay, there can be no disclosure but if it affects us then we will have to act'".

However, it is evidently clear that although the former black schools, in response to the original question, indicated that educators who absent themselves should be addressed via normal procedures, it was clear than when confronted with a practical situation the tendency was

rather to support the educator to the end instead of dismissal on the grounds of illness. "But if she decides she wants to come to school the principal must decide on the best strategy to accommodate her".

Conclusion

From the data collected in this research project, it is clear that SGBs are not always clear on what the National Policy on HIV/AIDS expects them to do or not to do. It rather seems that SGBs tend to address issues by applying their general knowledge of the Constitution and human rights.

Section 12.1 of the National Policy on HIV/AIDS states:

"Within the terms of its function under the South African Schools Act, 1996, the Further Education and Training Act, 1998, or any applicable provincial law, the governing body of a school or the council of an institution may develop and adopt its own implementation plan on HIV/AIDS to give operational effect to the national policy."

It seems that most SGBs are not aware of these functions or simply have not really implemented it. When asked if the school has the Emergency Guidelines for Educators, only school one said "yes". This was not verified. However, after the interview they asked if they could keep the case studies to assist them when drawing up their HIV/AIDS-policy and said that the interview pointed out to them the urgency of getting an HIV/AIDS-policy. School two responded that they do not have such a policy; school three said that they do have one but after talking about it, it became clear that they were talking about a normal "School Safety Policy". School four's answer to this question was "Yes we have the gloves, etcetera". It actually seems that only school five really had their policy in place: "Yes, we are expected to follow departmental guidelines".

Evidence from the focus group interviews indicated that there is a tendency that former white schools address HIV/AIDS issues differently than former black schools. Former black schools seem to appear to be more progressive in their approach. They indicate an open-minded collectivist approach. They are the schools that would encourage (although not force!) disclosure. Furthermore, they are the schools that are willing to support the staff to the very end.

"An internal arrangement must be made to accommodate her".

"... if she decides she still wants to come to school, the principal must decide on the best strategy to accommodate her."

Within the former white schools, one could also sense a difference in approach between English and Afrikaans medium schools. The English medium school seems to approach the issue from a closed and individualistic way. They show no sense of community — they would address their problems and issues internally. However, the Afrikaans medium schools show a strong community awareness and are very cautious and image conscious — they would rather deny that there is a problem at all.

All the former black schools also said that they think that both parents and learners should know if an educator is HIV-positive.

"They (the parents) must be informed so that they can educate their children."

"Yes, they (the learners) have to know. The educators must lead by example. The learners must be educated how to handle the situation."

Although there was some concern in interview three regarding this issue, most members agreed with the views as mentioned in interview two:

"But you know what is the correct thing to do. It will be for us to educate the parent on the policy of the SGB and the HIV-policy of the state. No one is supposed to be discriminated against on the basis of his/her HIV-status. And if you look at the way AIDS has spread you can hardly say in a population of 45 educators and 1 500 learners there is not one that is HIV-positive. So I think the parent needs to be thoroughly educated and then from there if there is a disclosure the parents can decide on the terms of interaction of this particular teacher with the learners."

"I think learners should be informed because they are taught about AIDS and how one is infected, so I think it would be appropriate to inform them."

All the former white schools stated that they would neither disclose to parents nor to the learners. Interesting again is the fact that the English medium school was very firm that they would not disclose without giving reasons whereas both Afrikaans medium schools were concerned about the sensitivity of the matter and perhaps their image.

"No this is a staff matter. It is sensitive and a personal matter and the parents should not be involved."

"I will tell you that I will be cautious in making it known to parents. If you inform the parents you have almost no children in the school for the next year. If it happens at this school, for example, and I as parent find out about it, I will rather take my child to a different school in the next year. One will have to be careful in this regard."

It seems that the Afrikaans medium schools are very cautious and image conscious. They have a strong community awareness and do not want to offend any members of the community and would rather be quiet than "lose face".

Another troublesome matter is the fact that not every educator is trained with regard to HIV/AIDS. From this research project it is clear that only one to three educators per school have been trained. This is in line with Alet Rademeyer's remarks in *Beeld*, 7 October 2002, that only 12% of educators have received training on HIV/AIDS. According to the National Policy on HIV/AIDS (Section 2.10.3) all educators should be trained to give guidance on HIV/AIDS.

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