





# Teachers' Experiences in Implementing HIV and Aids Policy in Lekwa West Circuit Schools of Standerton, Mpumalanga

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**Abstract.** This study explores teachers' experiences in implementing HIV and AIDS policies in Lekwa West Circuit schools, Standerton, Mpumalanga. The purpose is to examine how teachers implement the policy, their roles in its formulation, and the barriers they face. A qualitative research design using a case study approach was employed, with a purposive sample of 10 to 15 Life Orientation and Life Skills teachers who have at least two years of experience. Data were collected through semi-structured interviews and document analysis of school policies and guidelines. The interview guide was reviewed for validity, and triangulation with document analysis ensured reliability. Data were analyzed using thematic analysis to identify key themes such as training, policy communication, support from school management, and resource availability. Findings revealed that teachers struggle with policy implementation due to limited involvement in its formulation, inadequate training, lack of clear guidelines, and insufficient resources. Life Orientation was also undervalued, and student discipline issues further hindered effective engagement. Recommendations include involving teachers in policy formulation, providing comprehensive training, allocating adequate resources, recognizing Life Orientation as a core subject, addressing student discipline, and conducting regular policy reviews to ensure effectiveness and improvement.

**Keywords:** Education Barriers, HIV and AIDS Policy, Life Orientation, Policy Implementation, Teachers' Experiences.

## 1. INTRODUCTION

The implementation of HIV and AIDS policies in schools is critical for addressing the ongoing impact of the HIV epidemic on educational systems, particularly in regions like South Africa, where the HIV prevalence remains high (George, et al.2022). Schools play a pivotal role not only in educating students about HIV and AIDS but also in mitigating the stigma associated with the disease. In response to this, the South African government has developed a comprehensive HIV and AIDS policy framework designed to ensure that schools actively contribute to HIV and AIDS prevention, care, and support. The policies emphasize integrating HIV and AIDS education into the curriculum, protecting learners and educators from discrimination, and fostering a school environment that promotes awareness, prevention strategies, and inclusivity (Daka, et al, 2021).

Despite the presence of a detailed policy framework, the practical application of these policies remains a significant challenge. Teachers, who are central to the implementation of HIV and AIDS education, often encounter a variety of barriers that hinder the effective execution of these policies. One of the major obstacles is the lack of adequate teacher training. Many educators are not sufficiently equipped with the knowledge and skills necessary to effectively teach HIV and AIDS-related content. Research indicates that without proper training, teachers may lack the confidence to address sensitive topics, such as sexual health, and may struggle to create a supportive and inclusive classroom environment (Ringisai & Sutiningsih, 2023). This lack of preparedness can lead to inconsistent delivery of HIV education across schools (Nzuza, 2024).

In addition to inadequate teacher training, the lack of institutional support is another significant barrier to effective policy implementation. The successful integration of HIV and AIDS education into schools requires strong guidance from educational authorities, sufficient resources, and a clear framework for embedding the policies into daily teaching practices (Daka,et al., 2021). However, schools often face weak communication between policymakers and educators, leading to gaps between policy expectations and actual practices. Teachers are frequently left without clear directives on how to implement the policies, which results in variations in implementation across schools and districts (Katshuna, et al., 2023). Furthermore, the absence of robust monitoring mechanisms means there is little oversight to ensure that HIV and AIDS policies are being followed properly, leading to further inconsistencies in policy execution (Bouabida, et al 2023).

Teachers play a vital role in the successful implementation of HIV and AIDS policies. As trusted figures in the education system, teachers are responsible for educating students about HIV and AIDS, addressing misconceptions, and creating a culture of acceptance and inclusivity. They integrate HIV and AIDS education into the curriculum and help create safe spaces where learners affected by or living with HIV can receive both educational and emotional support (Moyo, & Perumal, 2019). However, despite the critical role teachers play, many feel unprepared due to challenges such as insufficient professional development, unclear policy guidelines, and a lack of appropriate teaching materials (Nzuza, 2024).

In Lekwa West Circuit schools of Standerton, these barriers are particularly evident. Observations show that some schools lack a documented HIV and AIDS policy, making effective implementation nearly impossible. Even in schools where policies exist, teachers face challenges related to inadequate training, absence of structured

implementation strategies, and limited support from the Department of Education (Zondo, & Mncube, 2024). Without clear guidelines and sufficient resources, teachers struggle to translate policy into meaningful practice, leaving students without consistent HIV and AIDS education. This study aims to explore teachers' experiences in implementing HIV and AIDS policies in Lekwa West Circuit schools, focusing on the barriers they encounter and the strategies needed to improve the effectiveness of policy implementation.

## **2. STATEMENT OF THE PROBLEM**

It has been observed that the implementation of HIV and AIDS policies in schools within the Lekwa West Circuit of Standerton faces significant challenges, despite the existence of a comprehensive national policy framework designed to address the epidemic's impact on education. While the policy aims to integrate HIV and AIDS education into the curriculum, protect affected learners and teachers from discrimination, and foster supportive school environments, the actual translation of these policies into practice remains inconsistent and problematic. Teachers, who are central to the successful implementation of these policies, often report a lack of adequate training, support, and resources to effectively deliver HIV and AIDS education. Many teachers feel unprepared to address sensitive topics related to HIV and AIDS, resulting in gaps in their ability to provide accurate information to students. Additionally, there is an observed lack of clear guidelines and structured support from the Department of Education, which leaves teachers without a well-defined framework for implementing these policies. Various barriers such as cultural taboos, community resistance, and logistical constraints have been identified, all of which contribute to the ineffective implementation of HIV and AIDS policies. In some schools, there is an absence of documented HIV and AIDS policies, making it difficult to ensure consistency in addressing the issue. Even in schools where policies exist, the lack of sufficient teacher training, resource allocation, and institutional backing hinders their practical application. These observed gaps in policy implementation highlight the need for a deeper investigation into the challenges faced by teachers in the Lekwa West Circuit. Understanding these challenges is crucial for improving the effectiveness of HIV and AIDS education in schools and ensuring that these policies have a meaningful impact on both students and teachers.

## **3. OBJECTIVE OF THE STUDY**

1. Explore how teachers implement the HIV and AIDS policy in schools.
2. Determine the roles of teachers in HIV and AIDS policy formulation.
3. Reveal the barriers that deter teachers from implementing the HIV and AIDS policy.

## **4. RESEARCH QUESTIONS**

1. How do teachers implement the HIV and AIDS policy in schools?
2. What are the roles of teachers in HIV and AIDS policy formulation?
3. What are the barriers to the implementation of the HIV and Aids policy?

## **5. METHODOLOGY**

This study employs a qualitative research design to explore teachers' experiences with the implementation of HIV and AIDS policies in Lekwa West Circuit schools of Standerton, Mpumalanga Province. A qualitative approach was selected to gain an in-depth understanding of the complex, lived experiences of teachers, offering rich insights into the challenges they face and their perspectives on policy implementation. The research uses a case study design, focusing on the specific educational context of the Lekwa West Circuit schools, which enables a detailed examination of the challenges teachers encounter in this region. A purposive sampling technique was employed to select Life Orientation and Life Skills teachers who have at least two years of experience teaching these subjects, as they are central to HIV and AIDS education. The sample includes approximately 10 to 15 teachers from different schools within the circuit. Data were collected through semi-structured interviews, which allowed participants to share their views in-depth while addressing key themes like the challenges of policy implementation, training adequacy, and resource availability. Interviews were conducted either in person or via video conferencing and lasted around 30-45 minutes. The researcher also reviewed relevant school documents, such as HIV and AIDS policies and implementation guidelines, to better understand the official stance on HIV education in the schools. Thematic analysis was used to analyze the interview data, identifying patterns and themes such as training, policy communication, support from school management, and resource availability. Ethical considerations included obtaining approval from educational authorities, ensuring voluntary participation, obtaining informed consent, maintaining confidentiality, and using pseudonyms for participants and schools.

## **6. FINDINGS**

### **6.1. The Implementation of HIV and AIDS Policy**

In an attempt to understand how the HIV and AIDS policy was implemented, four focus areas guided the discussion. These were the school's action plan, structures/measures in place to implement the policy, the functions of the Health Advisory Committee and how the HIV and AIDS policy could be implemented effectively.

Data revealed that there were different views concerning the school's action plan, with some participants knowing nothing about the action plan while some acknowledged the involvement of external people in development and implementation of the school's action plan. There were those who stated that they did not have any action plan for HIV and AIDS policy but only had a document (policy). One principal mentioned having a committee for the HIV and AIDS policy but it was not clear as to its role in terms of the action plan.

All the participants mentioned were teaching learners about the virus and educating teachers to have better understanding of the virus. There was also a view about advocacy and cascading of information to teachers and learners so that they become aware of the dangers of infected with and affected by HIV. At times, external personnel were invited to help on certain issues during some school terms. Data attest to the invitation of Health personnel and Social workers to address learners about HIV and AIDS inherent risks.

*In the morning, we, we get people from outside [who] will be eee..., advocating in terms of HIV; we [use] hospice-based people coming from outside and anyone else who can be able to. Moreover, we have again, the one community member who is helping the school in terms of learners (P2: S2)*

*We invite other stakeholders, for example from municipality. From hospital they come to tell us more about this HIV and AIDS at school. They tend to give a chance to learners or teachers, give them candles to remember those who passed due to HIV/AIDS. This helps us and learners to understand HIV and AIDS as a living thing (HoD5: S5).*

Other participants did not seem to understand an action plan, as in their responses, they mentioned encouraging and monitoring those infected to disclose to the principal and take medication as and when required. In the case of teachers, that would be a reduction of their workload and offered opportunities to go on leave.

There was a view from one of the HoDs that his/her school had a programme. The mentioned programme as per the data revealed that there was a strategy for HIV and AIDS policy implementation and teaching others about the virus. Furthermore, the Life Orientation subject addresses certain sub-topics to impart knowledge about HIV/AIDS.

*The action plan is to accommodate learners infected and affected and to protect them against the HIV and AIDS, not to be discriminated against. In terms of curriculum, they won't be discriminated against and are protected by the school policy (HoD2: S2).*

On the researchers bid to explore measures/structures in place for the implementation of HIV and AIDS policy, data revealed that there were no structures in place, except school-based support teams (SBST) committee, which, together with LO teachers helped the learners. The kind of help mentioned had nothing to do with the implementation of the policy but on other issues like nutrition.

In addition, one HoD stated that there was never any communication received about a structure to them. He/she acknowledged that the principal and the members of the SMT might be aware of the policy and required structures, but ever since he/she joined the school, there was no mention of such.

*Then the teacher, what do you call structures, must have been involved in the awareness of HIV and AIDS. It's like for instance, everybody must be informed, must also be involved in the awareness of HIV/AIDS (HoD4: S4).*

Concerning the question on the function of the Health Advisory Committee regarding the implementation of the HIV and AIDS policy, three schools did not have the committee. However, two schools made mention of Health and Welfare committees which sensitised everyone about HIV and AIDS awareness and not the implementation of the HIV and AIDS policy. Health and Welfare personnel were said to be close to the learners more than the teachers. One HoD mentioned that he was the chairperson of the Health Advisory Committee and they worked with the stakeholders and health workers in educating teachers and learners about HIV and AIDS. The same HoD added that the Health Advisory Committee was also responsible for counselling those infected and affected. It further transpired that there were some programmes run by the Health Advisory Committee.

*I think the committee which is HIV and AIDS should do their part and their role in doing all the duties that are supposed to be done by them and in order to conscientise each and every one at school. (P2: S2).*

Pertaining how the HIV and AIDS policy could be implemented effectively, participants suggested that everyone at school should be involved in drawing up SBST year programme and its activities. In doing so, openness to the community and the Health Department was emphasised.

*If the school initiates [activities] using that policy by talking about it to the parents, maybe the parents will feel at ease to talk about it [HIV and AIDS] and the problems that they are having at home (T2: S2).*

Data further revealed that Health Advisory Committee members from various schools should come together and draft the policy for the circuit and that teachers from all schools come together and assist each other. Doing so would make them monitor the implementation of the policy. Without proper education, the policy implementation will be difficult to monitor as suggested in the following extract:

*I would recommend that this policy be implemented continuously, so meaning that when the school reopens, we need to orientate our learners, our teachers and come up with awareness campaign, come second term [of the school], we repeat again third term, we repeat it again and fourth term so that people will be always conscious about that (T3: S3).*

It transpired that Life Orientation teachers who participated in the study did not seem to understand their role in the implementation of the policy but only on HIV and AIDS education and encouraged those infected to take their medication. In terms of the skills they used, the general view was that they did not have any specific

skills. It is clear that they did not play a role and, therefore, could not have the required skills.

Data in this section reveal that the HIV and AIDS policy is not implemented as expected in schools. This is compounded by non-availability in the majority of schools (three) that participated in the study. The following section presents data on training for the implementation of HIV and AIDS policy.

## 6.2. Teachers' Roles in HIV and AIDS Policy Formulation

As indicated in the introduction, our first attempt was to understand the roles performed by participants in the HIV and AIDS policy formulation. Data revealed that the majority of Principals/Deputy, some Heads of Department (HoDs) and Life Orientation (LO) teachers were not involved in policy formulation. It transpired that schools did not have school-based HIV and AIDS policy. Participants in leadership attributed that to the School Governing Bodies (SGBs) inactivity in policy formulation.

*You know, policy development is actually the task of the SGB in each school, and we as the officials at the school are merely eeh... responsible for implementing it. Our SGB is basically a dysfunctional SGB and they don't get around in dealing with policy issues of the school (DP: S1).*

One (HoD: S2) participant elaborated further that although he was not involved, he blamed himself for not taking the initiative of finding out about the HIV and AIDS policy but acknowledged that there was a copy in his/her school.

However, some participants stated that they were involved in providing guidelines to SGBs as resource persons, with one mentioning that she gave strategic input on the formulation of the policy, but there were instances in which there was no explanation on the extent of their involvement as stated below:

*I was hands on, so I was there when it was formulated because each and everything that is affecting my school, I must be there and know exactly each and everything from our school (P2: S2).*

It also transpired from some of the LO teachers that all LO teachers formed a committee that drafted the policy. Expectation was that the committee should have evidence in terms of minutes wherein they recorded all their deliberations towards drafting the policy.

In an attempt to understand the role played by the SGBs in drawing up the HIV and AIDS policy, data from one school revealed that although the SGB knew that they had to play a role in policy formulation, they relied on Principals to draft the policy and theirs was to adopt it, based on an assertion that Principals are experienced hence reliance on them to provide guidance. Data also revealed that the SGB might not have played a role in HIV and AIDS policy formulation and if there was any such a policy, it was never communicated to teachers or parents in their meetings which were called by the SGB, let alone talking about the policy. (DP: S1)

There was also a view from the principal of another school that the SGB in his/her school assisted teachers in HIV and AIDS awareness and education in general:

*Since the SGB does have a component of teachers, obvious they, they play the most important role to encompass the teachers [in the process] to let them aware or to promote the HIV and AIDS that it is must be guarded not to spread to learners and the community themselves (P5: S5).*

*I attend [meetings] with a person who is in charge in terms of HIV/AIDS and we talk about these things when we sit with the staff cos [because] we know we do have learners who are infected and affected by this HIV and AIDS scourge (P2: S2).*

Although the above statement is not about the role in policy formulation, it is clear that the SGB has a role to play in policy formulation although the focus was on awareness and education. There was also a view that the SGB worked with the principal who invited various stakeholders (parents, learners and teachers) to participate in drafting the policy. Therefore, this means that all stakeholders were involved in that particular school.

*We work together, the SGB, the SMT and some teachers especially those who are offering Life Skills in classes. So they play an important role especially with the issue of discrimination (HoD 2: S2).*

*The SGB must be aware about the HIV and AIDS and also they must take this to the parents directly. Because they are the people who can talk directly to the parents and discuss about the policy, which has to be implemented in the school.... this policy will help also the learners, the school community and even the teachers (HoD 4: S4).*

Data from some of the LO teachers revealed that learners were only involved in order to know the extent of their understanding about the HIV and AIDS and what was happening at school and their homes about the virus. Teachers further educated learners on what and what not do in cases there was bleeding.

*They [teachers] came up with the copy of this policy in order to prevent spreading of infection which also helped to develop their [learners'] knowledge, skills, values and attitudes towards their behaviour that will protect them (T5: S5).*

The last question in the roles of the various participants focussed on the participation of learners in drawing the HIV and AIDS policy. Data revealed that, in the main, learners were not involved although some participants alluded that they knew that they had to involve the Representative Council of Learners (RCL) in drawing up the policy, but again, the extent to which they involved them is not clear. It transpired from one of the HoD participants that the RCL would communicate with learners pertaining the issue of drawing up the policy.

*Remember the learners; they are part of the stakeholders in the school. Therefore, they are playing a vital role in school in making sure that whatever is happening they must take part in it. In other words, the RCL becomes part of decision-making and must, disseminate the policy information to the learners. We should not distance ourselves from the learners (HoD4: S4).*

In contrary, one HoD participant had an assumption that learners were not involved and were only informed about the HIV and AIDS virus and how it affects people in general. The participant added that learners were only provided with awareness information and were educated about the virus.

It is clear from the presented data on the participants' roles in policy information, that there were different views with the majority stating that the participants did not play a role in HIV and AIDS policy formulation. In the next session, data on the implementation of the HIV and AIDS policy is presented, analysed and interpreted.

### 6.3. Barriers Deterring Teachers' Implementation of HIV/AIDS Policy

In an attempt to understand the barriers that deter teachers from implementing the HIV and AIDS policy, there were three focus questions that required participants to express themselves on what were the challenging factors, what contribute to these factors, and how can the factors be dealt with.

Data reveal that schools have a general problem of discipline that negatively affects the HIV and AIDS policy implementation. It was mentioned that most of the learners became ill disciplined and did not accept certain topics like sex education in the LO lessons. It was stated that they did not value and respect teachers during these lessons. It further transpired that some teachers found it difficult to talk about the sensitive issues in the classroom. It is evident that the issue of discipline discouraged teachers from discussing sex related issues in the classroom. It was revealed that some teachers became uncomfortable to use the LO sex related language in the classroom and this led to insufficient content delivered. This had a negative effect on the teachers and created an uncondusive climate in the entire lesson.

It transpired from the majority of the participants that, scarcity of time was a problem. One HoD alluded that even when teachers had extra hours, those hours were used for pushing the syllabus rather than the implementation of the HIV and AIDS policy. This is evidenced by the number of hours allocated to LO/Life Skills in the weekly time table. It became clear that the focus of schools was to produce good results at the end of the year not to implement the HIV and AIDS policy.

The complexity of the curriculum was another concern of the participants as it increased the workload. Teachers stated the HIV and AIDS policy implementation was one of the complexities that have to be discarded from teacher's teaching roles. This clearly tells that teachers are struggling to adhere to their changing roles. The only priority that is known to teachers is to teach hence the extract below:

*The curriculum is very complex and teachers do a lot of things. HIV and AIDS is not the only important aspect in the curriculum, you find that a handful of teachers are almost doing anything at school regarding the curriculum.*

*However, the Department can deploy people to specifically deal with HIV and AIDS in schools. (HOD3: S3).*

Another challenge that transpired from four LO teachers concerned the parents' disclosure of sensitive information about the status of their children. The utterances made by the respondents with regard to disclosure clearly suggest that the implementation of the National HIV and AIDS policy guidelines in these schools was lacking. It was further mentioned by one LO teacher that stigma was another contributory factor that made it difficult for parents choose not to disclose their children's status because of the stigma attached to the disease. In addition, parent's ignorance about the virus was stated as one of the reasons for their unwillingness to disclose their children's status.

It transpired from the participants that ignorance from the parents' side is a contributory factor that makes it difficult for teachers to implement the HIV and AIDS policy in schools. One principal, supported by one HoD mentioned that parents lack information about the disease, parents were less informed and they still felt ashamed to talk about the disease whereas parents should be transparent with the health of the learners in order to make teachers free to handle learners' issues related to the disease. One participant commented:

*Ja... when we don't know the status of a learner, we become worried when he/she absents himself/herself because some parents do not want to reveal. They don't like to reveal their children's status. Then it becomes difficult when the child gets sick when we don't know the status (T2: S2).*

One HoD mentioned that, inappropriate channels of communication between teachers, parents and learners are a huge barrier in the implementation of HIV and AIDS. As a result, schools lack active cooperation from the communities they serve. The researcher wonders how parents can be transparent when inappropriate communication channels between teachers, learners and parents are dysfunctional.

Data revealed that, the willingness of teachers to implement the policy is there, but the serious impediment is the lack of resources. The stipulation in the HIV and AIDS policy is that the SGBs should raise funds in their schools for HIV/AIDS prevention. By implication, the SGBs do not totally exercise their powers to limit the scarcity of the resources for their schools, through raising funds.

It is clear from the factors mentioned by the participants that the SMTs tend to forget their roles and

obligations of implementing the HIV and AIDS policy in their schools, and that leads to the teachers being irresponsible and forgetting about their roles. However, though the implementation of the HIV and AIDS policy seems to be very difficult, some schools are aware of some of their obligations as described in the HIV and AIDS policy especially care and support of the learners, but for some reasons, these roles are not performed.

*It maybe that the teachers are overwhelmed by what they have to do besides implementing a program on HIV/AIDS. They also have to contend with the daily duties as teachers (DP1: S1).*

In trying to understand the views of the participants as to what contributes to these factors, data revealed different views. It transpired from the most participants that the DoE is to blame about the factors that deter teachers from implementing the HIV and AIDS policy in their schools. One principal had the following to say:

*The contribution is the Department itself. The how part of creating posts in schools, post establishment, eeh... weighing of subjects and so on [are questionable]. As it is in LO we don't know how they weigh it, because it has got few periods, at the same time in those few periods, teachers should do more practical work right up to visiting homes (P3: S3).*

According to the statement above, it is clear that teachers failed to pay such home visits as they had to attend to other subjects besides LO. This implied that the LO teachers are unable to cover everything within a limited teaching time allocated for LO.

It became clear from one HoD that negative character of most teachers, especially the male ones, towards Life Orientation content, contributed to the factors that make it difficult to implement HIV and AIDS policy in schools. He/she added that the teachers' personal attitudes and influence contribute negatively to the failure to implement the HIV and AIDS policy effectively in schools.

The data reveal that some principals regard Life Orientation as a waste of time since it is a non-examinable subject that can be taught by anyone at any given moment. The negativity by the Principals towards Life Orientation demotivated teachers who became less interested in teaching the subject and, as a result, the implementation of the HIV and AIDS policy in schools became compromised.

However, it further transpired from one Principal that the DoE together with the society expected too much from the teachers in terms of the school results. Therefore, it ended up forcing teachers to concentrate on the Annual Teaching Plans (ATPs) than implementing the HIV and AIDS policy. This indicates that teachers as educational programme implementers need to be versatile and have fundamental knowledge about the HIV and AIDS policy and how to implement it.

It further transpired that the SGBs do not play a role in promoting parent - teacher relationship as a way of strengthening the implementation of the HIV and AIDS policy. This may be due to the fact that the SGB might have failed to develop and adopt its own implementation plans on HIV and AIDS policy. One Deputy Principal had a view that, if the SGBs have not formulated the HIV and AIDS policy, how can they develop an implementation plan.

*I think we need to start firstly with the SGB as I indicated previously, they are the people who are supposed to develop the policies of the school. I think in order to make SGBs to be more effective, the campaign and recruiting of SGB members should be more intense and focus on parents who will be able to develop policies. This is a deficit in terms of people [parents] who serve on SGB (DP1: S1).*

Participants added that if relationships are not strengthened, teachers may be reluctant in caring and supporting learners due to lack of support from the SGBs and management in nurturing the parent - teacher relationships and this contributes to the obstacles.

In understanding as to how could the factors that make it difficult to implement the HIV and AIDS policy be dealt with, there were different views from the participants. Two Principal and two HODs participants stated that parental and community involvement could help in the implementation of the HIV and AIDS policy. When the researcher probed this further, it did not come out as to how parental and community involvement could be beneficial. However, one HOD complained that they struggle to get parents involved in school meetings and their children's learning process, and how then can they involve them in the implementation of the HIV and AIDS policy. It is clear that schools without active parental involvement struggle to implement the HIV and AIDS policy.

One HOD suggested the integration of HIV and AIDS policy implementation to other subjects in order to ease the implementation the policy. This statement from the HoD participant proves that schools cannot rely on the Life Orientation teachers only for the implementation of the HIV and AIDS policy.

Most participants mentioned the issue of disclosure and transparency of the learners' status by their parents as one of the strategies to deal with the barriers. The participants believed that, if parents could disclose and be transparent about their children's HIV status, the implementation of the HIV and AIDS policy would be easier. It is evident that, if the SGBs do not inform parents about the HIV and AIDS policy and what parents are expected to do in terms of disclosure, parents would be silent about the status of their children. One participant had to say:

*I think as a school, when we have the parents' evening meetings, the HIV and AIDS policy should be mentioned so that parents become aware of it and what is expected of them, as per the policy (HOD1: S1).*

From the above one may conclude that ignorance and lack of transparency by the parents emanate from their non-involvement in the formulation of the policy by the schools as required by the HIV and AIDS policy

guidelines. Therefore, if the schools do not engage other stakeholders in the school's HIV and AIDS policy formulation the implementation is bound to fail.

In contrast, three participants from three schools felt that there was no need to deal with factors in their schools, as support they received from the Learner Support Agent (LSA) appointed by the Department was very satisfactory. According to participants, the (LSA) assists learners with difficulties in their work because the school does not expel learners who due to illnesses absent themselves. This shows a high level of commitment by these schools to ensure that the care of learners is receiving top priority. This is an indication that all the schools should be provided with the (LSAs) by the DoE to lessen the burden carried by the LO and L/skills teachers in implementing the HIV and AIDS policy.

The challenges that deter the implementation of the HIV and AIDS policy in most schools still remains a concern not only for the schools but for the society at large. Therefore, an urgent intervention to deal with this challenge by the DoE is encouraged, and if the DoE and the Circuits honestly provide proper and enough support to schools, the alleged challenges in HIV and AIDS policy implementation would be minimised.

## 7. DISCUSSION OF FINDINGS

### 7.1. The Implementation of HIV and AIDS policy

The findings of the study reveal that teacher found themselves in a dilemma of implementing the HIV and AIDS policy that they never had any input in its formulation. This concurs with Kanluoru, et al., (2024), who argues that the thorny issue regarding public policy implementation is that policy makers do not have the knowledge to carry out the policies drafted by them but rely on bureaucrats to implement policies approved by the Parliament. This is exacerbated by Clarke (2012), when he/she adds that schools have excellent policies in place, all neatly typed and bound, with copies issued to every member of staff, and yet they are not being implemented.

It further transpired that schools rely on Life Orientation/Life Skills teachers for the HIV and AIDS policy implementation. This concurs with Hewu-Banjwa (2012), who states that schools have limited knowledge of HIV and AIDS, and depend solely on Life Orientation teachers to monitor and implement the HIV and AIDS Policy and action plans. These teachers are overloaded and burdened by their mandate to provide HIV education and support to the rest of the school, in addition to other subjects they teach, hence there was, at times, reliance to external people. This is in support of Wood's (2009) study which revealed that all the participant Life Orientation teachers expressed overload, whereas Pillay (2012), is of the view that Life Orientation/Life Skills teachers should be involved in the processes that develop the minds and abilities of children to acquire the knowledge and skills to succeed in life. Despite Pillay's (ibid) view, Mlambo (2012), believes that master trainers, who teach Life Orientation in their schools are overloaded with other subject areas and do not have time to teach Life Orientation. This implies that the HIV and AIDS policy faces implementation challenges.

It further transpired that, even the few schools that had the HIV and AIDS policy did not implement it, except for HIV aspects, including sex education, which form part of Life Orientation/Life Skills subjects. This shows a gap between the policy and its practicality. This affirms UNESCO (2007) report, that the gap between policy and practice is exacerbated by the failure of departments to provide implementation guidelines for teachers. Similarly, Hartell *et al.*, (2003) indicate that there is a mismatch between policy and practice.

In addition, Health personnel and Social workers were invited to schools to address learners about HIV and AIDS inherent risks, but there were no processes or structures in doing that, whereas, McRobie *et al.*, (2017) argue that social or structural factors play a role in how policy is put into practice, and that, these factors should be considered important in the health policy implementation process. In conclusion, Bhana, Brookes, Makiwane and Naidoo (2005), as cited in Mpunzana (2017), reveal that all high schools teach Life Orientation, but only 70% may claim to have implemented HIV and AIDS policy.

### 7.2. Participant' Roles in HIV and AIDS Policy Formulation

It became clear from the findings that the various stakeholders did not participate in HIV and AIDS policy formulation, with the majority of schools not even having the HIV and AIDS policy. As per stakeholders who participated in the study, the SBSs did not provide guidance on how to formulate the policy. This was attributed to SGBs lack of skills in policy formulation, whereas, Tsotetsi, Van Wyk and Lemmer (2008), as cited in Xaba (2011), assert that policy formulation is the responsibility of the SGBs, and yet they lack the capacity to govern and have insufficient knowledge on policy formulation. As a result of this lack of capacity, the majority of schools did not have the HIV/AIDS policy. The unavailability of the HIV and AIDS policy, as witnessed by Nzama (2016), who states that in order to effectively monitor and evaluate policies, policy makers must first understand the premises on which governance policy development is based, which the SGBs lack.

There were few schools that had the HIV and AIDS policy, but such schools relied on Principals for the HIV and AIDS policy formulation. This is so, as Mabasa and Themane (2002) argue that School Governing Bodies (SGBs) feel intimidated by the presence of other members who seem to be knowledgeable (in this case Principals), and perceiving their roles as simply endorsing what others have already decided upon.

Findings further reveal that SMTs, together with LO/Life Skills teachers, were not involved in their schools'

HIV/AIDS policy formulation. This finding is in tangent with Makhoba (2005), as cited by Cisse (2011), who postulate that, the DoE, when it formulates policies forgets about the people on the ground level (teachers), who have the obligation of implementing the said policies in schools. Mokwatlo (2006), adds that the DoE does not engage teachers in any type of self- reflection, which would help policy makers understand the everyday realities of how teachers cope. In support of the above finding, Kamanga *et al.*, (2018), argue that, in Uganda, the major problem which affected the implementation of the 2003 and 2013 HIV and AIDS policies was the lack of involvement of implementers in the policy making process.

### 7.3. Barriers Deterring Teachers' Implementation of HIV/AIDS Policy

It transpired that ill-discipline affected the implementation of the HIV and AIDS policy in schools. This was evident when topics like sex education were taught, with learners not respecting teachers in such lessons. This made teachers uncomfortable and as a result were not free to discuss sex related issues in the classroom. This finding is in contravention of (Ogolla & Ondia, 2019), claim that the Life Skills programme demands that sexuality education should be taught in schools. Similarly, Raniga (2006) argue that HIV and AIDS prevention strategies fail because parents also shy away from discussing sex with their children.

Findings further reveal that, the implementation of the HIV and AIDS policy was hindered by the lack of resources. This is against Oyibocho *et al.*'s., (2014) argument that in order to achieve a sustainable healthcare system in Nigeria, the government should provide a system of equitable distribution of health facilities and resources. Nzama (2016) adds that dominant politicians tasked with the HIV and AIDS policy, should organise sufficient resources for its rapid implementation. Furthermore, McLaughlin (1987) states that the effectiveness of policy implementation is hampered by lack of resources available at institutions. However, the lack of institutional resources to implement the policy negates the positive effects of the National School Policy on HIV and AIDS.

In further exploration of the factors that contributed to the barriers, findings reveal that, the offering of LO/Life Skills subjects were watered down by Principals who undermined these subjects as waste of time, since they were non-examinable. This concurs with Vethe (2011), who claims that the SMTs allocate Life Orientation to any teacher, regardless of knowledge and interest in the subject, since LO/Life Skills subject is not examinable. Vethe (2011), further states that it is complicated to allocate male teachers to offer the subject which needs motherly character in handling learners, especially in aspects like sex education. As a result, male teachers develop personal and negative attitudes which contribute to the failure in implementing the HIV and AIDS policy effectively in schools.

The situation was complicated by insufficient time in the timetable allocated for these subjects which had complex curriculum. As a result, teachers could not complete the ATP. This concurs with Mlambo (2012) who argues that master trainers who teach Life Orientation in their schools felt that they were overloaded with other subjects and did not have time to teach Life Orientation, and as a result could not complete their ATPs.

## 8. CONCLUSION

The implementation of the HIV and AIDS policy in schools faces significant challenges due to the lack of stakeholder involvement in its formulation. Teachers struggle to implement a policy they had no role in developing, leading to inconsistencies and reliance on overburdened Life Orientation/Life Skills teachers. The absence of structured implementation strategies and clear guidelines further hampers its effectiveness. Additionally, factors such as inadequate resources, ill-discipline among students, and the perception of Life Orientation as a non-essential subject undermine the policy's impact. Without addressing these barriers, the intended goals of the HIV and AIDS policy in schools may remain unattainable. There is a need for inclusive policy formulation, adequate resource allocation, and a shift in attitudes toward Life Orientation to ensure effective implementation.

## 9. RECOMMENDATIONS

To enhance the effective implementation of the HIV and AIDS policy in schools, all key stakeholders, including teachers and SGBs, should be actively involved in policy formulation to ensure ownership and practicality. Comprehensive training should be provided to teachers, along with adequate resource allocation and structured implementation guidelines. Schools should collaborate with health professionals and NGOs for additional support while addressing student discipline to foster respectful engagement in sensitive discussions. Recognizing Life Orientation as a core subject with proper allocation of time and trained teachers is essential. Lastly, regular policy reviews should be conducted to assess effectiveness and incorporate necessary improvement.

## 10. LIMITATIONS OF THE STUDY

This study was limited by insufficient documentation on HIV and AIDS policy implementation, potential bias in self-reported data, geographical constraints affecting generalizability, and time and resource limitations that restricted stakeholder inclusion such parents and students

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