WHAT IMPACT DOES HIV/AIDS WORKPLACE POLICY HAVE ON HIV/AIDS MANAGEMENT IN MDANTSANE HIGH SCHOOLS, IN EAST LONDON

NONTSIKELELO GWENDOLINE NDOBO

Assignment presented in partial fulfillment of the requirements for the degree of Master of Philosophy (HIV/AIDS Management) at Stellenbosch University

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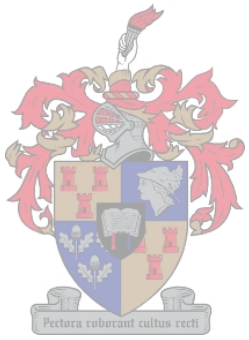
DECLARATION

I, the undersigned, hereby declare that the work contained in this assignment is my own original work, and that I have not previously, in its entirety or in part, submitted it at any University for a degree.

Signature:

Date:



ABSTRACT

In this minithesis, I explore the impact of the well addressed comprehensive HIV/AIDS workplace policy in the effective management of the spread of HIV/AIDS in Mdantsane high schools.

The research conveniently made use of six Mdantsane high schools in analysing their HIV/AIDS workplace policies.

In the study I critically assess and analyse the contents of the policies, whether they adhere to the International Labour Organisations (ILO) key areas for a workplace policy, as well as to the National HIV/AIDS Workplace Policy for Institutions and Schools.

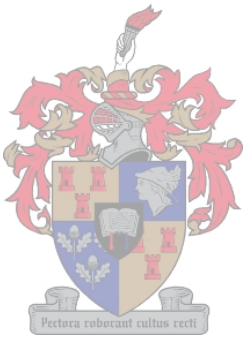
I establish the importance of a workplace policy in providing the framework for action to reduce the spread of HIV/AIDS and managing its impact.

I then argue that the positive difference in the effectiveness of an HIV/AIDS policy depends on the programmes encompassed in it, like protection of rights of employees affected by HIV/AIDS, prevention through information, education and training as well as care and support for workers and their families.

OPSOMMING

Die doel van hierdie studie was om die invloed van 'n doeltreffende MIV/Vigs-beleid op die verspreding van die Vigs-pandemie te ondersoek. Die navorsing is binne die onderwyssektor en wel in die ses Mdantsane hoërskole gedoen. DIe bevinding van die studie was dat effektiewe werksplekprogramme- en beleid wel 'n beduidende rol in die verspreiding van die virus vervul en dat doeltreffende MIV/Vigsbeleid wel uiters noodsaaklik vir enige onderneming, insluitende hoërskole, is.

Voorstelle vir en riglyne ter verbetering van die situasie aan die Mdantsane hoërskole word voorgestel en aangespreek. Voorstelle vir moontlike verdere studies binne die onderwysdepartement word gemaak.



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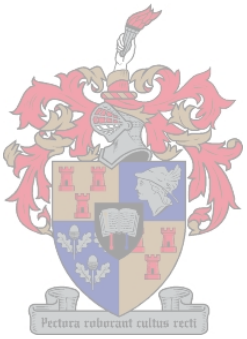
I would like to thank my family for always believing in me and encourage me to pursue my desires. Thank you Sis Thenjie, Sis Thembeka, Xolie, Muzie, Rizah and Malet. To my partner, brother and friend, Sihlalo for his consistent support, understanding and encouragement, I say thank you. I would also like to convey my gratitude to my research supervisor Prof du Toit for the knowledge and research skills I have acquired from him during my PDM and Mphil studies, without his strict and continuous requirement of a postgraduate level work, I could not have acquired, achieved and reaped the rewards of success within this short period of time. What I learnt from him is that, one does not get achievement, but earns it. To Prof Johan Augustyn, for the knowledge and skills I have acquired from him during my PDM and Mphil studies.



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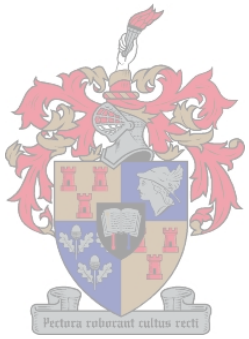


CHAPTER 1: Introduction

The high prevalence of HIV/AIDS is between ages 15 and 40 years. Females have an even higher prevalence of HIV/AIDS. This pandemic destroys men and women who are in their economic productive years.

HIV/AIDS not only affects workers on the job; it also causes a major drain on family savings and resources (Family Health International- FHI, 2002).Households suffer as a result of this disease because in most cases HIV/AIDS infects a breadwinner, hence we talk of "sharp shock" (Barnett and Whiteside, 2002). This results in decline in living standards and welfare.

Currently there is an escalation of teenage pregnancy which results in high birthrate. The enormous number of teenage pregnancy might be prompted by socio-economic circumstances of these young women. They let themselves fall pregnant as to get closer to their partners or to make their partners commit themselves, and give them financial support. In so doing they are exposed in risk factors. They do not even care to know the status of their partners, who might be HIV positive. Some young women fall pregnant as to get the government Child Support Grant. Even in this case it is as a result of poverty and unemployment. According to International Organization for Migration (2003) and Aliber (2001) mobile populations and chronically poor people are the most vulnerable to the spread of HIV/AIDS.

Sadly, the conceived children are doomed to die in their early years because of HIV/AIDS. The studies at antenatal clinics reveal that there is a high number of HIV positive pregnant mothers. The mothers themselves are a sure death statistics. Other mothers don't last long after delivering, leaving behind orphans, who are also at risk just like their mothers. It is likely that they could sell sex in order to survive and care for the siblings because they are not skilled and learned. This generation is likely to die before their 25th birthday, leaving behind their own children who will be orphans

just like their mothers, who will have to fend for themselves as the extended family has already a huge burden .The question of HIV/AIDS is really a scary issue when one takes a closer look at it like that .

It scares one to think how many AIDS orphans are left behind as we bury adults every week and everyday. Orphans, whether negative or positive, have a higher-mortality rate than non-orphans (Aliber; 2001). Though some might be negative, they could die of malnutrition and hunger due to poverty. The foil of the extended family diminishes as family members die due to HIV/AIDS, leaving behind the children to take care for themselves. AIDS orphans have to carry both the trauma of losing their parents and the stigma of the virus (The Population Unit; 2000) .Children of the poor often become the poor of the succeeding generations. Poor families have a reduced capacity to deal with the effects of morbidity and mortality than do richer ones.

Organizations also experience hardships in losing their vital assets i.e. human capital as a number of highly skilled workers die in their economic productive years. Barnett and Whiteside (2002) argue that it is a blow for organizations to lose their gold which is strategically important and hard to replace skilled worker whose skills are in short supply.

In my organization i.e. Education (teacher) there are so many teachers who die due to HIV/AIDS. During their ill-period they are often absent from work because of opportunistic infections. Even when they do come to work, they are less productive. The learners who are under them will have gaps of information, they will leg behind. HIV and AIDS will undermine the quality of the service. If learners are absent and educators are ill, learning opportunities are wasted, and those who are left at school become increasingly demotivated and unproductive (Department of Education, 2003).

If something is not done by the government, there is a great possibility of a shortage of teachers in 10 years time. Not so long ago there was an over-supply of teachers,

however that is now history due to high death rate of highly skilled teachers which are hard to replace because of HIV/AIDS.

Highly skilled Maths and Science teachers have always been scarce, it is even worse now because of HIV/AIDS. When there was an over-supply of teachers the government closed a number of colleges, so as to encourage students to pursue other fields of studies at tertiary institutions. That was fine then, but what is going to be done about learners who are still growing up, as there are still many teachers who are HIV positive, who are going to die soon?

The Education Department does not do much/enough to prolong the lives of those who are already infected with HIV/AIDS. It only propagates "Education", which is right for those who are not infected yet. What about Care, Support and Medication which would prolong lives of those who are already sick? In so doing the government would be buying time to train and recruit other teachers. This would also help the sick to prepare for themselves and those who will be left behind.

Just for comparison's sake .In an informal interview with a Pick n' Pay employee, I gathered that Pick n' Pay have an HIV/AIDS policy and educational programs in place. Amongst other things which are addressed by the policy, is the fact that once your status is known to the company ,you are cared for in terms of counseling, special free diet during lunch-time, get free medication, on-going financial support in terms of educating the dependants in the case of death of the employee, funeral financial support etc. This was also the same with South African Breweries. In the Department of Education there is nothing like that whatsoever. However, schools as organisations try their utmost best in mitigating the spread of HIV/AIDS through educational programmes as well as through the involvement of the stakeholders and corporate sectors like Daimler Chrysler, Johnson & Johnson and others.

Sadly there has been limited focus on educators as they are a vital human resource, which is not immune to HIV/AIDS. Educators are dying through HIV/AIDS. There is still stigma attached to HIV/AIDS, as a result, infected teachers are tormented and tortured by their ill-health quietly and silently until they die. They are afraid to disclose their statuses in fear of discrimination. They think that this can be interpreted as though they have been behaving promiscuously both by their colleagues and communities. The business report (2003) argues that from the physically crippling illness, one carries the unimaginable emotional burden of knowing that one is about to die and leave one's family destitute, but added to that we have the issue around workplace hostility and ostracism towards a status that can no longer be disguised. For medication they utilize their medical aids, a thing which drains their funds and finish before the end of the year. When the medical aid funds are finished, they are forced to dig deep into their pockets as opportunistic infections do their toll.

The stress of not being able to make ends meet makes their ill-health deteriorate more and more and speed up their way to death. Due to such circumstances, one will observe that a person does not live longer after he/she had been diagnosed HIV positive, which is why I foresee a shortage supply of teachers in 10 years time.

Schools' HIV/AIDS workplace policies amongst other things ought to address the issue of discrimination against HIV/AIDS employees and learners as it is the most crucial issue. Everything will fall into place when discrimination has been dealt with. People will go for VCT, and come out publicly about their statuses. This means that there is still a lot of education and awareness campaign to be done. People will go for VCT, fight discrimination, will employ preventative measures, will support and care for infected and affected people, and will adhere to medication once they know.

This boils down to the importance of an HIV/AIDS workplace policy, as it will guide employees and learners on what to do and how to do it in dealing with HIV/AIDS workplace issues. Even though there has been a lot said and done concerning

HIV/AIDS, it is not enough, people still behave ignorantly, including the learned ones. An HIV/AIDS policy gives a green light on what ought to be done by the stakeholders of an organisation in fighting against the spread of HIV/AIDS. It encompasses everything which the stakeholders need to be done, because it is done by them.

1.1 Research objectives

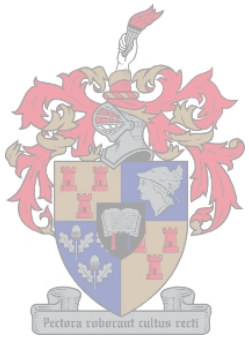
Schools as traditional transmitters of knowledge are also challenged with a huge task of managing the spread of HIV/AIDS, in order to save the tomorrow's generation. So, the study seeks to look at the extent and effectiveness of the utilisation of an HIV/AIDS policy in addressing HIV/AIDS management in high schools.

The researcher was inspired by the fact that educators are faced with an immense task of being behaviour change agents, in an effort to manage HIV/AIDS in children (i.e. learners). As schools are the relevant ready-made settings where children are collectively in great numbers, amongst their traditional duties, educators are also responsible for sexuality education and managing the spread of HIV/AIDS, in order to stamp down HIV/AIDS amongst the young learners of up to 14 years of age, which the World Bank (2002) refers to as the "Window of Hope".

The purpose of the study is to identify the intervention programmes encompassed by HIV/AIDS policies as a preventative strategy, to find out whether the policies address prevention, nutrition, care and support for the infected as well as the affected individuals, and lastly investigate whether the treatment issue is addressed by the policies, and how it is addressed.

The need for policies relating to HIV/AIDS at work place has arisen out of the necessity to develop a more organized, formalized response to the epidemic as the work sector becomes increasingly affected by the epidemic (Policy Project, 2004).

Juan Somavia (2003) of ILO, in a global meeting, pointed out that two out of three people living with HIV/AIDS go to work everyday – it makes the workplace a vital entry point for tackling HIV/AIDS. So, the study would like to find out to what extent an HIV/AIDS policy goes in achieving those aims in the work place, particularly in high schools in this case.



CHAPTER 2: Literature review

2.1 Definition of concepts

2.1.1 HIV/AIDS policy

An HIV/AIDS policy is a written document that sets out an organisation's position and practices as they relate to HIV/AIDS (Policy Project, 2004). According to the Oxford Advanced Learner's Dictionary (1985), policy means a plan of action or statement of aims and ideals. So, HIV/AIDS policy refers to the plan of action or statement of aims and ideals in dealing with HIV/AIDS. Policies inform employees about their responsibilities, rights and expected behaviour on the job (FHI, 2002).

Policies as guidelines, forces people to adhere to the stipulated views or ideas. Due to the nature of the making of an HIV/AIDS policy, i.e. that it is made by all the stakeholders of an organisation, the decisions made are owned by everybody.

It ought to be made to suit the environment, culture and the needs of the employees and the stakeholders. The national HIV/AIDS workplace policy guidelines should be utilised as a guide in this regard. The school as an organisation will also determine what is wanted by its stakeholders. In the case of a school, an HIV/AIDS workplace policy has to cover both educators and learners, as they are the primary stakeholders.

Debswana is a good example of the above notion as it demonstrates well the management of HIV/AIDS guided by the policy, and using appropriate interventions. The policy embraces the international norms of non-discrimination and no pre-employment testing, and emphasises education and information dissemination (UNAIDS Case Study, 2002).

2.1.2 HIV/AIDS management

To manage means to control (Oxford Advanced Learner's Dictionary, 1985). Therefore, managing HIV/AIDS implies controlling the spread of HIV/AIDS.

Having explained what an HIV/AIDS policy is, as well as an HIV/AIDS management, we can conclude and say that HIV/AIDS management policy is a statement of intent for HIV/AIDS status improvement through an HIV/AIDS management system and standards (NOSA/ Debswana, 2003).

2.1.3 HIV/AIDS

HIV/AIDS can be explained by looking at the meanings of HIV and AIDS separately. HIV is a virus that infects the blood and impairs the functioning of the immune system, and consequently destroys it. When the immune system is completely destroyed, a person is said to be having AIDS. When the immune system is still able to hold the fort and engage in its tasks of protecting the body against invasion and harm of bacteria and other foreign agents, even though HIV virus is already in the blood, a person is said to be HIV positive.

So, the study aims at looking at the impact of HIV/AIDS policy in terms of addressing HIV/AIDS management. The research wants to find out whether an HIV/AIDS policy in terms of its programmes, makes a valuable contribution in containing the spread of HIV/AIDS.

The study in assessing the effect of an HIV/AIDS policy, will look at whether the policies of the different Mdantsane high schools cover the fundamental aspects of HIV/AIDS management i.e. prevention, care and support, treatment, and how does the policy address these aspects. However, policy does not substitute action, it is just a starting point. Though it is not the focus of the study, action, through the implementation of HIV/AIDS programmes, should take place if organisations want to

mitigate the spread of HIV/AIDS. The policy outlines the action and the programme helps put it into practice (ILOAIDS, 2005).

2.2 Prevention programmes

The most effective way of tackling HIV/AIDS is to help prevent people becoming infected in the first place. Prevention is the core of an organisation's response to HIV/AIDS (FHI, 2002) Prevention can be furthered through changes in behaviour, knowledge, treatment and the creation of a non-discriminatory environment (ILO, 2001). Workplace programme of prevention and care are unlikely to be successful if the workplace hasn't established an atmosphere of trust and 'zero tolerance' for discrimination (ILO, 2005). Successful workplace preventive programme usually contain most of the following elements:

- **Analysis and management of risk in the workplace**

The first step in managing the situation is to determine an organisation's HIV prevalence level by undertaking a confidential benchmark survey of HIV infections, which would provide data for forward projections of AIDS related liabilities. It is recommended that companies / organisations begin the risk assessment process by conducting anonymous KAP (Knowledge, attitudes and Practices) surveys. KAP studies, repeated at intervals can be used to track changes in knowledge, attitudes and practices over time (Department of Public Service and Administration, 2002).

Checklist of areas to be covered in a KAP questionnaire

- Basic facts about HIV/AIDS (transmission, prevention, disease progression etc.)
- Basic facts about STIs and TB
- Testing, counselling, treatment

- Questions exploring common myths and misconceptions
- Attitudes to PLWAs
- Sexual practices (including abstinence, monogamy and condom use)

Considering the views explained above about KAP, it is worthwhile that an organisation use KAP, as a start, in order to survey employees' understanding concerning issues of HIV/AIDS. This would give a vivid picture of what they know and what they do not know, so that the gaps of knowledge can be filled, by the management.

In addition, the company could carry out prevalence testing, which entails employees volunteering and giving their consent to have an anonymous HIV test. This enables the company to compile accurate HIV statistics.

Organisations should then develop strategies for risk-management interventions, using a battery of tools including medical interventions, management training and insurance. This also entails that an organisation needs to take precautionary measures in minimising the risk of infection within the workplace. There should be gloves available in the workplace for injuries which might involve the spill of blood. In such cases, people who will be attending the injured person need to put on gloves to protect themselves, just in case maybe the blood is infected.

- **Peer education programmes**

The school needs to have trained peer educators, who are also staff members, to educate the fellow employees on HIV/AIDS. AIDS Brief (2002) is in line with this view as it argues that training of certain employees is a beneficial strategy, if those counselors could receive the essential monitoring and support in order to provide a quality service.

Employee Assistance Programme (EAP) is another preventative strategy which ought to be considered. Its advantage is that it covers the full spectrum of employee problems and is not specifically concerned with HIV/AIDS-related problems. Because of their wide-ranging character, employees may be more comfortable seeking help within the compass of an EAP rather than from an HIV/AIDS specific service.

Investment in awareness and prevention training is the most important tool of mitigating the spread of HIV/AIDS. Tolerance towards HIV positive employees to reduce the stigma surrounding the disease should be communicated openly in a culturally appropriate manner.

- **Workplace condom distribution**

The school should see to it that there are always condoms available which will be accessible to the employees. That could help in the case whereby an employee has a sexual relationship at the workplace.

- **Treatment for sexually transmitted infections**

It is a wise step for organisations to have a medical clinic within the workplace, so that employees could not be absent from work even for such matters. If attended earlier, they can be completely cured. Infact the company needs to have a wellness programme, so that all the medical problems could be catered for. Furthermore, this will also ease the embarrassment of being seen going to the clinic, as a person might be suffering from any disease or ailment, not necessarily HIV/AIDS.

- **Collaboration with governments and non-government AIDS intervention**

The government has been a very supportive partner concerning HIV/AIDS. There are so many programmes which the government is part of, like Khomanani, Soul City, Love Life, and Soul Buddies etc. Equally, with some of the NGOs and FBOs, even

though they have limited funds. However, this partnership of NGOs and FBOs with corporate sectors needs to be strengthened in order to lessen the spread of HIV/AIDS.

2.3 Treatment and care programmes

- **Early and voluntary detection of HIV infection**

Voluntary counseling and testing (VCT) can help in the early detection of one's status, so that if the results proved to be positive, the individual could follow a healthy lifestyle, and continue to use preventive measures. VCT is the only way which could make one to know his/her status. Mechanisms should be created to encourage openness, acceptance and support for those workers who disclose their HIV status, and ensure that they are not discriminated against nor stigmatised (ILO, 2001).

An employer (i.e. management team and HIV/AIDS coordinator) may provide for voluntary testing of employees only as part of an HIV/AIDS prevention programmes or in the event of an occupational accident carrying a risk of exposure to blood or other body fluids. This can only be done at the initiative of an employee and with their informed consent.

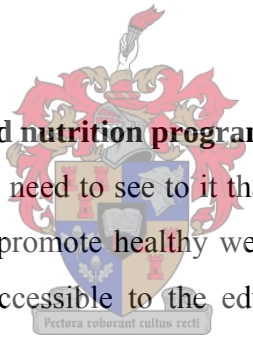
Pre- and post counselling must be provided, and the strictest procedures relating to confidentiality must be followed. Assuming that the organisation is successful in identifying those individuals who are living with HIV/AIDS, it is essential that they be provided with access to counselling to help them to deal with the consequences of the disease on both a physical and psychological level (AIDS Brief, 2002). "… Counseling represents the organisation's best hope for maximising the productivity of the employee" (AIDS Brief, 2002).

- **Expanded programmes to identify and treat cases of tuberculosis**

The government, corporate sectors and the relevant medical NGOs could assist in carrying out programmes that are aimed at identifying and treating tuberculosis.

- **Effective treatment of opportunistic infections**

Employees themselves need to be responsible for their health, and go to medical centres when they experience opportunistic infections, because if they don't, this might result to AIDS, which is the most critical and final stage of the epidemic. The government and other relevant stakeholders need to join hands and educate employees about the importance of receiving medical attention concerning opportunistic infections. The employer (i.e. Education Sector) need to see to it that employees are catered for with funds set aside, concerning ailments related to HIV/AIDS.



- **Health promotion and nutrition programmes**

The school as an organisation need to see to it that there is a wellness programme in place at the workplace as to promote healthy well-being and nutrition programmes. Health facilities should be accessible to the educators as well as to the learners. Promotion of health care can decrease sexual transmitted infections which play a role in HIV/AIDS infection.

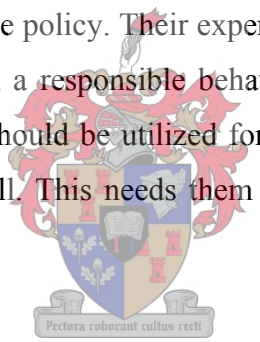
- **Provision of highly active anti-retroviral therapy for HIV-infected employees (HAART)**

Schools as organisations need to work towards providing free anti-retroviral (ARVs) drugs to its workforce, as other organisations have already started to do so. This needs to be included in the workplace HIV/AIDS policy so that it could be carried out. The only thing which can help an employee to receive help from the company in this regard is for him/her to know his/her status, and the level of CD4 count. If the level of CD4 count is below 200, it is recommended that the sick employee can start taking ARVs (van Zyl, 2005).

2.4 Importance of the involvement of PLHAs in the development of HIV/AIDS workplace policy

I t is important as to give a human face about the disease, and not to use them for statistics only (UNAIDS, 2000). Their involvement put pressure on the authorities to improve conditions and not pay lip service only. They have a key role to play in breaking down stigma and discrimination, hence they should be involved in the task team.

As they are the people who are infected by the HIV virus, they are able to give first hand information concerning the disease. However, they should not be used for such purposes only. It is vital that they should be part of the decision making. Their needs should be incorporated into the policy. Their experiences could caution those who are not yet infected to engage in a responsible behavior, so as not to be infected with HIV/AIDS. In a sense they should be utilized for training and educational purposes and for policy making as well. This needs them to be equipped with the necessary skills, for such tasks.



An ongoing support and counseling for them is as important as equipping them with skills, because there would be situations which would bring their spirits down. So, if they are counseled they could withstand such situations.

CHAPTER 3: Research design and methodology

3.1 Research hypotheses and problem

The central question that this study seeks to address is:

What impact does HIV/AIDS workplace policy have on HIV/AIDS management in Mdantsane high schools, in East London?

The researcher is interested to find out to what extent does the utilisation of HIV/AIDS policy effectively manage the spread of HIV/AIDS in Mdantsane high schools, in the East London area, in terms of its contents.

H1**:** HIV/AIDS policy effectively manages the spread of HIV/AIDS in the workplace.

H2**:** HIV/AIDS policy utilisation decreases discrimination against infected and affected individuals

H3**:** HIV/AIDS policy promotes care and support of infected and affected people.

H4**:** VCT decreases the spread of HIV/AIDS

H5**:** There is no difference found between schools/workplaces that have HIV/AIDS policies that cover all the fundamental aspects of a workplace policy and those which do not cover the key aspects in their HIV/AIDS policies, in managing HIV/AIDS.

3.2 Research methodology

3.2.1 Research design

A research design refers to the outline, plan, or strategy specifying the procedure to be used in seeking an answer to the research question.

In this study the researcher would like to look more at views and attitudes rather than numbers. Her intention is to utilise the survey as a descriptive research study .According to Christensen (2004) a survey is a field study in which an interview technique is used to gather data on a given state of affairs in a representative sample of the population.

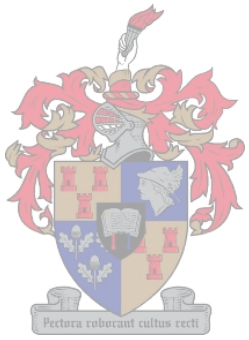
3.2.2 Sampling

A sample is any number of individuals less than the population (Christensen, 2004:50). The sample comprises HIV/AIDS workplace policies of Mdantsane high schools. Due to time constraints, the researcher used convenience sampling, because schools were busy writing exams during the collection of data. Furthermore, in other schools the educators were skeptical about giving out their HIV/AIDS workplace policies as they thought the researcher was doing the study for the Provincial Department of Education, in order to assess and monitor them in terms of HIV/AIDS workplace policy implementation. In a sense the researcher used what she got for the study. The researcher used 6 Mdantsane high schools, and analysed their HIV/AIDS workplace policies.

3.2.3 Data Gathering

The data was gathered using the National HIV/AIDS workplace policy for schools and institutions (appendix B), ILO sample policy (appendix A) and ILO checklist for HIV/AIDS policy (appendix C). The study looked at whether the HIV/AIDS policies of the high schools comply with the requirements of the National HIV/AIDS workplace policy for schools & institutions and also whether they cover the

fundamental aspects of an HIV/AIDS policy as lay down by ILO. In this, regard the ILO sample policy, which has been extracted from the ILO code of practice was used. An ILO HIV/AIDS checklist was utilised as an instrument to check whether all the important aspects of an HIV/AIDS policy according to ILO have been covered by the high schools. The checklist has ten indicators, which the HIV/AIDS workplace polices of the schools were measured against them.



CHAPTER 4 – Results: Presentation and Discussion

4.1 Results

The results of this research comprise the interpretation of the percentages for checklist and the decisions concerning the hypothesized outcomes of the study. The researcher checked out the schools against each indicator on the checklist, by using a tick if the school does have the indicator in its HIV/AIDS workplace policy, and a cross if it does not have it. The ticks were then summed up for all the schools used in the study, under each indicator, as to see how many schools complied with the national and international standards in their HIV/AIDS workplace policies. Percentages were used in order to interpret the total scores of the schools, concerning each indicator on the checklist (see appendix D).

4.1.1 Hypothesis 1

HIV/AIDS policy effectively manage the spread of HIV/AIDS in the workplace.

	No of Schools	**No complied**	**%**
Compliance with **national laws**	**6**	**6**	**100**
Protection of **workplace safety** and health	**6**	**6**	**100**
Information and education on HIV/AIDS for employees and their families	**6**	**6**	**100**
Training of managers, workers' representatives, peer educators & others if relevant, e.g. safety & health officers	**6**	**5**	**83**

National Laws

The interpretation of the score in the checklist proved that all the high schools used in the study complied with the national laws in their HIV/AIDS workplace policies, as the total is 100%.

Workplace Safety

Concerning protection of workplace safety and health, all the high schools that were used in the study showed that 'universal precautions to eliminate the risk of transmission of all blood-borne pathogens' are catered for (National Policy on HIV/AIDS for Schools & Institutions, 1999).

Education

All the schools used by the researcher indicated they see the vital utilisation of education in lessening the spread of HIV/AIDS in their workplaces, as the score is 100%.

Training

On training for management and other relevant representatives, the study proved that five schools will see to it that the management and the relevant representatives are empowered, in terms of knowledge and new developments on HIV/AIDS matters.

The research accepts this hypothesis as all the schools in their policies complied with national laws and adhered to workplace safety, however there is about 83% of the schools which see the seriousness of the training of managers.

4.1.2 Hypothesis 2

HIV/AIDS policy utilisation decreases discrimination against infected and affected individuals.

	No of Schools	No complied	%
Protection of employees affected by HIV against **discrimination**, victimization and harassment	6	6	100
No HIV **screening of employees** or job applicants	6	6	100
Equality for women in working terms and conditions, and protection where necessary (e.g. against sexual harassment**)**	6	1	17

Discrimination

All the schools which were under the study, in their HIV/AIDS workplace policies showed that they strongly oppose discrimination, victimization and harassment of employees who are infected and affected by HIV/AIDS, as the score is 100%. Their anti-discrimination views encompassed both educators and learners as they are the primary stakeholders of the schools.

Screening of Employees

Under screening of employees, the score is 100% as all the schools used by the study firmly disapprove of screening of employees / job applicants for selection.

Gender Equality

Concerning equality for women, out of six schools which were used by the study, only one which revealed that gender equality is catered for in its policy. It pointed out that no sexist behaviour, gender-based discrimination or gender-based violence will be tolerated at its workplace.

The research accepts this hypothesis as all the schools scored 100% on guarding against discrimination of employees as a result of their statuses, as well as 100% on

the protection of rights of employees (including learners), which are usually tempered with through pre and post testing procedures for purposes of selection of job applicants and deprivation of employees opportunities for advancement in their workplaces. However, the score for gender equality is 17%, as there is only one school which noted gender equality.

4.1.3 Hypothesis 3

HIV/AIDS policy promotes care and support of infected and affected people.

	No of Schools	**No complied**	**%**
Entitlement to company/statutory **benefits** and services	6	5	83
Care and support for workers and their families, including reasonable accommodation	6	6	100
Provision of **condom** free or at affordable prices	6	2	33,4

Benefits

Out of six schools which were used by the study, one did not point out employees' entitlement to organisational benefits, which resulted in the score being 83%.

Care and Support

All the schools used by the study noted that educators and learners will be allowed to come to school 'for as long as they are able to do so effectively' which resulted in 100% score. (National Policy on HIV/AIDS for Schools & Institutions, 1999). In a sense, reasonable accommodation of HIV/AIDS employees within the working environment have been covered by the policies, to maximize their performance and to ensure that they are able to work as long as they are able.

Condoms

Two schools out of six specified the condoms as a prevention strategy that will be accessible in their workplaces.

The research accepts this hypothesis as there is only one score which is under 50%. Concerning workplace benefits, five schools indicated the need for workplace benefits pertaining to HIV/AIDS, which resulted in 83%. For care and support, the score is 100% as all the schools used in the study indicated positively their concern for care and support of the infected and affected individuals with HIV/AIDS. For condom advocacy and accessibility as a preventative measure, two schools mentioned the need for their availability in their workplaces, which results in 33, 4 %.

4.1.4 Hypothesis 4

Voluntary Counseling and Testing (VCT) decreases the spread of HIV/AIDS.

	No of Schools	**No complied**	**%**
Confidentiality and privacy ensured	6	6	100

Confidentiality

For confidentiality and privacy, all the schools which were used by the study, indicated that it is ensured in their organisations.

The research accepts this hypothesis as the score is 100% of the schools which adhered to confidentiality in their HIV/AIDS workplace policies.

4.2 Summary of Findings

Even though the policies cover most of the key areas as envisaged by ILO, it is evident that the policies need to be modified and added on, as the schools did not say in detail how they are going to see to it that their specifications are accomplished.

Some points are just mentioned and not explained in a clear manner how they are going to be carried out. Consequently, the policies in some instances lack significance as they are without flesh.

However, it can not be said that the schools with limited contents in their HIV/AIDS policies are not making an effort in managing the spread of HIV/AIDS, as they utilise what they have. What can be argued is that, if the policies encompassed all the ILO key areas, and also followed the National HIV/AIDS Policy for Schools and Institutions, there could have been evident effectiveness of the policies in mitigating the spread of HIV/AIDS, proven by the programmes incorporated in them. The schools would have been able to measure/assess effectiveness in terms of absenteeism, dropping out, deaths etc. since the implementation of the policies. Nevertheless, that is beyond the scope of this study.

Finally, the researcher concludes that there is a difference found between schools that have HIV/AIDS policies that cover all the fundamental aspects of a workplace policy and those that do not cover the key aspects in their HIV/AIDS policies, in managing HIV/AIDS effectively. This means that the null hypothesis is accepted. Contents of HIV/AIDS policy play a prominent role in its effectiveness in terms of achieving what it purports to achieve.

As the study is about the impact of HIV/AIDS workplace policy in terms of its contents, there is no previous research work which matches the study except literature, so, it is difficult to compare the results of this study with other previous research work.

4.3 Discussion

4.3.1 Hypothesis 1

HIV/AIDS policy effectively manage the spread of HIV/AIDS in the workplace.

National Laws

Some schools in their HIV/AIDS workplace policies even specified the legal documents that they complied with, like the Constitution, Labour Relations Act (LRA) 66 of 1965, Basic Conditions of Employment Act 75 of 1997, Compensation of Occupational injuries and Disease Act 130 of 1993, Employment Equity Act 55 of 1998, Occupational Health and Safety Act 85 of 1993, National Policy on Testing as Gazetted by Minister of Health (Gazette No 20710) and the Code of Good Practice. This proves that they are knowledgeable in terms of the legal framework pertaining to HIV/AIDS. They are aware of the implications if they tampered with these laws. This also implies that they guard against discrimination which is as a result of tampering with these laws.

Workplace Safety

Though a safe working environment has been covered by the policies, only one school explicitly mentioned how it hopes to caution its employees on the risk of infection at the workplace.

The policies should have mentioned the appropriate measures to be taken of universal infection control procedures, like training, awareness and education. Accessibility of appropriate equipment to deal with occupational incidents should be evident in the policies. The policies should also have mentioned that the organization will fund post-exposure prophylaxis for affected employees. One other point is that the policy should have mentioned that the organization will exercise adequate monitoring of occupational exposure to HIV.

Education

The schools acknowledge the importance of an HIV/AIDS education in containing the spread of HIV/AIDS. Even though there has been a lot said and done concerning HIV/AIDS, it is not enough, people still behave ignorantly, including the learned

ones. An HIV/AIDS empower the stakeholders with knowledge, so that they know what they ought to do and not to do in terms of prevention against HIV/AIDS.

Training

The five schools which noted training for managers, also mirrored that they will not solely rely on the department for empowerment on HIV/AIDS information and new developments, they will as well network with Non-governmental organisations (NGOs), Community based organisations (CBOs), Faith based organisations (FBOs), and also with corporate sectors.

Managers as the top executives in the organisations need to keep abreast with new developments relating to organisations. This also means that they have to even keep up with HIV/AIDS workplace regulations. Furthermore, they can not undo the fact that some of the workforce is infected, however, they can work around that, by being knowledgeable themselves, as well as transmitting the knowledge to the employees, in order to establish an environment that would encourage employees to maximize their industrial performance.

Education and training is the key factor to accomplish the above view, so as to understand the HIV/AIDS cycle and its impact on employees themselves, the company, the peer employees, family members, country's economy etc. The management requires to be observant to the performance of the employees, as it might happen that the reason for an employee's performance is due to the effects of HIV/AIDS. Noe, Hollenbeck, Gerhart & Wright (2003) agree with this point as they say a sudden negative change in an employee's performance may indicate personal problems.

Concerning the school which did not specify the training in its HIV/AIDS workplace policy, it can not be concluded that managers and relevant representatives are not getting / will not get any training as the Department of Education does the training on

HIV/AIDS matters for the principals, School Governing Body (SGB) members, and also a Life Orientation (LO) teacher of each school, whereby each and every school is represented. However, this was supposed to have been mentioned in the policy, how training will be accessed, in order to keep up with new developments.

4.3.2 Hypothesis 2

HIV/AIDS policy utilisation decreases discrimination against infected and affected individuals.

Discrimination

Discrimination against employees who are HIV/AIDS infected / affected in workplaces is a thorn issue, as well a legal issue. The Employment Equity Act No. 55 of 1998 is based on the principle that no person may be unfairly discriminated against on the basis of their HIV status. Section 6(1) of the Employment Equity Act provides that no person may be unfairly discriminated against or victimized or stigmatised, be it an educator or a scholar in the organization, on the basis of their status.

The schools complied with Section 187(1) of the Labour Relations Act No. 66 of 1995, which says that an employee with HIV/AIDS may not be dismissed from work simply because he or she is HIV positive or has AIDS. However, the researcher thinks that they should have gone further by stating that, 'nevertheless, where there are no valid reasons related to their capacity to continue working and fair procedures have been followed, their services may be terminated in accordance with Section 188(1) (a) (i).'

Screening of employees

Selection is the process of choosing from among available applicants the individuals who are most likely to successfully perform a job (Byars & Rue, 1991). Noe, Hollenbeck, Gerhart & Wright (2003) define selection as the process by which an organisation attempts to identify applicants with the necessary knowledge, skills,

abilities, and other characteristics that will help it achieve its goals. For an example the case of Hoffman and SAA is a good example of screening of employees (Hoffman v South African Airways, 2000).

The schools also unpacked what they meant by screening for educators, and also for the learners. They stated that no educator will be subjected to HIV/AIDS testing before employment, no educator will be dismissed due to his or her HIV/AIDS status, and no educator will be denied the right to promotion because of his or her status. Learners were said not to be denied admission or continued attendance as a result of their HIV/AIDS statuses. However, the schools noted that individuals can go for VCT according to their free will, and their organisations support and promote that in order to mitigate the spread of HIV/AIDS.

Five schools only focused on pre-employment testing in their policies. Only one school addressed HIV testing in the event of an occupational accident carrying a risk of exposure to blood or other body fluids.

Gender equality

Even the school which pointed out gender equality its policy, the researcher feels that it should have unpacked what it meant by not tolerating sexist behavior, gender-based discrimination or gender-based violence.

4.3.3 Hypothesis 3

HIV/AIDS policy promotes care and support of infected and affected people.

Benefits

Though employee benefits have been covered by most policies, the schools should have spelt it out in their policies that HIV/AIDS employees will be entitled to training, promotion and other workplace benefits.

The policies are silent on compensation for occupationally acquired HIV. Provisions relating to compensation for occupationally acquired HIV should be addressed by the policies. Legally, all employees are entitled to be compensated for acquiring HIV as a result of an occupational accident. In accordance with the Basic Conditions of Employment Act, No 75 of 1977, every employer is obliged to ensure that all employees receive certain basic standards of employment including a minimum number of days' sick leave, which was not voiced out by the policies.

Care and Support

Even though the aspect of care and support has been noted by the schools in their policies, the researcher feels that they should have explained in depth how they are going to carry out care and support in their workplaces, and this might differ from each and every workplace, based on their environment.

Condoms

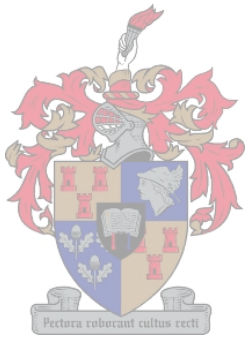
Condom use is one of the most important preventative measures for the spread of HIV/AIDS. The schools are dealing with young people who need to be continuously reminded of the essentiality of consistency in positive behavior modification. Furthermore, the schools need to make sure that prevention is accessible for everyone in the workplace. The policies need to specify how they are going to acquire the condoms, and at which points in the workplace are they going to be placed, as this is not evident even in policies of the two schools that mentioned them. People (i.e. educators and learners) need to know exactly where to get condoms in the workplace, so that they do not engage in unprotected sex.

4.3.4 Hypothesis 4

Voluntary Counseling and Testing (VCT) decreases the spread of HIV/AIDS

Confidentiality

They specified that no learner as well as an educator will be forced to disclose his/her status. However, the policies should have mentioned that, support and an enabling environment will be established for the employees who wish to disclose their statuses. In the case of one's status being known to the management, his/her identity would be kept confidential. The information of educators and students should be kept strictly confidential and kept only on medical files whereby access to information complies with the Occupational Health Services Recommendation 1985 (No. 171).



CHAPTER 5 - Conclusions and Recommendations

5.1 Conclusion

The period of time for the study was indeed very short. The subjects were very few to prove the validity of the study. Other schools were skeptical about handing over their HIV/AIDS workplace policies to someone else. They thought that the researcher is someone from the Department of Education who has come to check on them about the implementation of their policies. That is also the reason why the researcher opted for convenience sampling. The supervisor was helpful to the researcher and explained clearly and exactly what he expected from the researcher, as a result the researcher was able to acquire more research skills for future use.

Even though there has been a lot said and done concerning HIV/AIDS, it is not enough, people still behave ignorantly, including the learned ones. An HIV/AIDS policy gives a green light on what ought to be done by the stakeholders of an organisation in fighting against the spread of HIV/AIDS. It encompasses everything which the stakeholders need to do, because it is done by them.

Having a comprehensive HIV/AIDS policy will help in the better management of HIV/AIDS. Managers themselves need to be well versed with the above issues so that they can be able to manage and contain the spread of HIV/AIDS effectively.

People i.e. educators and learners should be encouraged to go for VCT. This is a very important step in the management of HIV/AIDS. This will give them some direction on what to do next concerning their lives, once they know their statuses.

Caring and support will bring back dignity and value to the people. It will make them to know that they still matter. Hopefully, that sense of worth and humaneness will

consequently make both the infected and the affected to rise above their adversities, and be resilient.

Future research should look at the 'assessment/evaluation of the effectiveness of policy implementation' as this was not answered by the study.

5.2 Recommendations

As many workplaces (especially the schools) do not have experts in matters of HIV/AIDS, it is essential that they form partnerships with NGOs, governmental departments or other HIV/AIDS external agencies. Partnerships can provide training and capacity building necessary to implement effective workplace programmes. It is evident that Mdantsane high schools still need to be work-shopped on the making of an HIV/AIDS workplace policy, as their policies were not comprehensive and detailed in terms of their contents. Some seemed they were not as a result of a process of joint effort of consultation between the stakeholders, because that should have been specified in the policies. The following pointers are the most crucial one in HIV/AIDS management.

Prevention

Prevention is a programme designed to prevent HIV transmission, including components such as awareness, education and training, condom distribution, treatment of sexuality transmitted infections, occupational infection control (Department of public service, 2002). Programmes should be tailored to the age, gender, sexual orientation, sector characteristics, and the behavioural risk factors of the workforce and its cultural context. Peer education has been proved to be particularly effective as has the involvement of people living with HIV/AIDS in the design and implementation of programmes.

Care and support of the infected and the affected

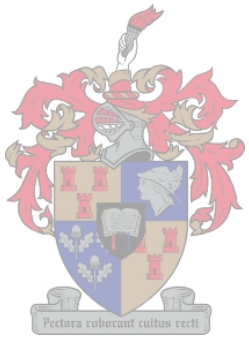
This is a broad term referring to the steps taken to promote a person's well-being through medical, psychological, spiritual and other means (Department of public service, 2002). Care and support for learners need to be approached from the human rights point of view. This entails that children are endowed with some democratic rights, and those rights need to be respected. Equally with educators, whether affected or infected, their human rights need to be respected and not tampered with.

Educators and students living with HIV/AIDS need care and support in the workplace. If they are on antiretroviral drugs the co-educators and fellow students should take care of them and support them in using these drugs since they have side effects and can make a person feel sick and out of sorts. When these effects occur these persons should be supported by being some time off, maybe a day, or an hour's rest, until they feel better to return to the classroom.

Lastly, all the members of the workplace, who are in a healthy state, should make the persons living with HIV/AIDS feel wanted and accepted. They should endeavour to accept him by treating him normally. They should sit with him, touch him, shake hands with him, laugh with him and use the same eating and drinking utensils with him. He should not be isolated.

Treatment

It is a medical term describing the steps being taken to care for and manage an illness. Health facilities should be accessible to the educators as well as to the learners. Promotion of health care can decrease sexual transmitted infections which play a role in HIV/AIDS infection. Schools should work in partnership with the department of health in bringing nurses closer in schools as they have expertise in health care. Antiretroviral (ARVs) treatment should be provided in schools, so that learners and educators don't miss out their educational activities.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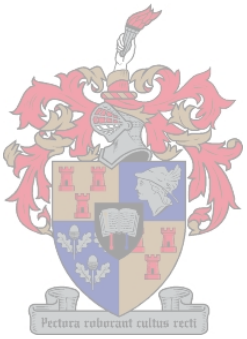


Appendix A

ILOAIDS

Why have a policy?

A workplace policy provides the framework for action to reduce the spread of HIV/AIDS and manage its impact. It:

• makes an explicit commitment to corporate action
• ensures consistency with appropriate national laws
• lays down a standard of behaviour for all employees (whether infected or not)
• gives guidance to supervisors and managers
• helps employees living with HIV/AIDS to understand what support and care they will receive, so they are more likely to come forward for voluntary testing
• helps to stop the spread of the virus through prevention programmes
• assists an enterprise to plan for HIV/AIDS and manage its impact, so ultimately saving money.

It provides the basis for putting in place a **comprehensive workplace programme**, combining prevention, care and the protection of rights. Depending on the particular situation, it may consist of a detailed document just on HIV/AIDS, setting out programme as well as policy issues; it may be part of a wider policy or agreement on safety, health and working conditions; it may be a short statement of principle.

The ILO sample policy

1. GENERAL STATEMENT

The policy begins with a general statement or introduction that relates the HIV/AIDS policy to the local context and existing business practices, including some or all of the following:

- The reason why the company has an HIV/AIDS policy
- A statement about how the policy relates to other company policies
- Policy compliance with national and local laws and trade agreements

Sample

Company or public sector workplace X recognises the seriousness of the HIV/AIDS epidemic and its impact on the workplace. The Company supports national efforts to reduce the spread of infection and minimize the impact of the disease.

The purpose of this policy is to ensure a consistent and equitable approach to the prevention of HIV/AIDS among employees and their families, and to the management of the consequences of HIV/AIDS, including the care and support of employees living with HIV/AIDS. The policy has been developed and will be implemented in consultation with employees at all levels. It is in compliance with existing laws regarding HIV/AIDS *[where relevant - otherwise insert 'existing laws on discrimination, working conditions, and safety and health']* and with the ILO Code of Practice on HIV/AIDS and the world of work.

2. POLICY FRAMEWORK AND GENERAL PRINCIPLES

The policy establishes some general principles as the basis for specific provisions:

Sample

Company X does not discriminate or tolerate discrimination against employees or job applicants on any grounds, including HIV status. While Company X recognises that there are circumstances unique to HIV infection, this policy rests on the principle that HIV infection and AIDS should be treated like any other serious condition or illness that may affect employees. It takes into account the fact that employees with HIV may live full and active lives for a number of years. The Company's commitment to maintaining a safe and healthy work environment for all employees is based on the recognition that HIV is not transmitted by casual contact.

3. SPECIFIC PROVISIONS

The policy should include provisions in the following areas:

1) The protection of the rights of those affected by HIV/AIDS
2) Prevention through information, education and training
3) Care and support for workers and their families.

1) Stigma, discrimination and rights

No rights - from confidentiality to access to benefits - should be affected by an individual's HIV status, real or suspected. Stigma and discrimination compromise employee welfare and a safe and healthy work environment. They also undermine HIV prevention efforts, which depend on an atmosphere of openness, trust and respect for basic rights.

Sample

1. *Rights of employees who are HIV-positive.* HIV-positive employees will be protected against discrimination, victimisation or harassment. Normal company

disciplinary and grievance procedures shall apply equally to all employees, as will the provision of information and education about HIV and AIDS.

2. *Employment opportunities and termination of employment.* No employee should suffer adverse consequences, whether dismissal or denial of appropriate alternative employment opportunities, merely on the basis of HIV infection. *[A collective agreement could spell out the grounds for dismissal]*.

3. *Testing.* Company X rejects HIV testing as a prerequisite for recruitment, access to training or promotion. However, the company promotes and facilitates access to voluntary confidential testing with counselling (VCT) for all employees.

4. *Epidemiological testing.* Testing programmes for epidemiological purposes will be subject to appropriate consultation with recognised employee representatives and will be subject to independent and objective evaluation and scrutiny. The results of epidemiological studies will not be used as a basis for discriminating against any class of employee in the workplace. All testing will comply with accepted international standards on pre-and post-test counselling, informed consent, confidentiality and support.

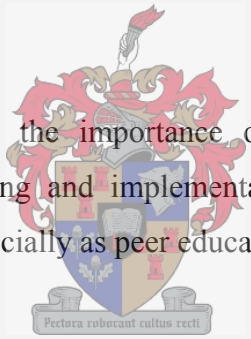
5. *Confidentiality.* The Company recognises the sensitive issues that surround HIV/AIDS and undertakes to handle matters in a discreet and private manner. Where an employee with HIV has revealed his or her status to management, the Company will keep the identity of such person confidential. However in line with the Company philosophy on the virus, the employee will be encouraged to be open about his or her HIV status.

2) Awareness-raising and education

In the absence of a vaccine or cure, information and education are vital components of an AIDS prevention programme. Because the spread of the disease can be limited by informed and responsible behaviour, practical measures such as condom distribution are also important means of supporting behaviour change within the workplace community.

Sample

1. Appropriate awareness and education programmes will be conducted to inform employees about AIDS and HIV which will enable them to protect themselves and others against infection by HIV. Some of these will include the families of employees and the local community.



2. The company recognises the importance of involving employees and their representatives in the planning and implementation of awareness, education and counselling programmes, especially as peer educators and counsellors.

3. Practical measures to support behaviour change and risk management will include the
treatment of sexually transmitted infections (STIs) and TB *[or - where impossible - referral to STI and TB treatment services in the community]*, sterile needle and syringe exchange programmes *[if relevant to the local situation]*, and the distribution of male and female condoms.

4. Training shall be arranged for key staff including managers, supervisors, and personnel
officers; union representatives; trainers of trainers (both male and female); peer educators; and occupational safety and health officers.

5. Reasonable time off will be given for participation in education and training.

3) Care and support for workers and their families

It is in the interest of both enterprise and employees if infected individuals are assisted to remain at work as long as possible.

Sample

1. *The promotion of employees' well-being.* The Company will treat employees who are infected or affected by HIV/AIDS with empathy and care. The Company will provide all reasonable assistance which may include counselling, time off, sick leave, family responsibility leave, and information regarding the virus and its effect.

2. *Work performance and reasonable accommodation.* It is the policy of the Company to respond to the changing health status of employees by making reasonable accommodation in the workplace for those infected with HIV. Employees may continue to work as long as they are able to perform their duties safely and in accordance with accepted performance standards. If an employee with AIDS is unable to perform his or her tasks adequately, the manager or supervisor must resolve the problem according to the company's normal procedure on poor performance/ill health.

3. *Benefits.* Employees living with HIV/AIDS will be treated no less favourably than staff with any other serious illness/condition in terms of statutory and company benefits, workplace compensation, where appropriate, and other available services.

4. *Healthcare* *[this paragraph will need to be amended according to the size of the company and resources available for medical care]*.

i) The occupational health service will offer the broadest range of services to prevent and manage HIV/AIDS, including the provision of anti-retroviral drugs (ARVs),

treatment for relief of HIV-related symptoms and for opportunistic infections (especially TB), reproductive and sexual health services, and advice on healthy living including nutritional counselling and stress reduction. The dependents of employees will also be eligible for medical treatment.

ii) Appropriate support and counselling services will be made available to employees.

Possible alternative

4. *Healthcare.* This Company will help employees living with HIV/AIDS to find appropriate medical services in the community, as well as counselling services, professional support and self-help groups if required. Reasonable time off will be given for counselling and treatment.

4. IMPLEMENTATION AND MONITORING

If the policy does not take the form of a negotiated agreement, a short clause could be added whereby management and worker representatives pledge their full support to the policy.

Sample

1. Company X has established an HIV/AIDS committee *[or responsible officer, in a smaller workplace]* to coordinate and implement the HIV/AIDS policy and programme. The committee consists of employees representing all constituents of the company, including general management *[spell out constituents, e.g. staff committee, medical service, human resource department etc.]*. The committee/ responsible officer will report regularly to the executive board.

2. In order to plan and evaluate its HIV/AIDS policy and programme effectively, Company X will undertake a survey to establish baseline data and regular risk and

impact assessment studies. The studies will include knowledge, attitudes and behaviour/ practices (KAB/P). Studies will be carried out in consultation and with the consent of employees and their representatives, and in conditions of complete confidentiality.

3. This policy, and related information on HIV and AIDS, will be communicated to all Company X employees and the wider public using the full range of communication methods available to the company and its network of contacts.

4. This policy will be reviewed annually and revised as necessary in the light of changing
conditions and the findings of surveys/studies conducted.

Budget and finance

Companies should make every effort to establish a budget for HIV/AIDS activities but should bear in mind that many interventions can be put in place at little or no cost; that smaller companies can work together to share costs; that services and resources may exist in the community or may be sought, for example through the local UN Theme Group on HIV/AIDS or the Global Fund to Fight AIDS, Tuberculosis and Malaria. Technical assistance to conduct surveys may be sought through UNAIDS.

ILO Programme on
HIV/AIDS and the
World of work

Appendix B

National Policy on HIV/AIDS [Schools & Institutions]

The Minister of Education hereby publishes the National Policy on HIV/AIDS for learners in public schools, and students and educators in further education and training institutions in terms of section 3(4) of the National Education Policy Act, 1996 (Act No. 27 of 1996), as set out in the Schedule.

Minister of Education

August 1999

Preamble

Acquired Immune Deficiency Syndrome (AIDS) is a communicable disease that is caused by the Human Immunodeficiency Virus (HIV).

In South Africa, HIV is spread mainly through sexual contact between men and women. In addition, around one third of babies born to HIV-infected women will be infected at birth or through breast-feeding. The risk of transmission of the virus from mother to baby is reduced by antiretroviral drugs.

Infection through contact with HIV-infected blood, intravenous drug use and homosexual sex does occur in South Africa, but constitutes a very small proportion of all infections. Blood transfusions are thoroughly screened and the chances of infection from transfusion are extremely low.

People do not develop AIDS as soon as they are infected with HIV. Most experience a long period of around 5 - 8 years during which they feel well and remain productive

members of families and workforces. In this asymptomatic period, they can pass their infection on to other people without realising that they are HIV infected.

During the asymptomatic period, the virus gradually weakens the infected person's immune system, making it increasingly difficult to fight off other infections. Symptoms start to occur and people develop conditions such as skin rashes, chronic diarrhoea, weight loss, fevers, swollen lymph glands and certain cancers. Many of these problems can be prevented or treated effectively. Although these infections can be treated, the underlying HIV infection cannot be cured.

Once HIV-infected people have a severe infection or cancer (a condition known as symptomatic AIDS) they usually die within 1 to 2 years. The estimated average time from HIV infection to death in South Africa is 6 to 10 years. Many HIV infected people progress to AIDS and death in much shorter periods. Some live for 10 years or more with minimal health problems, but virtually all will eventually die of AIDS.

HIV-infected babies generally survive for shorter periods than HIV-infected adults. Many die within two years of birth, and most will die before they turn five. However, a significant number may survive even into their teenage years before developing AIDS. No cure for HIV infection is available at present. Any cure which is discovered may well be unaffordable for most South Africans.

HIV/AIDS is one of the major challenges to all South Africans. The findings of the 1998 HIV survey among pregnant women attending public antenatal clinics of the Department of Health show that the HIV/AIDS epidemic in South Africa is among the most severe in the world and it continues to increase at an alarming pace. The rate of increase is estimated at 33.8%. Using these figures, it is estimated that one in eight of the country's sexually active population - those over the age of 14 years - is now infected. In the antenatal survey, the prevalence of HIV/AIDS among pregnant

women under the age of 20 years has risen by a frightening 65.4% from 1997 to 1998.

According to the 1998 United Nations Report on HIV/AIDS Human Development in South Africa, it is estimated that almost 25% of the general population will be HIV positive by the year 2010. The achievements of recent decades, particularly in relation to life expectancy and educational attainment, will inevitably be slowed down by the impact of current high rates of HIV prevalence and the rise in AIDS-related illnesses and deaths. This will place increased pressures on learners, students and educators.

Because the Ministry of Education acknowledges the seriousness of the HIV/AIDS epidemic, and international and local evidence suggests that there is a great deal that can be done to influence the course of the epidemic, the Ministry is committed to minimise the social, economic and developmental consequences of HIV/AIDS to the education system, all learners, students and educators, and to provide leadership to implement an HIV/AIDS policy. This policy seeks to contribute towards promoting effective prevention and care within the context of the public education system.

In keeping with international standards and in accordance with education law and the constitutional guarantees of the right to a basic education, the right not to be unfairly discriminated against, the right to life and bodily integrity, the right to privacy, the right to freedom of access to information, the right to freedom of conscience, religion, thought, belief and opinion, the right to freedom of association, the right to a safe environment, and the best interests of the child, the following shall constitute national policy.

1. Definitions

In this policy any expression to which a meaning has been assigned in the South African Schools Act, 1996 (Act No. 84 of 1996), the Further Education and Training Act, 1998 (Act No. 98 of 1998) and the Employment of Educators Act, 1998 (Act No. 76 of 1998), shall have that meaning and, unless the context otherwise indicates -

"**AIDS"** means the acquired immune deficiency syndrome, that is the final phase of HIV infection;

"HIV" means the human immunodeficiency virus;

"institution" means an institution for further education and training, including an institution contemplated in section 38 of the Further Education and Training Act, 1998 (Act No. 98 of 1998);

"sexual abuse" means abuse of a person targeting their sexual organs, e.g. rape, touching their private parts, or inserting objects into their private parts;

"unfair discrimination" means direct or indirect unfair discrimination against anyone on one or more grounds in terms of the Constitution of the Republic of South Africa, 1996 (Act No.108 of 1996);

"universal precautions" refers to the concept used worldwide in the context of HIV/AIDS to indicate standard infection control procedures or precautionary measures aimed at the prevention of HIV transmission from one person to another and includes procedures concerning basic hygiene and the wearing of protective clothing such as latex or rubber gloves or plastic bags when there is a risk of exposure to blood, blood-borne pathogens or blood-stained body fluids;

"violence" means violent conduct or treatment that harms the person of the victim, for example assault and rape;

"window period" means the period of up to three months before HIV antibodies appear in the blood following HIV infection. During this period HIV tests cannot determine whether a person is infected with HIV or not.

2. Premises

 2.1 Although there are no known cases of the transmission of HIV in schools or institutions, there are learners with HIV/AIDS in schools. More and more children who acquire HIV prenatally will, with adequate medical care, reach school-going age and attend school. Consequently a large proportion of the learner and student population and educators are at risk of contracting HIV/AIDS.

 2.2 HIV cannot be transmitted through day-to-day social contact. The virus is transmitted only through blood, semen, vaginal and cervical fluids and breast milk. Although the virus has been identified in other body fluids such as saliva and urine, no scientific evidence exists to show that these fluids can cause transmission of HIV.

 2.3 Because of the increase in infection rates, learners, students and educators with HIV/AIDS will increasingly form part of the population of schools and institutions. Since many young people are sexually active, increasing numbers of learners attending primary and secondary schools, and students attending institutions might be infected. Moreover, there is a risk of HIV transmission as a result of sexual abuse of children in our country. Intravenous drug abuse is also a source of HIV transmission among learners and students. Although the possibility is remote, recipients of infected blood products during blood transfusions (for instance haemophiliacs), may also be present at schools and institutions. Because of the increasing prevalence of HIV/AIDS in schools, it is imperative that each school must have a planned strategy to cope with the epidemic.

 2.4 Because of the nature of HIV antibody testing and the "window period" or "apparently well period" between infection and the onset of clearly identifiable symptoms, it is impossible to know with absolute certainty who has HIV/AIDS and

who does not. Although the Department of Health conducts tests among women attending ante-natal clinics in public health facilities in South Africa as a mechanism of monitoring the progression of the HIV epidemic in South Africa, testing for HIV/AIDS for employment or attendance at schools is prohibited.

 2.5 Compulsory disclosure of a learner's, student's or educator's HIV/AIDS status to school or institution authorities is not advocated as this would serve no meaningful purpose. In case of disclosure, educators should be prepared to handle such disclosures and be given support to handle confidentiality issues.

 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. Likewise, educators with HIV/AIDS should lead as full a professional life as possible, with the same rights and opportunities as other educators and with no unfair discrimination being practised against them. Infection control measures and adaptations must be universally applied and carried out regardless of the known or unknown HIV status of individuals concerned.

- 2.6.1 The risk of transmission of HIV in the day-to-day school or institution environment in the context of physical injuries can be effectively eliminated by following standard infection-control procedures or precautionary measures (also known as universal precautions) and good hygiene practices under all circumstances. This would imply that in situations of potential exposure, such as in dealing with accidental or other physical injuries, or medical intervention on school or institution premises in case of illness, all persons should be considered as potentially infected and their blood and body fluids treated as such.
- 2.6.2 Strict adherence to universal precautions under all circumstances in the school or institution is advised.
- 2.6.3 Current scientific evidence suggests that the risk of HIV transmission during teaching, sport and play activities is insignificant. There is no risk of transmission from saliva, sweat, tears, urine, respiratory droplets, handshaking, swimming-pool water, communal bath water, toilets, food or

drinking water. The statement about the insignificant risk of transmission during teaching, sport and play activities, however, holds true only if universal precautions are adhered to. Adequate wound management has to take place in the classroom and laboratory or on the sports field or playground when a learner or student sustains an open bleeding wound. Contact sports such as boxing and rugby could probably be regarded as sports representing a higher risk of HIV transmission than other sports, although the inherent risk of transmission during any such sport is very low.

- 2.6.4 Public funds should be made available to ensure the application of universal precautions and the supply of adequate information and education on HIV transmission. The State's duty to take all reasonable steps to ensure safe school and institution environments is regarded as a sound investment in the future of South Africa.
- 2.6.5 Within the context of sexual relations, the risk of contracting HIV is significant. There are high levels of sexually active persons within the learner population group in schools. This increases the risk of HIV transmission in schools and institutions for further education and training considerably. Besides sexuality education, morality and life skills education being provided by educators, parents should be encouraged to provide their children with healthy morals, sexuality education and guidance regarding sexual abstinence until marriage and faithfulness to their partners. Sexually active persons should be advised to practise safe sex and to use condoms. Learners and students should be educated about their rights concerning their own bodies, to protect themselves against rape, violence, inappropriate sexual behaviour and contracting HIV.

 2.7 The constitutional rights of all learners, students and educators must be protected on an equal basis. If a suitably qualified person ascertains that a learner, student or educator poses a medically recognised significant health risk to others, appropriate measures should be taken. A medically recognised significant health risk in the context of HIV/AIDS could include the presence of untreatable contagious

(highly communicable) diseases, uncontrollable bleeding, unmanageable wounds, or sexual or physically aggressive behaviour, which may create the risk of HIV transmission.

 2.8 Furthermore, learners and students with infectious illnesses such as measles, German measles, chicken pox, whooping cough and mumps should be kept away from the school or institution to protect all other members of the school or institution, especially those whose immune systems may be impaired by HIV/AIDS.

 2.9 Schools and institutions should inform parents of vaccination/inoculation programmes and of their possible significance for the wellbeing of learners and students with HIV/AIDS. Local health clinics could be approached to assist with immunisation.

 2.10 Learners and students must receive education about HIV/AIDS and abstinence in the context of life-skills education on an ongoing basis. Life-skills and HIV/AIDS education should not be presented as isolated learning content, but should be integrated in the whole curriculum. It should be presented in a scientific but understandable way. Appropriate course content should be available for the pre-service and in-service training of educators to cope with HIV/AIDS in schools. Enough educators to educate learners about the epidemic should also be provided.

- 2.10.1 The purpose of education about HIV/AIDS is to prevent the spread of HIV infection, to allay excessive fears of the epidemic, to reduce the stigma attached to it and to instill non-discriminatory attitudes towards persons with HIV/AIDS. Education should ensure that learners and students acquire age- and context-appropriate knowledge and skills in order that they may adopt and maintain behaviour that will protect them from HIV infection.
- 2.10.2 In the primary grades, the regular educator should provide education about HIV/AIDS, while in secondary grades the guidance counsellor would ideally be the appropriate educator. Because of the sensitive nature of the learning content, the educators selected to offer this education should be specifically trained and supported by the support staff responsible for life-skills and HIV/AIDS education in the school and province. The educators

should feel at ease with the content and should be a rolemodel with whom learners and students can easily identify. Educators should also be informed by the principal and educator unions of courses for educators to improve their knowledge of, and skills to deal with, HIV/AIDS.

- 2.10.3 All educators should be trained to give guidance on HIV/AIDS. Educators should respect their position of trust and the constitutional rights of all learners and students in the context of HIV/AIDS.

 2.11 In order to meet the demands of the wide variety of circumstances posed by the South African community and to acknowledge the importance of governing bodies, councils and parents in the education partnership, this national policy is intended as broad principles only. It is envisaged that the governing body of a school, acting within its functions under the South African Schools Act, 1996, and the Council of a Further Education and Training Institution, acting within its functions under the Further Education and Training Act, 1998, or any provincial law, should preferably give operational effect to the national policy by developing and adopting an HIV/AIDS implementation plan that would reflect the needs, ethos and values of a specific school or institution and its community within the framework of the national policy.

3 . Non-discrimination and equality with regard to learners, students and educators with HIV/AIDS

 3.1 No learner, student or educator with HIV/AIDS may be unfairly discriminated against directly or indirectly. Educators should be alert to unfair accusations against any person suspected to have HIV/AIDS.

 3.2 Learners, students, educators and other staff with HIV/AIDS should be treated in a just, humane and life-affirming way.

 3.3 Any special measures in respect of a learner, student or educator with HIV should be fair and justifiable in the light of medical facts; established legal rules and principles; ethical guidelines; the best interest of the learner, student and educator

with HIV/AIDS; school or institution conditions; and the best interest of other learners, students and educators.

 3.4 To prevent discrimination, all learners, students and educators should be educated about fundamental human rights as contained in the Constitution of the Republic of South Africa, 1996.

4. HIV/AIDS testing and the admission of learners to a school and students to an institution, or the appointment of educators

 4.1 No learner or student may be denied admission to or continued attendance at a school or an institution on account of his or her HIV/AIDS status or perceived HIV/AIDS status.

 4.2 No educator may be denied the right to be appointed in a post, to teach or to be promoted on account of his or her HIV/AIDS status or perceived HIV/AIDS status. HIV/AIDS status may not be a reason for dismissal of an educator, nor for refusing to conclude, or continue, or renew an educator's employment contract, nor to treat him or her in any unfair discriminatory manner.

 4.3. There is no medical justification for routine testing of learners, students or educators for evidence of HIV infection. The testing of learners or students for HIV/AIDS as a prerequisite for admission to, or continued attendance at school or institution, to determine the incidence of HIV/AIDS at schools or institutions, is prohibited. The testing of educators for HIV/AIDS as a prerequisite for appointment or continued service is prohibited.

5. Attendance at schools and institutions by learners or students with HIV/AIDS

 5.1 Learners and students with HIV have the right to attend any school or institution. The needs of learners and students with HIV/AIDS with regard to their right to basic education should as far as is reasonably practicable be accommodated in the school or institution.

5.2 Learners and students with HIV/AIDS are expected to attend classes in accordance with statutory requirements for as long as they are able to do so effectively.

 5.3 Learners of compulsory school-going age with HIV/AIDS, who are unable to benefit from attendance at school or home education, may be granted exemption from attendance in terms of section 4(1) of the South African Schools Act, 1996, by the Head of Department, after consultation with the principal, the parent and the medical practitioner where possible.

 5.4 If and when learners and students with HIV/AIDS become incapacitated through illness, the school or institution should make work available to them for study at home and should support continued learning where possible. Parents should, where practically possible, be allowed to educate their children at home in accordance with the policy for home education in terms of section 51 of the South African Schools Act, 1996, or provide older learners with distance education.

 5.5 Learners and students who cannot be accommodated in this way or who develop HIV/AIDS-related behavioural problems or neurological damage, should be accommodated, as far as is practically possible, within the education system in special schools or specialised residential institutions for learners with special education needs. Educators in these institutions must be empowered to take care of and support HIV-positive learners. However, placement in special schools should not be used as an excuse to remove HIV-positive learners from mainstream schools.

6. Disclosure of HIV/AIDS-related information and Confidentiality

 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. (In cases where the medical condition diagnosed is the HIV/AIDS disease, the Regulations relating to communicable diseases and the notification of notifiable medical conditions [Health Act, 1977] only require the person performing the diagnosis to inform the immediate family members and the persons giving care to the

person and, in cases of HIV/AIDS-related death, the persons responsible for the preparation of the body of the deceased.)

 6.2 Voluntary disclosure of a learner's, student's or educator's HIV/AIDS status to the appropriate authority should be welcomed and an enabling environment should be cultivated in which the confidentiality of such information is ensured and in which unfair discrimination is not tolerated. In terms of section 39 of the Child Care Act, 1983 (Act No. 74 of 1983), any learner or student above the age of 14 years with HIV/AIDS, or if the learner is younger than 14 years, his or her parent, is free to disclose such information voluntarily.

 6.3 A holistic programme for life-skills and HIV/AIDS education should encourage disclosure. In the event of voluntary disclosure, it may be in the best interests of a learner or student with HIV/AIDS if a member of the staff of the school or institution directly involved with the care of the learner or student, is informed of his or her HIV/AIDS status. An educator may disclose his or her HIV/AIDS status to the principal of the school or institution.

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

 6.5 Unauthorised disclosure of HIV/AIDS-related information could give rise to legal liability.

 6.6 No employer can require an applicant for a job to undergo an HIV test before he/she is considered for employment. An employee cannot be dismissed, retrenched or refused a job simply because he or she is HIV positive.

7. Safe school and institute environment

 7.1 The MEC should make provision for all schools and institutions to implement universal precautions to eliminate the risk of transmission of all blood-borne pathogens, including HIV, effectively in the school or institution environment. Universal precautions include the following:

- 7.1.1 The basis for advocating the consistent application of universal precautions lies in the assumption that in situations of potential exposure to HIV, all persons are potentially infected and all blood should be treated as such. All blood, open wounds, sores, breaks in the skin, grazes and open skin lesions, as well as all body fluids and excretions which could be stained or contaminated with blood (for example tears, saliva, mucus, phlegm, urine, vomit, faeces and pus) should therefore be treated as potentially infectious.

Blood, especially in large spills such as from nosebleeds, and old blood or blood stains, should be handled with extreme caution.

Skin exposed accidentally to blood should be washed immediately with soap and running water. All bleeding wounds, sores, breaks in the skin, grazes and open skin lesions should ideally be cleaned immediately with running water and/or other antiseptics.

If there is a biting or scratching incident where the skin is broken, the wound should be washed and cleansed under running water, dried, treated with antiseptic and covered with a waterproof dressing. Blood splashes to the face (mucous membranes of eyes, nose or mouth) should be flushed with running water for at least three minutes. Disposable bags and incinerators must be made available to dispose of sanitary wear.

- 7.1.2 All open wounds, sores, breaks in the skin, grazes and open skin lesions should at all times be covered completely and securely with a non-porous or waterproof dressing or plaster so that there is no risk of exposure to blood.
- 7.1.3 Cleansing and washing should always be done with running water and not in containers of water. Where running tap water is not available, containers should be used to pour water over the area to be cleansed. Schools without running water should keep a supply, e.g. in a 25-litre drum, on hand specifically for use in emergencies. This water can be kept fresh for a long period of time by adding a disinfectant, such as Milton, to it.

- 7.1.4 All persons attending to blood spills, open wounds, sores, breaks in the skin, grazes, open skin lesions, body fluids and excretions should wear protective latex gloves or plastic bags over their hands to eliminate the risk of HIV transmission effectively. Bleeding can be managed by compression with material that will absorb the blood, e.g. a towel.
- 7.1.5 If a surface has been contaminated with body fluids and excretions which could be stained or contaminated with blood (for instance tears, saliva, mucus, phlegm, urine, vomit, faeces and pus), that surface should be cleaned with running water and fresh, clean household bleach (1:10 solution), and paper or disposable cloths. The person doing the cleaning must wear protective gloves or plastic bags.
- 7.1.6 Blood-contaminated material should be sealed in a plastic bag and incinerated or sent to an appropriate disposal firm. Tissues and toilet paper can readily be flushed down a toilet.
- 7.1.7 If instruments (for instance scissors) become contaminated with blood or other body fluids, they should be washed and placed in a strong household bleach solution for at least one hour before drying and re-using.
- 7.1.8 Needles and syringes should not be re-used, but should be safely disposed of.

 7.2 All schools and institutions should train learners, students, educators and staff in first aid, and have available and maintain at least two first-aid kits, each of which should contain the following**:**

two large and two medium pairs of disposable latex gloves; two large and two medium pairs of household rubber gloves for handling blood-soaked material in specific instances (for example when broken glass makes the use of latex gloves inappropriate); absorbent material, waterproof plasters, disinfectant (such as hypochlorite), scissors, cotton wool, gauze tape, tissues, containers for water and a resuscitation mouth piece or similar device with which mouth-to-mouth resuscitation

could be applied without any contact being made with blood or other body fluids; protective eye wear; and a protective face mask to cover nose and mouth.

 7.3 Universal precautions are in essence barriers to prevent contact with blood or body fluids. Adequate barriers can also be established by using less sophisticated devices than those described in 7.2, such as - unbroken plastic bags on hands where latex or rubber gloves are not available; common household bleach for use as disinfectant, diluted one part bleach to ten parts water (1:10 solution) made up as needed; spectacles; and a scarf.

 7.4 Each classroom or other teaching area should preferably have a pair of latex or household rubber gloves.

 7.5 Latex or household rubber gloves should be available at every sports event and should also be carried by the playground supervisor.

 7.6 First-aid kits and appropriate cleaning equipment should be stored in one or more selected rooms in the school or institution and should be accessible at all times, also by the playground supervisor.

 7.7 Used items should be dealt with as indicated in paragraphs 7.1.6 and 7.1.7.

 7.8 The contents of the first-aid kits, or the availability of other suitable barriers, should be checked each week against a contents list by a designated staff member of the school or institution. Expired and depleted items should be replaced immediately.

7.9 A fully equipped first-aid kit should be available at all school or institution events, outings and tours, and should be kept on vehicles for the transport of learners to such events.

 7.10 All learners, students, educators and other staff members, including sports coaches, should be given appropriate information and training on HIV transmission, the handling and use of first-aid kits, the application of universal precautions and the importance of adherence universal precautions.

- 7.10.1 Learners, students, educators and other staff members should be trained to manage their own bleeding or injuries and to assist and protect others.

- 7.10.2 Learners, especially those in pre-primary and primary schools, and students should be instructed never to touch the blood, open wounds, sores, breaks in the skin, grazes and open skin lesions of others, nor to handle emergencies such as nosebleeds, cuts and scrapes of friends on their own. They should be taught to call for the assistance of an educator or other staff member immediately.
- 7.10.3 Learners and students should be taught that all open wounds, sores, breaks in the skin, grazes and open skin lesions on all persons should be kept covered completely with waterproof dressings or plasters at all times, not only when they occur in the school or institution environment.

 7.11 All cleaning staff, learners, students, educators and parents should be informed about the universal precautions that will be adhered to at a school or an institution.

 7.12 A copy of this policy must be kept in the media centre of each school or institution.

8. Prevention of HIV transmission during play and sport

 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, sores, breaks in the skin, grazes, open skin lesions or mucous membranes of learners, students and educators are exposed to infected blood.
- 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, sore, break in the skin, graze or open skin lesion.
- 8.2.2 If bleeding occurs during contact play or contact sport, the injured player should be removed from the playground or sports field immediately and treated appropriately as described in paragraphs 7.1.1 to 7.1.4. Only then may the player resume playing and only for as long as any open wound, sore, break in the skin, graze or open skin lesion remains completely and securely covered.
- 8.2.3 Blood-stained clothes must be changed.
- 8.2.4 The same precautions should be applied to injured educators, staff members and injured spectators.

 8.3 A fully equipped first-aid kit should be available wherever contact play or contact sport takes place.

 8.4 Sports participants, including coaches, with HIV/AIDS should seek medical counselling before participation in sport, in order to assess risks to their own health as well as the risk of HIV transmission to other participants.

 8.5 Staff members acting as sports administrators, managers and coaches should ensure the availability of first-aid kits and the adherence to universal precautions in the event of bleeding during participation in sport.

 8.6 Staff members acting as sports administrators, managers and coaches have special opportunities for meaningful education of sports participants with respect to HIV/AIDS. They should encourage sports participants to seek medical and other appropriate counselling where appropriate.

9. Education on HIV/AIDS

 9.1 A continuing life-skills and HIV/AIDS education programme must be implemented at all schools and institutions for all learners, students, educators and other staff members. Measures must also be implemented at hostels.

 9.2 Age-appropriate education on HIV/AIDS must form part of the curriculum for all learners and students, and should be integrated in the life-skills education programme for pre-primary, primary and secondary school learners. This should include the following:

- 9.2.1 providing information on HIV/AIDS and developing the life skills necessary for the prevention of HIV transmission;
- 9.2.2 inculcating from an early age onwards basic first-aid principles, including how to deal with bleeding with the necessary safety precautions;
- 9.2.3 emphasising the role of drugs, sexual abuse and violence, and sexually transmitted diseases (STDs) in the transmission of HIV, and empowering learners to deal with these situations;
- 9.2.4 encouraging learners and students to make use of health care, counselling and support services (including services related to reproductive health care and the prevention and treatment of sexually transmitted diseases) offered by community service organisations and other disciplines;
- 9.2.5 teaching learners and students how to behave towards persons with HIV/AIDS, raising awareness on prejudice and stereotypes around HIV/AIDS;
- 9.2.6 cultivating an enabling environment and a culture of non-discrimination towards persons with HIV/AIDS; and
- 9.2.7 providing information on appropriate prevention and avoidance measures, including abstinence from sexual intercourse and immorality, the use of condoms, faithfulness to one's partner, obtaining prompt medical treatment for sexually transmitted diseases and tuberculosis, avoiding traumatic contact with blood, and the application of universal precautions.

 9.3 Education and information regarding HIV/AIDS must be given in an accurate and scientific manner and in language and terms that are understandable.

 9.4 Parents of learners and students must be informed about all life-skills and HIV/AIDS education offered at the school and institution, the learning content and methodology to be used, as well as values that will be imparted. They should be

invited to participate in parental guidance sessions and should be made aware of their role as sexuality educators and imparters of values at home.

 9.5 Educators may not have sexual relations with learners or students. Should this happen, the matter has to be handled in terms of the Employment of Educators Act, 1998.

 9.6 If learners, students or educators are infected with HIV, they should be informed that they can still lead normal, healthy lives for many years by taking care of their health.

10. Duties and Responsibilities of learners, students, educators and parents

 10.1 All learners, students and educators should respect the rights of other learners, students and educators.

 10.2 The Code of Conduct adopted for learners at a school or for students at an institution should include provisions regarding the unacceptability of behaviour that may create the risk of HIV transmission.

 10.3 The ultimate responsibility for the behaviour of a learner or a student rests with his or her parents. Parents of all learners and students:-

- 10.3.1 are expected to require learners or students to observe all rules aimed at preventing behaviour which may create a risk of HIV transmission; and
- 10.3.2 are encouraged to take an active interest in acquiring any information or knowledge on HIV/AIDS supplied by the school or institution, and to attend meetings convened for them by the governing body or council.

 10.4 It is recommended that a learner, student or educator with HIV/AIDS and his or her parent, in the case of learners or students, should consult medical opinion to assess whether the learner, student or educator, owing to his or her condition or conduct, poses a medically recognised significant health risk to others. If such a risk is established, the principal of the school or institution should be informed. 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.

 10.5 Educators have a particular duty to ensure that the rights and dignity of all learners, students and educators are respected and protected.

11. Refusal to study with or teach a learner or student with HIV/AIDS, or to work with or be taught by an educator with HIV/AIDS

 11.1 Refusal to study with a learner or student, or to work with or be taught by an educator or other staff member with, or perceived to have HIV/AIDS, should be preempted by providing accurate and understandable information on HIV/AIDS to all educators, staff members, learners, students and their parents.

 11.2 Learners and students who refuse to study with a fellow learner or student or be taught by an educator or educators and staff who refuse to work with a fellow educator or staff member or to teach or interact with a learner or student with or perceived to have HIV/AIDS and are concerned that they themselves will be infected, should be counselled.

 11.3 The situation should be resolved by the principal and educators in accordance with the principles contained in this policy, the code of conduct for learners, or the code of professional ethics for educators. Should the matter not be resolved through counselling and mediation, disciplinary steps may be taken.

12. School and Institutional Implementation plans

 12.1 Within the terms of its functions 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.

 12.2 A provincial education policy for HIV/AIDS, based on the national policy, can serve as a guideline for governing bodies when compiling an implementation plan.

 12.3 Major roleplayers in the wider school or institution community (for example religious and traditional leaders, representatives of the medical or health care professions or traditional healers) should be involved in developing an implementation plan on HIV/AIDS for the school or institution.

 12.4 Within the basic principles laid down in this national policy, the school or institution implementation plan on HIV/AIDS should take into account the needs and values of the specific school or institution and the specific communities it serves. Consultation on the school or institution implementation plan could address and attempt to resolve complex questions, such as discretion regarding mandatory sexuality education, or whether condoms need to be made accessible within a school or institution as a preventive measure, and if so under what circumstances.

13. Health Advisory Committee

 13.1 Where community resources make this possible, it is recommended that each school and institution should establish its own Health Advisory Committee as a committee of the governing body or council. Where the establishment of such a committee is not possible, the school or institution should draw on expertise available to it within the education and health systems. The Health Advisory Committee may as far as possible use the assistance of community health workers led by a nurse, or local clinics.

 13.2 Where it is possible to establish a Health Advisory Committee, the Committee should**:**

- 13.2.1 be set up by the governing body or council and should consist of educators and other staff, representatives of the parents of learners at the school or students at the institution, representatives of the learners or students, and representatives from the medical or health care professions;
- 13.2.2 elect its own chairperson who should preferably be a person with knowledge in the field of health care;

- 13.2.3 advise the governing body or council on all health matters, including HIV/AIDS;
- 13.2.4 be responsible for developing and promoting a school or institution plan of implementation on HIV/AIDS and review the plan from time to time, especially as new scientific knowledge about HIV/AIDS becomes available; and
- 13.2.5 be consulted on the provisions relating to the prevention of HIV transmission in the Code of Conduct.

14. Implementation of this National Policy on HIV/AIDS

14.1 The Director-General of Education and the Heads of provincial departments of education are responsible for the implementation of this policy, in accordance with their responsibilities in terms of the Constitution of the Republic of South Africa, 1996, and any applicable law. Every education department must designate an HIV/AIDS Programme Manager and a working group to communicate the policy to all staff, to implement, monitor and evaluate the Department's HIV/AIDS programme, to advise management regarding programme implementation and progress, and to create a supportive and non-discriminatory environment.

14.2 The principal or the head of a hostel is responsible for the practical implementation of this policy at school, institutional or hostel level, and for maintaining an adequate standard of safety according to this policy.

14.3 It is recommended that a school governing body or the council of an institution should take all reasonable measures within its means to supplement the resources supplied by the State in order to ensure the availability at the school or institution of adequate barriers (even in the form of less sophisticated material) to prevent contact with blood or body fluids.

14.4 Strict adherence to universal precautions under all circumstances (including play and sports activities) is advised, as the State will be liable for any damage or loss

caused as a result of any act or omission in connection with any educational activity conducted by a public school or institution.

15. Regular Review

This policy will be reviewed regularly and adapted to changed circumstances.

16. Application

 16.1 This policy applies to public schools which enroll learners in one or more grades between grade zero and grade twelve, to further education and training institutions, and to educators.

 16.2 Copies of this policy must be made available to independent schools registered with the provincial departments of education.

17. Interpretation

In all instances, this policy should be interpreted to ensure respect for the rights of learners, students and educators with HIV/AIDS, as well as other learners, students, educators and members of the school and institution communities.

18. Where to obtain this policy

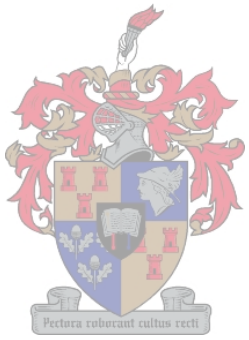
This policy may be obtained from

The Director
Communication
Department of Education,
Private Bag X895, Pretoria, 0001,
Tel. No. (012) 312-5271.

Appendix C

ILO - CHECKLIST FOR HIV/AIDS POLICY

	Yes / No
Compliance with national laws	
Confidentiality and privacy ensured	
Protection of employees affected by HIV against discrimination, victimization and harassment	
No HIV screening of employees or job applicants	
Entitlement to company/statutory benefits and services	
Equality for women in working terms and conditions, and protection where necessary (e.g. against sexual harassment)	
Protection of workplace safety and health	
Care and support for workers and their families, including reasonable accommodation	
Information and education on HIV/AIDS for employees and their families	
Provision of condoms free or at affordable prices	
Training for managers, workers' representatives, peer educators and others if relevant, e.g. safety and health officers	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Appendix D - Scores

ILO CHECKLIST FOR HIV/AIDS POLICY

S = School

√ = Complied

X = Not Complied

Hyp = Hypothesis

Hyp	Key areas	S1	S2	S3	S4	S5	S6	TOT	%
1	Compliance with national laws	√	√	√	√	√	√	6	100
4	Confidentiality and privacy ensured	√	√	√	√	√	√	6	100
2	Protection of employees affected by HIV against discrimination, victimization and harassment	√	√	√	√	√	√	6	100
2	No HIV screening of employees or job applicants	√	√	√	√	√	√	6	100
3	Entitlement to company/statutory benefits and services	√	√	√	√	X	√	5	83
2	Equality for women in working terms and conditions, and protection where necessary (e.g. against sexual harassment)	X	X	X	X	X	√	1	17
1	Protection of workplace safety and	√	√	√	√	√	X	5	83

	health								
3	Care and support for workers and their families, including reasonable accommodation	√	√	√	√	√	√	5	100
1	Information and education on HIV/AIDS for employees and their families	√	√	√	√	√	√	6	100
3	Provision of condom free or at affordable prices	X	X	X	√	X	√	2	34
1	Training for managers, workers' representatives, peer education and others if relevant, e.g. safety and health officers	X	√	√	√	√	√	5	83