LIST OF ABBREVIATIONS USED IN THE TEXT

AIDS   Acquired Immune Deficiency Syndrome

ARV   Antiretroviral

AZT   Azidothymidine

DSE   Department of Secondary Education

HIV   Human Immunodeficiency Virus

HPC   High Prevalence Countries

KRA   Key Result Area

MoE   Ministry of Education

MoH   Ministry of Health

OVC   Orphaned and Vulnerable Children

PMTCT   Prevention of Mother-to-Child Transmission

PTA   Parents-Teachers Association

UNAIDS   Joint United Nations Programme on AIDS

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ORIENTATION

1.1 INTRODUCTION

The high prevalence of HIV and AIDS in Botswana could undermine its efforts to develop economically (Botswana Human Development Report [BHDR], 2000: 1). The following statistics elaborate the statement. A 1999 sentinel survey (Ministry of Education, 2001: 8) estimated that out of a population of 1.6 million about 300 000 people were infected with the HI-Virus. This represents 19% of the entire population and 29% of the sexually active population. It is also estimated that 36% of all HIV infections among females occur during adolescence between the ages of 15 and 19 years. For males of the same age group, the figure is around 14% (Ministry of Education, 2001: 9). Among the teachers in the education sector, it is estimated that around 3 000 and 5 000 teachers will be ill with AIDS by the year 2010 (If a person is on anti-retroviral therapy, he or she is classified as an AIDS case) (Kinghorn, Coombe, McKay & Johnson, 2002: 62). Coincidentally, it is around 14-19 years that the majority of the youth are in secondary school. With such alarming statistics, a study to explore ways of dealing with the effects of HIV and AIDS on the education sector is important. This particular study focuses on how stakeholder involvement in strategic planning can be used as a strategy to mitigate the effects of HIV and AIDS on education management in secondary education in Botswana. In this chapter the problem will be discussed in the following sequence. The first part provides a more comprehensive background to the problem of HIV and AIDS on education and is followed by the statement of the problem. Thereafter, the research design and methods of collecting and analysing the data are discussed. The following section defines terms, which may generate various meanings in the minds of the readers. Finally, the chapter division and a conclusion are presented.

1.2 BACKGROUND OF THE STUDY

The description of the background to the study considers the prevalence of HIV and AIDS among the youth and employees in the education sector and the involvement of stakeholders in dealing with the problem of HIV and AIDS in the education sector.

1.2.1 Prevalence of HIV and AIDS amongst the youth and employees in the education sector

Shalwitz and Dunnigan in Dilley, Pies and Helquist, (1993: 250) warn that adolescents represent a potential "time bomb" of HIV infection because unprotected sexual activity is normative behaviour in the adolescent population worldwide. The high rate of HIV and AIDS prevalence amongst the youth in Botswana is confirmed by the BHDR (2000: 16) which states that 34% of females and 16% of males of the age group 15-24 years old in Botswana are living with HIV and AIDS. These statistics underscore the gravity of the HIV and AIDS problem and the vulnerability of the youth to HIV infection and AIDS-related illness.

The impact of HIV and AIDS is not only evident among the youth. The working class age group is affected as well (Kelly, 2000: 64). According to Kelly (2000), by 1999, Botswana was losing between two and five percent of the teacher corps each year. Another study by the University of Sussex (accessed 02/10/2002), estimated that the overall mortality rate among teachers in Botswana was around 0.8% in 1999/2000. The authors add that during the next 10-15 years the annual AIDS-related mortality will average one teacher per school. Over the period 1994-1999, mortality of primary school teachers rose by 60%. The Ministry of Education (MoE) in Botswana is concerned that well over 50% of its teaching staff is under the age of 35 years which represents a large and vulnerable group to HIV and AIDS (MoE, 2001: 5). Among other aspects, Kelly (2000: 97) considered the capacity in education ministries in Sub-Saharan Africa, including Botswana. He observed that the capacity of ministries was low and responsibilities on personnel increased, but with no proportionate increase in personnel. Even worse, personnel losses of this nature are occurring at a time when the MoE needs all its human resources, wisdom and institutional memory to plan for and manage the HIV and AIDS problem.

All the above issues cannot be dealt with effectively without the involvement of the relevant stakeholders in the processes of designing and implementing a comprehensive strategic plan (IFAD strategy paper on HIV and AIDS for East and Southern Africa, accessed 15/04/2003). Based on the National HIV and AIDS Strategic Plan, the MoE in Botswana has formulated its own strategic plan which covers all sectors of the ministry, including the Department of Secondary Education (DSE). The MoE strategic plan encourages departments to develop and expand partnerships based on comparative advantage in expertise and service delivery. The plan states, "This issue is not one of

self-reliance where a department is responsible to 'do it all'. Rather, it is critical to form functional partnerships which must be extended and redefined and partner interests clearly identified" (MoE, 2001: 17). The MoE strategic document encourages departments to focus on the formation of technical networks which will provide a mixture of public **(internal stakeholders)** and private resource persons **(external stakeholders)** to support the technical needs of implementation (MoE, 2001: 16). It is clear that the position of the MoE is that departments should include non-governmental (external) stakeholders in mitigating the effects of HIV and AIDS on education.

The DSE has designed its strategic plan as a product of the MoE strategy. This strategic plan (Department of Secondary Education [DSE] Strategic Plan 2002-2006, DSE Annual Performance Plan 2002) has, among others, two key result areas (KRAs) which have direct relevance to efforts to mitigate the effects of HIV and AIDS on the management of secondary education. These are:

- KRA 1: A high level of HIV and AIDS awareness; and
- KRA 9: Effective partnerships and stakeholder satisfaction.

From KRA 1 the following five goals were formed (DSE Strategic Plan, 2002-2006: 15-19):

- To strengthen the DSE national and regional coordination of HIV and AIDS activities;
- To enhance the individual's knowledge and understanding of HIV and AIDS;
- To enhance the capacity of the education sector to cope with the impact of HIV and AIDS on the individuals, their families and the education system;
- To promote relevant research on HIV and AIDS; and
- To develop sustainable strategies for combating HIV and AIDS.

To guide implementation of KRA 1 and the evaluation of the exercise, a separate document was produced (DSE Annual Performance Plan, 2002). This document spells out strategic objectives, critical activities, expected output, accountable persons, stakeholders involved and resources needed.

It should be observed that the issue of involving stakeholders is not mentioned in KRA 1. Stakeholder involvement is, however, mentioned in KRA 9 (DSE strategic plan, 2002-2006: 46-48). It was also noted that KRA 9 does not indicate whether the stakeholder involvement it refers to will also apply to issues related to HIV and AIDS. For example, one of the strategic objectives states: *to*

create structures that will enhance stakeholder participation in the planning and delivery of education and training by 2003 (DSE strategic plan, 2002-2006: 46). It can, however, be implied that the above strategic objective includes stakeholder involvement in HIV and AIDS aspects. This is demonstrated by the clear indication of the stakeholders with regard to the DSE HIV and AIDS strategic plan (DSE Annual Performance Plan, 2002). In this document stakeholders are defined as *those who immediately affect or are affected by the activity* (which may include HIV and AIDS activities). According to the document, such stakeholders are schools, the DSE, the MoE, regional personnel, other MoE departments, staff, PTAs and the outside community.

Vision 2016 (1997) for Botswana which encompasses the vision of the DSE, seems equally concerned about the level of stakeholder involvement in the previous government-initiated programme/projects. For example, in trying to address the past oversights, the document repeatedly urges for meaningful involvement of all stakeholders to achieve the goals of the vision (Vision 2016, 1997: 6, 10, 27, 35). The belief and wish of the document is succinctly captured in the following statement (Vision 2016: 70):

> *The implementation of the vision will need full cooperation from all stakeholders: for example the government, parastatals, the private sector, religious and non governmental organisations, and others. There must be an effective "stakeholder partnership" where all parties recognise that cooperation will benefit everyone.*

Some experts have recognised the unique contribution of the aforementioned stakeholders in issues related to HIV and AIDS. For example, in many cultural groups in Botswana, women are entrusted with the responsibility of giving care to family members and others. In addition, the fact that women outnumber men in Botswana and that women have higher rates of HIV and AIDS infection than men, emphasises their need to be involved in the strategic planning of the fight against the effects of HIV/AIDS on the DSE (Report of the first national conference on gender and HIV and AIDS, 2001). Traditional/cultural institutions also need to be considered because some cultural values, beliefs and practices, such as a man's supposed superiority to a woman, predispose people to HIV infection (UNAIDS, accessed 01/03/2003). Equally important is the involvement of the mass media especially television and radio. In the absence of a cure or vaccine, the mass media should be

involved in the strategic planning because they are critical in reaching large numbers of people and can have enormous influence in motivating behaviour change (Kiai, accessed 01/03/2003).

The picture that emerges from the above discussion suggests that the DSE strategic plan is not benefiting from the unique input of external stakeholders and if their exclusion continues, it could reduce the effectiveness of strategies to manage the effects of HIV and AIDS on secondary education in Botswana.

The impact of HIV and AIDS on the different sectors of education is quite evident. New demands have arisen in the management of education as a consequence of the magnitude of the HIV and AIDS problem. One such demand is the need to deal with the effects of HIV and AIDS on the management of the DSE in Botswana. For example, the DSE is affected by an increasing number of orphans. Education management must ensure that the education system provides education for these children despite the numerous problems which they may be experiencing. There is no quick solution to minimise this effect on the education sector. A possible approach to dealing with the effects of HIV and AIDS on the education system may, as earlier alluded to, lie in involving all willing and capable stakeholders of secondary education in Botswana. This implies that the *tests of relevancy* and *expertise* must be applied. In other words, stakeholders who should be involved should be willing (probably because they have interest in the issue at hand) and have the required knowledge, skills or resources to make a meaningful contribution to the strategic plan (Mgomezulu, 2001: 72-73).

1.2.2 Stakeholder involvement

The term *stakeholder involvement* is a warmly persuasive one that is seldom used unfavourably (Nelson &Wright in Mgomezulu, 2001: 68). However, the term can sometimes be used negatively. Non-abusive and meaningful stakeholder involvement takes place when the stakeholders are empowered to make decisions that influence organisational practices, policies and directions (Lawler in Wohlstetter, Smyer, & Mohrman, accessed 29/06/2003). To empower stakeholders, the leaders of organisations should be genuinely committed to sharing power with and training stakeholders because effective involvement requires certain skills, understanding and knowledge

(Wood in Mgomezulu, 2001: 80). When such prerequisites are met meaningfully, stakeholder involvement can be realised as has been the case with some initiatives concerning HIV and AIDS.

Indeed some experts have used stakeholder involvement as an approach for dealing with the problem of HIV and AIDS in education. For example, Coombe and Kelly (accessed 23/10/2002) have emphasised that stakeholder involvement must be central to innovation aimed at sustaining the education delivery system in response to the challenges of HIV and AIDS. Thus, for education to be proactive in coping with and managing the impact of HIV and AIDS, it must be proactive in establishing linkages with the communities being served and other stakeholders. This implies that education authorities and institutions should constantly explore, with stakeholders, how best they can be of service to one another. The significance of stakeholders working together has been documented in several studies (cf. Chapter three). However, the following cases are presented to illustrate how stakeholder involvement can benefit institutions such as the DSE.

A study in Michigan, United States (US) has shown that by working together, educators and business leaders can create reform measures that produce positive results for both parties. For example, John Sipple of Cornell University examined the actions and efforts of a group of business leaders from several large corporations in Michigan called the MI-Roundtable. The MI-Roundtable is an association of chief executive officers which examines public issues, including education, that affect economic performance. Specifically, Sipple explored the influence of the MI-Roundtable as it attempted to alter educational policy in Michigan. He discovered that coalitions of leaders in education and business working together for school reform can be a strong positive force. Furthermore, he found that the goals of business often assumed to be self-serving, can shift to be more attuned to those of its partners in education (Policy Report of Cornell University, accessed 20/07/03).

In Tanzania, the local community of a school has taken the initiative in raising funds and developing programmes in response to HIV and AIDS. Among other programmes, the funds are used to support orphans so that they can continue attending school (Shaeffer, accessed 10/09/2002)

The above cases demonstrate that seemingly unrelated stakeholders, such as DSE and NGOs, could successfully work together in various programmes/projects to mitigate the effects of HIV and AIDS on secondary education in Botswana.

The active involvement of stakeholders in the above programmes can be observed as stakeholders implement the strategies. Alongside the stakeholders' active involvement, a plan guided the actions of the stakeholders in the planning and implementation processes. In other words, this was the **strategic plan**. The process of designing a strategic plan was important because it allowed the organisations to agree on and build commitment among stakeholders regarding priorities which were essential to their missions (Allison & Kaye, 1997: 1). The DSE in Botswana could draw useful lessons from the above examples of strategic planning and involve all willing and capable stakeholders, including external stakeholders, to design a strategy to minimise the effects of HIV and AIDS on the management of secondary education.

It is generally recognised that stakeholder involvement in the management of institutions is necessary and important. The determination of which stakeholders should be involved is, however, not always obvious, partly because some potential stakeholders may not be interested in or may not have the capacity to add value to a programme/project. *Guidelines for stakeholder involvement* (accessed 27/07/2003) advise that it should be the duty of the DSE to identify those stakeholders who need to be involved and whose active involvement or support is critical to the success of plans. Such stakeholders will henceforth be referred to as **key stakeholders**. It should be noted that not all stakeholders are equal in the sense that some stakeholders will have greater capacity to contribute to the advancement of the objectives of an organisation than others. Those stakeholders who are considered to be critical to the success of the organisation are **key stakeholders** (Campbell, Stonehouse & Houston, 2003: 281).

These key stakeholders also have their interests which need to be served. It is therefore very important to understand and address their interests in order to ensure their continued cooperation. In sum, key stakeholders can be identified by determining whether their involvement/support is critical to the success of organisational plans and whether their involvement can benefit both; themselves and the organisational plan. The principle of 'mutual benefit' or 'inducement-contribution exchanges' among stakeholders is ideal but not always easy to apply. (The term inducement-

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contribution exchanges will be used in the rest of this study). *Guidelines for stakeholder involvement* (accessed 27/07/2003) explain this dilemma as follows. Organisational plans affect a wide range of stakeholders with differing interests and therefore no single outcome will be exactly what everybody wants. However, the DSE in Botswana has managed to rationalise the type of stakeholders it wants to involve in its efforts to mitigate the effects of HIV and AIDS on secondary education. Some of these stakeholders include schools, various departments of the MoE and the Ministries of Finance and Health (DSE Annual Performance Plan, 2002: 1-18). Although the DSE has included the aforementioned stakeholders and has involved them in the management of education, there is a noticeable absence of external stakeholders such as non-governmental organisations in this process. This research seeks to design a strategy of involving stakeholders as its major concern, which includes external stakeholders aimed at mitigating the effects of HIV and AIDS on the management of secondary education in Botswana.

1.3 STATEMENT OF THE PROBLEM

The previous sections revealed that the problem of HIV and AIDS in the education system and in secondary education in particular is grave. The problem is affecting the lives of learners, employees and other stakeholders, which includes parents, post-secondary institutions and the business sector. The prevalence of HIV and AIDS among the learners and employees in education is said to be high and there are no clear indications that the rate of infection is abating (Mmegi, 29/11/2002 - 06/12/2002: 5). The following discussion briefly highlights how the effects of HIV and AIDS on learners, teachers and other education-related personnel have become a management problem for secondary education in Botswana.

- **The effect of HIV and AIDS on learners:** Isaksen, Songstad and Spissoy (2002: 43) observe that learners are experiencing ill health and are dying and that the numbers of learners in secondary schools are declining as a result. Another possible reason for the decline in learner enrolment is that some learners have lost their parents as a result of HIV and AIDS and have consequently stopped attending school because of new domestic circumstances relating to poverty and lack of parental love and guidance. BHDR (2000: 18) estimated that during 2000 approximately 34 100 learners were maternal orphans (persons under 18 years whose mother has died) (24 600 in primary schools and 9 500 in secondary schools, mainly due to HIV and

AIDS-related causes). By 2010 the orphan population could rise to between 159 000 and 214 000 and will constitute more than 20 % of all children in Botswana. Bennell, Hyde and Swainson (2002: 13) have expressed fears that the educational performance of these learners is likely to deteriorate and repetition and dropout rates could increase. Some learners continue to attend school but they cannot concentrate well on their learning because of the negative psychological effect of trauma and discrimination related to the loss of their parents (Isaksen *et al*, 2002: 43). Furthermore, UNAIDS (accessed 24/10/2002) observes that the problem of HIV and AIDS is affecting the management of secondary education. For example, the demand of education is decreasing. As the epidemic intensifies the population of children attending school will decrease because fewer children will be born or grow up to school going age. Although the antiretroviral (ARV) therapy in Botswana might prolong the lives of people infected with HIV, there are other negating factors. For example, it has been established by health experts that HIV impairs a woman's fertility which can reduce her bearing potential by about 20% (Kelly, 2000: 48). It is also reported that persons on such therapy may still suffer occasionally or chronically from HIV and AIDS-related illness (Kinghorn *et al*, 2002: iv) which may reduce the option of bearing children for many women. In addition, ensuring wide access to ARV therapy may take years to roll-out to most of the population (Bannenberg in Kinghorn *et al*, 2002: 9) which may mean that for quite some time a portion of the female population will continue to die and therefore reduce the number of child bearing women. It is also estimated that as many as 25%of patients who access ARV therapy may fail therapy within a year due to side-effects, viral resistance and compliance problems (Kinghorn *et al,* 2002: 9). A greater number of sick children and girl-children may be removed from school to care for sick relatives. The managers of DSE have to find ways, inter alia, of providing education to children who have withdrawn from school and to support the sickly or traumatised children so that their life in school is somewhat bearable.

The impact of orphans on school management relates to the fact that their numbers fluctuate as a result of irregular school attendance and withdrawal. This implies that budgeting for resources becomes quite difficult. Another issue relates to school discipline of orphans who will possibly be suffering from social and psychological distressors which may result in unacceptable behaviour in school (Mgomezulu, 2001: 50). The urgency of addressing the needs of orphans is emphasised by Chilisa and Ntseane in the *Report of the first national*

conference on gender and HIV and AIDS (2001: 101) which states that the area which needs to be prioritised in programmes on orphan care, in which DSE takes part, revolves around the emotional and psychological needs of learners in addition to their educational needs.

- **The effect of HIV and AIDS on teachers and education-related personnel:** HIV and AIDS are also claiming large numbers of teachers and other education-related personnel. For example, in 1999, Botswana was said to be losing between two and five percent of its teachers each year (Kelly, 2000: 64). Kelly (2002: 8) also fears that the shortage of personnel will be compounded by the departure of personnel to fill HIV and AIDS-created vacancies elsewhere. According to research each infected teacher and education officer will lose six months of professional time before developing full-blown AIDS and then lose an additional 12 months after developing the full disease and eventual death (Tarfica in Isaksen *et al,* 2002: 43). This means there will be a less qualified teaching force as trained and experienced teachers are replaced with younger and less well trained teachers. This is a school management problem for the DSE because quality of education will be affected negatively (Gachuhi, 1999: 5, Matlin & Spence, accessed 01/03/2003).

The above discussion demonstrates that the attrition of employees and learners in the DSE negatively affects its management structures and operations. In addition to the problem of weakened management structures and operations, stakeholder involvement is inadequate. The result of this situation will likely be low productivity and eventual failure to fulfil the national objectives of delivering meaningful secondary education in Botswana as is visualised by *Vision 2016* (1997: 5). A management solution should be found to address the aforementioned concerns caused by the lack of meaningful involvement of external stakeholders in the management of secondary education. Other concerns relate to the declining numbers of learners, frequent absenteeism, sickly learners, traumatised learners, discriminated learners and staff as well as shortage of staff.

Therefore, the key research question is: How can the involvement of all willing and capable key stakeholders in strategic planning help in dealing with the effects of HIV and AIDS on the management of secondary education in Botswana?

1.4 THE SUB-QUESTIONS

The following sub-questions elaborate the key research question:

(a) What are the effects of HIV and AIDS on the management of secondary education in Botswana?

(b) How effective has the strategic plan been in helping the DSE to cope with the effects of HIV and AIDS on the management of secondary education in Botswana?

(c) How and in what way can the current strategic plan be improved to help the secondary education system cope in the light of HIV and AIDS?

(d) How can the stakeholder base be expanded in strategic planning?

(e) What role can a strategy, involving all willing and capable key stakeholders, play in mitigating the effects of HIV and AIDS on the management of secondary education?

1.5 AIMS OF THE RESEARCH

This study aims to:

- determine the nature of the HIV and AIDS effects on the management of secondary education in Botswana through a literature review;
- investigate the effectiveness of the current DSE strategic plan in helping secondary education management cope with the effects of HIV and AIDS in Botswana;
- examine how and in what way the current strategic plan can be improved to help the management of the secondary education system cope with the effects of HIV and AIDS;
- design a model strategy that will involve willing and capable key stakeholders in mitigating the effects of HIV and AIDS in the DSE; and
- make recommendations based on the findings of the research.

1.6 MOTIVATION FOR THE RESEARCH

The execution of this research holds particular significance for the broad field of educational management. In particular, the research is undertaken with the following intent:

- To facilitate the design of a strategy which should utilise the synergies of internal and external stakeholders of the DSE in mitigating the effects of HIV and AIDS. The strategy can in effect contribute new knowledge to the field of educational management in terms of:
  - o determining aspects of management in which all key stakeholders can be involved in the strategic planning;
  - o providing clear direction as to how the effective involvement of stakeholders can assist in mobilising resources and forming a common, coordinated and holistic approach to mitigating the effects of HIV and AIDS on the DSE in Botswana and elsewhere; and
  - o involving stakeholders to solve problems related to education management other than HIV and AIDS.

- Furthermore, the study may influence education managers, such as those in the DSE, to be more open-minded and to explore more ways of involving a wider cross section of external stakeholders. Indeed, if all willing and capable key stakeholders are identified and meaningfully involved in strategic planning and implementation, the expected result of this involvement should be better ownership of the strategic planning and implementation exercise. The strategic planning and implementation processes should also benefit from the unique and valuable perspectives of the various stakeholders (Allison & Kaye, 1997: 30).

- Finally, the research should create a new awareness among the external stakeholders (the beneficiaries of school leavers) that they need to avail their expertise and resources more freely to the initiatives against HIV and AIDS in the DSE. In addition, it is their social responsibility to help communities in their neighbourhood (Maphosa, accessed 15/04/2003; Campbell *et al*, 2003: 287).

1.7 RESEARCH DESIGN AND METHODS

This section discusses the choice of the research design and the methods of data collection which include a literature study and empirical research.

1.7.1 Design

The research design chosen for this study is the **multi-method design** (also known as the **mixed methods approach**). The approach refers to the integration of qualitative and quantitative designs). Although Fielding and Schreier (2001: 4) observe that such a design has disadvantages, such as being cumbersome, Polit and Beck (2003: 274) believe that the strengths and weaknesses of both designs are complementary. Combined meaningfully in a single study, qualitative and quantitative designs can address each other's deficiencies. For example, it maintains a balance since qualitative data is strong in depth and interprets the specific; quantitative data can be generalised to a larger population (Cohen & Manion, 1995: 233). The multi-method design also provides for **convergence** of opinions (sometimes referred to as triangulation) as the mutual validation of results obtained on the basis of different methods (Fielding & Schreier, 2001: 2).

In the realm of multi-method design, this study specifically uses a **multi-method component design.** In this design, the qualitative and quantitative aspects are implemented as discrete components of the overall inquiry, and remain distinct during data collection and analysis. This design is structured after the **two-phase model** in which a quantitative phase is followed by a qualitative phase (Schulze, 2003: 13). Combining the qualitative and quantitative components occurs during the interpretation and reporting stages of the study. The multi-method component design has three components. Of the three components, this study uses the component of **convergence design** in which both qualitative and quantitative methods are used to capture the same phenomenon, with a focus on convergence and mutual validity (Polit & Beck, 2003: 279). This approach enabled the researcher to capture data fully to inform the design of a model strategy, which meaningfully involves all willing and capable key stakeholders in the HIV and AIDS strategy, with a view to mitigating the effects of the disease on secondary education in Botswana.

1.7.2 Methodology

The following section examines how the literature study and empirical research are used in collecting data.

1.7.2.1 Literature study

The value of literature study in research is that it determines what has been done in the field of study one is dealing with, so that the researcher can learn from other researchers how they have theorised and conceptualised issues (Mouton, 2001: 87). In this research, the literature study concerns various aspects related to HIV and AIDS, the effects of HIV and AIDS on different population groups and how these effects can be or have been dealt with. The literature study relates this data to the sector of education and, in particular, to secondary education. The topics dealt with in the literature study concern the impact of HIV and AIDS on the supply and demand of education and how various institutions/organisations have responded to the impact. The responses to the various effects of HIV and AIDS on education are subdivided into various approaches such as dealing with the new learner needs and the social aspects of education. Organisational and operational aspects of the education sector are discussed as well as the attempts to contain the spread of HIV and AIDS in the education sector. In this connection, literature on strategic planning is also covered. Finally, the literature study deals with the new demands on planning and management in education.

1.7.2.2 Empirical research

This discussion includes measures that need to be taken in order to enhance the reliability and validity of the quantitative research and trustworthiness of the qualitative research. The population and the sample size are indicated. Data collecting instruments and methods of data analysis are described.

(1) Research measures, target population and sampling

(a) Ethical measures

Observance of ethical practices in research can help a researcher to avoid departures from accepted research practice. Observance of research ethics not only satisfies a scientific moral code; it also leads to better scientific results because the adherence to such ethics leads to more attention to the details of scientific research (University of Pittsburgh, accessed 03/08/2003). The researcher strove to adhere to such ethics which will be discussed in Chapter Four.

(b) Measures to ensure reliability and validity in the quantitative research component

Reliability refers to the accuracy of a measurement used by the researcher in measuring a social concept. **Validity** refers to the degree to which a measurement really measures what it is supposed to measure (Reliability and Validity, accessed 11/10/2003). The incorporation of these measures assists instrumentation designs to avoid common errors and therefore improve their quality in terms of accuracy in capturing the intended piece of data (Mouton, 2001: 102-104).

To a large extent, reliability in this study is measured by computing the degree of **internal consistency** (whether the individual questions of the questionnaire measure the same thing) of the questionnaire (see section 1.8) (Wiseman, 1999: 99). In determining the validity of the questionnaire, issues of **content validity** (whether the questionnaire represents what is supposed to be covered) and **face validity** (considers issues of structure and appearance) are considered (Johnson & Christensen, 2000: 107; Brown, 2004: 10). A pilot study also addressed other aspects of reliability and validity. A detailed discussion of these issues will be presented in Chapter Four.

(c) Measures to ensure trustworthiness in the qualitative research component

It has been argued that conventional criteria for judging the trustworthiness of qualitative research which include internal validity, external validity, reliability and objectivity are not always appropriate (Guba & Lincoln in Crawford *et al,* 2000, accessed 07/07/2003). Some qualitative researchers argue for different standards for judging the quality of research. They propose for **alternative criteria** as opposed to a more traditional quantitatively oriented criteria mentioned above. The researcher adopted the alternative criteria for judging qualitative research which comprises **credibility, transferability, dependability** and **confirmability** (Trochim, accessed 07/06/2003; Erlandson, Harris, Skipper & Allen, 1993: 28-35). The details of the alternative criteria will be presented in Chapter Four.

(d) Population

The proposed target population for this study comprises secondary school teachers in Botswana and external stakeholders of the DSE, such as the women organisations, parents/guardians, local communities, mass media, cultural and faith-based organisations and NGOs. The full description of the population is contained in Chapter Four.

(e) Sampling

- Quantitative phase

In the quantitative phase of the empirical study, a sample was drawn from the study population of secondary school teachers in Botswana. This group of teachers comprised only those employed in government owned junior and senior secondary schools. The sample identified from this population formed the unit of study in the research. The details of the sample are explained in Chapter Four.

- Qualitative phase

For this phase, the researcher used a purposive sampling method to select a small group of internal and external stakeholders. The selected stakeholders were engaged in an interview exercise. The researcher conducted separate interviews with each stakeholder. The choice of the sample stakeholders was determined by whom the researcher regarded as information-rich. The details of the sample are described in Chapter Four.

(2) Data collection instruments

The following data collection instruments, questionnaire and interviews, were used to examine how the DSE is coping with the effects of HIV and AIDS, how it is caring for the affected and infected teachers and learners and what it is being done to prevent the spread of HIV amongst the teachers and learners. Furthermore, the instruments explored how stakeholders could be involved to mitigate the effects of HIV and AIDS in the DSE. The questionnaire and interviews are explained in detail in Chapter Four.

(3) Methods of data analysis

Quantitative data were analysed by computer software called the Statistical Package for Social Sciences (SPSS). The software was used to produce descriptive statistics, such as means, frequencies, t-tests, tables and graphs. The purpose of descriptive statistics is to summarise sets of scores so that important features may be seen and understood more easily (Linn & Miller, 2005: 491). It is only after the descriptive analysis that meaningful interpretation of the data is possible.

Qualitative data were captured by a tape recorder and subjected to analysis to bring out themes and concepts as reflected in the interviews (Mouton, 2001: 197-198). Chapter four contains the details.

1.8 PILOT STUDY ON THE QUESTIONNAIRE

A pilot study was conducted to check the feasibility of the proposed techniques and to determine the reliability and validity of the questionnaire.

With regard to reliability, the **internal-consistency** of the questionnaire was tested by computing Cronbach coefficient alpha. This computation compares a group's performance on each separate questionnaire item with that same group's performance on the whole questionnaire. For example, questionnaires composed of questions that are very similar to one another will result in high internal consistency (high Cronbach coefficient alpha), since responses to individual questions will closely resemble the respondent's total score on the questionnaire (Wiseman, 1999: 99-101).

In addition to the above exercise to ensure reliability and validity, a feedback form was attached to the questionnaire to enable respondents to comment on whether the instructions and the questions were clear. They were also asked to comment on any difficulty they might have experienced and make suggestions to improve the measure (Moloko, 1996: 94).

1.9 DEFINITION OF TERMS

It is important to define certain terms that are central to the study. In this study such terms are as follows:

(a) Stakeholder

The term "stakeholder" has been defined in various ways by various experts. The following are some of the definitions (Stakeholder, accessed 07/03/2003):

➢ Those who have a stake in the current well being and future prospects of an organisation; and

➢ Those who have a legitimate claim on the planning and resources (personnel and finances of an organisation).

Somewhat different from the above definition, Bryson (2004: 35); Hunger and Wheelen (2001: 28); and Hitt, Ireland and Hoskisson (1999: 26) define stakeholders as the persons who would have a legitimate claim on the planning and resources of an organisation. They introduce in the definition an aspect of "who is affected by" the organisation. They thus define stakeholder as any person, group or organisation that can place a claim on an organisation's attention, resources, or output, or is affected by that output. De Wit and Meyer (2000: 832) include in their definition yet another aspect of "who can affect" the organisation. Their definition of the term includes any identifiable group or individual who can affect the achievement of an organisation's objectives or who is affected by the achievement of an organisation's objectives.

It can be observed that some meanings exclude those who can affect a decision but include those who would be affected by a decision and /or its outcome. Other definitions include those people or organisations who may affect, be affected by or perceive themselves to be affected by a decision or activity (Safety and Quality, accessed 07/03/2003). In the context of secondary school education in Botswana, there are many stakeholders such as the learners, teachers, support staff, parents, religious/spiritual organisations and the mass media. These stakeholders are affected by what happens in schools and by the products/graduands who come from those schools and join these organisations to work. These organisations also affect the schools through their participation in various activities concerning the development and welfare of the schools. In this case a fitting meaning that this study adopts is one which includes those people or organisations who may affect, be affected by or perceive themselves to be affected by a decision or activity.

The following section examines the meaning of the term "involvement".

(b) Involvement

According to Collins Paperback Thesaurus (2001: 402, 523), the term **involvement** is synonymous with the term **participation**. Both terms have the meaning of "taking part in an activity or event". Therefore, where the term **participation** is used, it will also be understood to mean **involvement**.

Bryson (2004: 35) sheds light on the fact that the degree of involvement by stakeholders can vary depending on whether the strategic planning process is focussed on an organisation, a programme or a community. He states:

- If the focus is on an organisation, the participants are more likely to be insiders than outsiders. The insiders are more likely to believe they have the necessary information, that the policy board represents the public, and that extensive involvement would be too time consuming and expensive. The absence of public participation is similar to the practice in corporate planning for corporations;
- If the focus is on a programme, then more public involvement is likely. This would be equivalent to extensive consumer involvement in marketing research. For example, planning for community services typically involves substantial public participation; and
- Finally, if the focus is on a community, extensive public involvement is likely.

In the case of this study, the focus is on the DSE (the organisation) which includes the learners and all the staff related to the business of providing secondary education, such as teachers and officers in various sections. Due to the nature of the problem addressed in this study, it is not fitting to think that the DES alone has all the necessary information and means to mitigate the effects of HIV and AIDS on secondary education in Botswana. It requires the involvement of other stakeholders outside the DSE.

The fact that the nature of the problem under study calls for all willing and capable stakeholders to be involved, the strategic plan appears to focus more on a programme. Thus, the strategic planning process of this study has to focus on aspects of an organisation as well as those of a programme. By

so doing the involvement of the insiders (members of the DSE) and the outsiders (other stakeholders outside the DSE) will be possible.

According to X-press (accessed 01/03/2003), some of the necessary ingredients to get people involved in an activity are the instillation of interest in the activity, trust of the managers of the activity and the seriousness and motivation on the part of the stakeholders. Another ingredient, as demonstrated by Mayosi (in Mgomezulu, 2001: 86), is the ability of the stakeholders to be involved meaningfully. Put together, these ingredients determine the degree of involvement of stakeholders. Mayosi further states that there are various conceptions about participation, ranging from pseudo-participation to full participation. At the middle of this range is a model known as partial-participation. This study adopts the meaning of partial-participation/involvement. The term partial-involvement refers to a situation where stakeholders have influence on the decisions of their organisations but the final decision rests with the management of the organisation.

Thus far the terms (stakeholder and involvement) have been discussed independently. The following paragraph will show the inter-dependence of the terms and their possible meanings when they are combined.

(c) Stakeholder involvement

There are many definitions of the term "stakeholder involvement". The term can be defined as a process through which the views of all interested parties are integrated into policy-making. The best examples of stakeholder involvement are those where it becomes part of the "state of mind" of the organisation and the stakeholders themselves, rather than a case of simply following a set of procedures (Guidelines for stakeholder involvement, accessed 27/07/2003). Furthermore, there are four main levels of stakeholder involvement and a successful strategic plan is likely to involve all four levels. These are;

➢ *Information gathering*: collection and analysis of data on economic, social and cultural conditions affecting key stakeholder groups;

➢ *Information dissemination*: provision of information relating to a policy initiative to all interested parties;

➢ *Consultation*: listening to the stakeholders in order to improve policy decisions, or make necessary changes during implementation; and

➢ *Participation*: an extension of consultation where stakeholders become joint partners in the development and implementation of policy.

Bearing similar meaning as in *Guidelines for stakeholder involvement* (accessed 27/07/2003), Allison and Kaye (1997: xxvi) define the term as a way of building broad-based commitment to a shared vision. Scherl (accessed 20/08/2003) subscribes to these definitions and she expounds on them further. She believes effective involvement of stakeholders will, in most cases, require capacity building. Capacity building for effective participation is central to sustainable management. Sustainable management is seen here as effective management of a particular environmental and socio-cultural system, undertaken primarily by drawing upon national and local capacities and resources and is able to be sustained for a continuous and long period of time.

Based on a Marine Protection Program implemented in the South Pacific Region, Scherl (accessed 20/08/2003) mentions many lessons on important factors that can foster the right conditions to promote effective involvement of stakeholders. Some of these lessons are related to local involvement conditions and knowledge. She recommends that:

- stakeholder involvement must include the most local levels;
- stakeholders must have access to resources;
- there must be understanding and incorporation of indigenous knowledge and traditional management systems;
- there must be clear links between local actions and benefits; and
- strategies must be built on existing local institutions.

Concerning the characteristic of genuine stakeholder management, Scherl (accessed 20/08/2003) believes it should empower the stakeholders to participate in the management of the resources they use. Inevitably, she emphasises, this means that the power of the organization cannot be absolute, but is shared with the stakeholders.

For purposes of this document, the definition by Allison and Kaye (1997: xxvi) represents well what has been discussed in this paragraph. For instance, the phrase "a way of building" has the connotations of an ongoing process of adjustments with a view to improving the process. This is important because it will allow for necessary adjustments as dynamics in the stakeholder relationships and other aspects of the organisation change. The phrase "broad-based commitment" has the in-built meaning of involving even the seemingly less important stakeholders such as the indigenous individuals and institutions. These are some of the recommendations Scherl (accessed 20/08/2003) makes if stakeholder involvement is to be meaningful and the researcher intends to adopt them.

(d) Organisational effectiveness:

This term can refer to the degree to which an organisation achieves its goals. Stated in a more elaborate manner, it may refer to the extent to which an organisation, by the use of certain resources, fulfils its objectives without depleting its resources and without placing undue strain on its members (Thibodeaux & Favilla, accessed 18/02/2005). In this document the term *effectiveness* has been used without an adjective indicating to what the term is relating. In fact, the term refers to the strategic plan of the DSE in Botswana. Organisational effectiveness largely depends on what the stakeholders of the organisation do before assessing effectiveness. One of the important steps to take is formulating a strategic plan and implementing it successfully. Thibodeaux and Favilla (accessed 18/02/2005) believe that an organisation with a strategic plan is better placed to achieve better effectiveness.

There are, however, different views on the determinants of effectiveness. One view is that *commitment* of the members of an organisation and resource availability determine effectiveness (Thibodeaux & Favilla, accessed 18/02/2005). In other words, the DSE HIV and AIDS strategic plan can be effective if the internal stakeholders are committed and the required resources are available. The effectiveness of the strategic plan can be evaluated in many ways including positive comments from the stakeholders. In order to enhance the effectiveness of the strategic plan, this study explores other methods of involving internal and external stakeholders. This issue is considered in Chapter Five.

1.10 CHAPTER DIVISION

Chapter 1: Orientation of study

This chapter included the background to the problem, statement of the problem and the sub-questions. In the later sections, the chapter discussed the aims of the research, motivation for the study and research design and methods. Finally, the pilot study and definition of terms were discussed.

Chapter 2: The impact of HIV and AIDS on education management and intervention strategies to its effects

The chapter provides a background to HIV and AIDS and its effects on human health. It explores the impact of HIV and AIDS on the supply of education and how to address the effects of HIV and AIDS on teachers and other education-related personnel. It also examines the impact of HIV and AIDS on the demand for education and how to mitigate the effects of HIV and AIDS on the infected and affected learners.

Chapter 3: Stakeholder involvement in strategic planning

The chapter examines the nature of strategic planning, models of strategic planning in education, approaches to consensual strategic planning and aspects of involving stakeholders in strategic planning.

Chapter 4: Research design

This chapter explains the ethical measures that the study adheres to. The chapter discusses the mixed methods approach and examines in detail the quantitative and qualitative phases.

Chapter 5: Results and discussion

The chapter includes an analysis of the results from the quantitative phase, results of the qualitative phase and the summary.

Chapter 6: Findings, stakeholder involvement model, and recommendations.

The chapter states the limitations and findings of the research. The chapter presents the stakeholder involvement model, recommendations and suggestions for further research.

1.11 CONCLUSION

Chapter one has highlighted the seriousness of the HIV and AIDS prevalence amongst the youth (most of whom are or supposed to be in school) and education-related employees in Botswana. The chapter has explained the impact of HIV and AIDS on the education sector in Botswana. The rate of HIV and AIDS infection in the education sector has reached worrying proportions and it is feared that it will have negative effects on education and the overall development of Botswana. In view of the above situation and the efforts, the government of Botswana has embarked upon trying to mitigate the effects of HIV and AIDS on education, Chapter one proposes that meaningful involvement of key stakeholders could make a positive contribution to mitigating the effects of HIV and AIDS on education in general and secondary education in particular. Some of the effects of HIV and AIDS on secondary education are the increasing number of orphans who need to attend school and the high rates of morbidity and mortality amongst the learners and education personnel.

Chapter two presents an understanding of the impact of the growing numbers of orphans in Botswana and elsewhere on secondary education in general and on educational management in particular. The chapter will also discuss the impact of the high rates of morbidity and mortality on educational management in other countries. Finally, the chapter will look at how similar situations have been dealt with in other parts of the world.

CHAPTER TWO

THE IMPACT OF HIV AND AIDS ON EDUCATION MANAGEMENT AND INTERVENTION STRATEGIES CONCERNING ITS EFFECTS

2.1 INTRODUCTION

This chapter includes the background to the study of the impact of HIV and AIDS on education management as well as the strategies for mitigating its effects on secondary education in Botswana. The effect of HIV and AIDS on education is believed to have affected the demand for and supply of education (Shaeffer, accessed 10/09/2002). In the proceeding sections the author will therefore examine how HIV and AIDS have affected the demand for and supply of education in Botswana. In addition there is a discussion of the strategies showing how the affects of HIV and AIDS in other places are dealt with, and how similar effects on secondary education in Botswana can be mitigated. The structure of the discussion follows:

- **supply of education:** the impact of HIV and AIDS on increased mortality and morbidity, increased absenteeism, teacher stress and other factors which affect education-related personnel; a description of the triangular approach to HIV and AIDS management - **coping** with the effects of HIV and AIDS, **caring** for the infected and the affected, and **preventing** the spread of HIV (van Rooyen & Hartell, 2002: 153)- which can be implemented as a strategy to mitigate the effects of HIV and AIDS on secondary education in Botswana;

- **demand for education:** the impact of HIV and AIDS on the demand for education with regard to how the growing numbers of orphaned and vulnerable children (OVC) and the generally declining population of children influence the number of learners that can attend school; ways of dealing with the effects of HIV and AIDS on infected and affected learners are discussed which include school-based support for OVC, focusing on out-of-school youths, curriculum adjustment and the life skills approach, among others; the triangular approach to HIV and AIDS management is applied.

In the previous paragraph the abbreviations "HIV and AIDS" are used. It is important to establish a common understanding of this terminology in order to avoid misinterpretations in forthcoming discussions.

2.2 BACKGROUND TO "HIV"/ "AIDS" AND ITS EFFECT ON HUMAN HEALTH

In this section the meanings of HIV and AIDS, how HIV is transmitted and works in the human body, and clinical manifestations of AIDS are examined.

2.2.1 The meanings of "HIV"/ "AIDS" and how HIV can be transmitted

"HIV" is the acronym for "Human Immunodeficiency Virus" and "AIDS" is the abbreviation used for "Acquired Immune Deficiency Syndrome". AIDS is the final stage of infection with the HI Virus culminating in severe immuno-deficiency and usually having a terminal outcome (Isaksen *et al,* 2002: 2; Mcnarry-Keith, 1995: 69).

The HI Virus may be transmitted in three main ways (Isaksen *et al,* 2002: 2; Mcnarry-Keith, 1995: 69):

- **Heterosexually (sexual intercourse between male and female) or homosexually (sexual intercourse between members of the same sex):** transmission of HIV is possible when one of the partners is infected with HIV;
- **Direct blood-to-blood or blood-to-mucous membrane contact with HI Virus infected blood:** can happen with certain health or cultural practices , such as, circumcision.; a small risk of blood-to-blood transmission is also possible when individuals playing contact sports break their skin and HIV-infected blood comes into direct contact with someone else's blood who is HIV negative; intravenous drug users who share needles have a high risk of contracting HIV; and
- **Vertical maternal transmission:** refers to the transmission of HIV from mother to her baby which may occur during pregnancy, childbirth or breastfeeding.

2.2.2 How HI-Virus works in the human body

HIV is one of the many retroviruses (retro means reverse or backwards) found in humans. A virus particle consists of a protein coat with a core of deoxyribonucleic acid (DNA) or ribonucleic acid (RNA). DNA is the substance in the chromosomes of a cell's nucleus which determines what kind of enzymes and structural proteins the cells will produce. RNA is in the cytoplasm of a cell and controls the chemical build-up of these proteins (Phillips & Chilton, 2000: 400-401).

The CD4 antigen (a foreign organism or chemical in the blood which stimulates the system to make antibodies against it) is a major component of the viral receptor required for cell entry. Only cells bearing this antigen are susceptible to infection. On entry to the infected cell the viral reverse transcriptase enzyme (hence retrovirus) makes a DNA copy (pro-viral DNA) of the RNA genome (genome refers to all the genes carried by a single gamete or sex cell). The pro-viral DNA is able to integrate into the host cell DNA. Latent or non-productive or productive viral replication may occur. During productive replication RNA transcripts are made from the pro-viral DNA, and complete virus particles are assembled and released from infected cells by the process of budding. Thus HIV can make copies of its own genome, as DNA, in host cells, such as, the human CD4 lymphocytes. The pro-viral DNA becomes integrated in the lymphocyte genome, where it forms the basis for chronic HIV infection and the CD4 cells die. This situation leads to gradual weakening of the body's ability to fight infections and certain cancers (Adler, 1991: 4, 13; 1992: 33).

2.2.3 Clinical manifestations of AIDS

Although infected individuals may remain asymptomatic for a period of time (five to ten years), symptoms eventually arise in the absence of antiretroviral (ARV) therapy. When serious symptoms of ill health appear a person is said to be suffering from AIDS. The term AIDS, therefore, applies to the most advanced stages of HIV infection, and includes all HIV infected people who have fewer than 200 CD4 cells, whereas healthy adults usually have CD4 counts of 1000 or more. The CD4 cells have a pivotal role in the immunity of a human being and this is why their lack is referred to as immunodeficiency (Adler, 1992: 35-37).

Individuals diagnosed with AIDS are likely to catch life-threatening diseases manifested as tumours, such as, Kaposi's sarcoma and a series of opportunistic infections, such as, pneumonia and tuberculosis, which are caused by bacteria, viruses and other types of microscopic organisms that are usually harmless to healthy people. Some people become so ill from opportunistic infections that they are unable to continue with regular employment. Without adequate ARV therapy HIV will continue to infect and kill cells of the immune system which will lead to severe illness and eventual death (Adler, 1992: 35-37).

This disease affects both young and old. In the secondary education sector, it is reported that many learners, teachers and other education-related personnel have contracted HIV and are dying of AIDS. Their low output during illness and their eventual death has been reported to negatively impact on the supply of and demand for the education service (Shaeffer, accessed 10/09/2002). An exploration the impact of HIV and AIDS on the supply of education ensues, so that efforts to develop intervention measures can be informed by a better understanding of the problem.

2.3 THE IMPACT OF HIV AND AIDS ON THE SUPPLY OF EDUCATION

In the subsequent discussion an examination, of how HIV and AIDS have caused protracted illness and eventual death in many people and so influenced the supply of education in Botswana and other parts of the world, is undergone. The term 'supply of education' refers to the process of ensuring that the process of teaching and learning takes place (Kinghorn *et al,* 2002: 56). In the context of this chapter it refers to the provision of enough qualified teachers and other education-related personnel, such as, officers at the MoE's headquarters, regional and district offices, whose responsibility it is to ensure that all that is required to enable teaching and learning is available and that significant teaching and learning takes place. The supply of education with regard to how increased morbidity and mortality, absenteeism, teacher stress and such like, impinge on the performance of the teachers and other education-related personnel is considered.

2.3.1 Increased morbidity and mortality amongst the teachers and other education-related personnel

HIV and AIDS is reported to have increased morbidity and mortality (illness & death) amongst teachers and other education-related personnel, thereby negatively affecting the provision of education to learners (Kinghorn *et al*, 2002: 62-63). Maphosa (accessed 15/04/2003) observes that the HIV and AIDS epidemic was originally perceived as primarily a health problem with little regard being given to its impact on various private and public services, such as, education. Persons outside the health sector, such as, educational personnel largely believed that HIV and AIDS did not directly concern them. However, in recent times, the magnitude of the problem has become increasingly apparent, as has, the recognition of how far-reaching and comprehensive its impact will be in the wider community and in the education sector in particular. Many organisations and individuals concerned with education have realised that, in order to mitigate the effects of HIV and AIDS, it should not only be dealt with from a medical perspective but also an education management point of view. When consideration is given to HIV and AIDS as a concern of education management, it is clear that when teachers and other education-related personnel become ill, die or perform below expectation due to HIV and AIDS, the management of the education system is directly affected. To understand and manage the effects of HIV and AIDS on the DSE a multi-faceted approach needs to be adopted. Such an approach is called triangular management approach and it includes (van Rooyen & Hartell, 2002: 146, 153):

- **coping** to mitigate the impact of HIV and AIDS;
- **caring** to make available post-exposure knowledge and services; and
- **prevention** to reduce HIV infection rates.

It therefore makes sense for the DSE to set strategies in place to deal with the epidemic which significantly impacts on its deliverance and even its very existence.

The available reports by UNICEF and Kelly (Bennell, 2003: 493) suggest that teachers and school administrators experience a high prevalence of HIV infection and that they are a high-risk group. The authors of these reports explain that some of the reasons that aggravate this situation are:

- high mobility of the teachers;

- separation from spouses because of transfers and other cause; and
- relatively high social status which places the teachers in a position of strength from which they can entice several sex partners.

In contrast, Bennell (2003: 506) and Isaksen *et al* (2002: 42) assert that there is little robust evidence to suggest that teachers and other education-related personnel are a high-risk group or have a prevalence rate higher than that of the general population with respect to HIV infections as a result of their sexual behaviour. They argue that teachers are in a very heterogeneous occupation, both within and between countries. It is therefore not possible to make broad generalisations about the actual and potential impact of the pandemic on the teaching profession.

Bennell, Carr-Hill, Kinghorn and Whiteside (accessed 02/06/2004) further dispute statements which suggest that HIV and AIDS are the major cause of deaths among the teachers. They point out that in many countries annual attrition rates may be as high as ten per cent, which dwarfs AIDS-related attrition even for countries said to have high HIV prevalence, such as, Zambia, Malawi and Botswana.

Although the debate about HIV prevalence amongst the teachers and other education-related personnel is not conclusive, some authorities, such as, Cohen (accessed 18/08/2002), propose that it is sensible to assume that HIV infection is at least as high amongst employees in the education sector as it is in the general adult population. Even if the HIV prevalence rate amongst teachers is lower than in the general population, there seems to be a general understanding about the extensive negative implications that HIV and AIDS pose for the management of education. Based on this premise Bennell *et al* (2002: 88) stated that urgent measures are needed because it can be projected that the AIDS epidemic, especially in Botswana, is likely to have adverse impact on the overall staffing situation throughout the education sector including the DSE. Matlin and Spence (accessed 01/03/2003) add that the human resources at risk of HIV and AIDS are not only confined to teachers but include all those who have roles in education, such as, all the departments of education and non-governmental organisations (NGOs), among others. Considering the extent of the potential damage that can be caused to the education system, one can understand that the consequences for the management of education are expected to be profound and strategies for the organisation of the sector will require substantial re-thinking.

HIV and AIDS have been threatening the supply of education in many countries for some time. For example, the mortality rate of teachers (the rate at which teachers die) in secondary schools in Botswana is 0.57%, while in Malawi and Uganda it is 1.95% and 1.06% respectively. To underscore the high prevalence of HIV and AIDS in the Malawian education system, the World Bank predicted that over 40% of education personnel in Malawi urban areas would die from AIDS by 2005 (World Bank Report in Isaksen *et al*, 2002: 42) Please note that this is mortality from all causes and that it is not possible to determine precisely the extent to which deaths are AIDS-related. However, it is likely that at least two-thirds of adult deaths in Botswana and Malawi were AIDS-related (Bennell *et al*, 2002: 93). Tarfica (in Isaksen *et al*, 2002: 42) reports that the annual mortality rate amongst teachers in Zambia in 1998 was 39 per 1000, 70% higher than that of the 15-49 age group in the general population. The number of deaths of teachers in service was equivalent to about two-thirds of the total annual output from Zambia's teacher training colleges. Projections suggest that Zimbabwe and Zambia will lose about 2.1% and 1.7% respectively of their teachers and education officers to AIDS each year during the decade 2000-2010. The learning process in schools will consequently be negatively changed through the increased absenteeism of teachers and other education-related personnel. These employees will become increasingly unproductive because of AIDS-related opportunistic infections which cause chronic illness and usually lead to longer term, persistent absenteeism and eventual death.

As has been indicated, AIDS-related illness is usually protracted and results in long periods of absence from work. The following paragraphs consider in detail how increased absence from work would affect the management of education.

2.3.2 Increased absenteeism amongst teachers and other education-related personnel

The Longman Contemporary English Dictionary (1995: 7) defines the term "absenteeism" as regular absence from work or school without a good reason. The term "absenteeism" will, in the context of this chapter, refer to failure to report for work as a result of either personal or official engagements/reasons.

From the analysis of their observations, Bennell *et al* (2002: 97) have identified four main reasons for absenteeism:

- "Sickness of self";
- Attendance at funerals;
- Looking after sick relatives; and
- School-related absenteeism and others (school related absenteeism refers to when one is absent due to school-related engagement, such as, HIV &AIDS workshops).

The first three reasons ("sickness of self", funerals, & illness of others) could be as a result of the HIV and AIDS-related reasons. Observations of the above parameters (as HIV& AIDS-related causes of absenteeism and collectively impacting on absenteeism) in secondary schools in Botswana show that 68% of the female teachers and 63% of the male teachers were absent (for at least one day) during 2000.

When the reasons for absenteeism are considered separately as, for example, when one considers 'sickness of self' alone as the sole indicator of teacher absenteeism ('sickness of self' refers to when one is absent because he/she is ill) the statistics show a relatively low percentage (mean of 38% for at least one day in 2000) of teacher absenteeism in Botswana. There seems to be a contradiction between the observations of low percentage of teacher absenteeism and the data in section 2.3.1 which indicated that there was a high morbidity and mortality rate in Botswana. Some of the possible explanations for the low teacher absenteeism could be that (Isaksen *et al*, 2002: 42):

- the HIV prevalence rate is declining;
- the epidemic is still in its early stages;
- teachers are on ARV therapy; and
- sick teachers continue to teach for as long as they can despite not coping in the classroom.

Whiteside and Sunter (in Briscoe, 2001: 35) believe that to consider 'sickness of self' alone leaves out other factors which are also the result of HIV and AIDS. For example, they state that one reason for teacher absence is to attend the funerals of relatives, colleagues and friends. They observe that this kind of absenteeism is on the increase. More evidence of swelling absenteeism, induced by HIV

and AIDS, is revealed in Zambia. Between 1992 and 1995 Zambia's largest cement company (Chilanga) reported that absenteeism to attend funerals rose fifteen-fold.

The results indicate the significance of combining the three reasons for absence because the likelihood that they are related to HIV and AIDS is high. By combining them one can see the total effect of HIV and AIDS on absenteeism.

A report by Tarfica (in Isaksen *et al,* 2002: 43) elaborates further on the problem of absenteeism as a result of "sickness of self". It states that each infected teacher and education officer will be absent from duty for a cumulative period of at least 12 months during their sickness period. Other researchers (World Bank 1992 in Shaeffer, accessed 10/09/2002) have estimated that on average, adults suffer approximately 17 AIDS-related illnesses prior to death. If one considers absenteeism due to HIV and AIDS-related 'sickness of self' in Tarfica's study, Zimbabwe would lose 3.2% of available teacher and education officer labour each year over the decade 2000-2010; Zambia and Kenya 2.5% and 2.1% respectively. It should be noted that teachers and officers that are absent because of illness in the family or due to attendance of funerals are not included.

The scenario that the issue of absenteeism projects is that the situation in the education sector needs to be addressed before more damage is caused to the education system. In addition to absenteeism there are other equally worrying issues that affect the education sector, such as, stress. The next section examines the issue of stress on the supply of education.

2.3.3 Stress amongst teachers and other education-related personnel

This part defines "stress" and explains how HIV and AIDS is a source of stress for teachers and other education-related personnel. Finally, the discussion considers two potential effects of stress, namely, behavioural and psychological consequences, and medical consequences.

2.3.3.1 Definition of the term "stress"

The term "stress" can have many meanings, some of which may be confusing. For example, some people confuse stress with the stimulus that causes it. A stimulus is something that causes stress and

it is generally known as the stressor (Nash, 1991: 18). To illustrate the point interpersonal conflict is a stressor which may lead to stress symptomised by loss of appetite (Steyn, 1996: 71). Umstot (in Steyn, 1996: 71) therefore defines stress as some type of response, physical or psychological, to an external event or situation, such as, ill health that imposes special physical or psychological demands on a person and causes a deviation from his or her normal functioning. Gray and Starke (in Steyn, 1996: 71) elaborate that it is a term used to describe a person's reaction to disturbing factors in the environment. If the stressor is extreme and there is no resolution in sight the person may simply give up or react in a direct way depending on his/her personality.

Stress is said to be one of the major causes of illness in many societies. For example, Working Well (accessed 02/08/2002) estimates that more than forty per cent of absenteeism in the workplace is caused by stress. The estimate and the cause-effect relationship between stress and illness may be debatable but according to Friedrich (1998: 153), illness, such as, HIV and AIDS, is one of the major stressors that can cause stress. For this reason it is important to understand how HIV and AIDS can be a source of stress. Furthermore it is critical to know the types of stress and be able to identify those that are related to HIV and AIDS.

According to Understanding Stress (accessed 04/11/2004), there are three types of stress:

- Emotional stress which comes as a result of one's emotions, such as, worrying about one's health;
- Physical stress is caused by physical activity, such as, sport when too much exercise could put pressure on the nerves and thus stress the nervous system; and
- Chemical stress occurs from chemical toxins when, for example, medication used to treat the symptoms of disease creates stress.

Saunders (1990: 39) supports the fact that chemical stress is caused by ingestion of chemicals which cause strain. For example, ingestion of caffeine can boost the output of stress hormones. Nicotine in cigarettes directly stimulates the adrenal glands causing a stress response.

With regard to physical strain, Saunders (1990: 10) gives a different sense from that given in Understanding Stress. Her explanation of physical strain seems to suggest that it is similar to what

Understanding Stress terms 'emotional stress' and what Carroll (1992: 3) calls 'psychological stress'. For instance, Saunders (1990: 10) states that physical stress may be caused by anxiousness which may lead to lack of sleep, or by unresolved problems in relationships.

To highlight the overlap between physical stress, as Saunders views it, and psychological stress, Carroll (1992: 3) presents three causes of psychological stress:

- Cataclysmic events, such as, natural disasters;
- Personal stressors, such as, death, illness and divorce; and
- Daily hassles, such as, driving in heavy traffic or waiting for a long period.

The overlap is that the three causes of psychological stress can also cause anxiousness and some maybe unresolved. It should be observed that authors may use different terminology but there is general consensus that problems, such as ill health, can trigger stress. In the case of HIV and AIDS infected and affected persons, emotional stress seems to be the major problem although chemical and physical stress, if left unattended, can contribute.

In this section the definition of the term "stress" has been ascertained. In the next paragraph HIV and AIDS as a source of stress for teachers and other education-related personnel is investigated.

2.3.3.2 HIV and AIDS as a source of stress for teachers and other education-related
        personnel

As reported by Kinghorn *et al* (2002: 70), many employees in the education sector indicated that HIV and AIDS was having an impact which seems to manifest as stress and in reduced performance at work. The effects of stress were not only among employees who were infected, but also among those who feared that they were infected or who were impinged upon by HIV and AIDS and their effects on colleagues and family members. Many teachers are distressed from taking care of sick family members and/or having OVC in their homes. For the infected persons strain can come from within themselves as they worry about their health or it can come from the people around them.

The following five factors illustrate how HIV and AIDS cause psychological stress among teachers and other education-related personnel (Kinghorn *et al,* 2002: 78; Friedrich, 1998: 158; Bennell *et al,* 2002: 98):

- AIDS treatment, such as, Anti-Retrovirals (ARVs), may impair brain functioning; the person's perception, memory and problem-solving ability and, therefore, the ability to cope are altered;
- The realisation and fear that one is infected by HIV can trigger stress and lead to low productivity at work;
- Frustration and demoralisation may be experienced by a number of education staff as a result of taking care of sick family members or having OVC in their homes, among other causes;
- There is a high level of stigma that is attached to HIV and AIDS and, by extension, the infected person is also stigmatised and usually discriminated against; and
- The degree of stigma attached to HIV and AIDS can frequently leads to secrecy and denial among the people who are infected by HIV who not prepared to reveal their HIV-status for fear of the adverse reaction among colleagues and relations; failing to deal with the reality can trigger other stressful psychological problems.

2.3.3.3 Effects of stress

Van Fleet (in Steyn, 1996: 83) and Understanding stress (accessed 04/11/2004), elaborate that individual reactions to stress include behavioural, psychological and medical consequences. These are discussed below:

- Behavioural and psychological consequences: these may include becoming violent or having difficulty in sleeping; having a strong influence on the mental well-being of people; depression and development of serious problems in interacting with other people; and
- Medical consequences: human bodies contain stress hormones, such as, adrenaline, cortisol and norepinepherine which are meant to be used only in short bursts for emergency situations when one has to fight danger or flee; a prolonged release of

these hormones, even at low levels, as a result of HIV and AIDS-related will have serious effects on one's health,   which could lead to heart attack, poor digestion, high blood pressure, increased susceptibility to infections due to a depressed immune system and so on.

All these consequences of stress could negatively affect productivity of teachers and other education-related personnel.

Some people learn to manage the stress of being HIV positive or suffering from AIDS-related illness but there are certain crisis points at which the stress becomes overwhelming. It is for such moments and for such personnel that the education manager should find ways of alleviating their suffering in order to maintain a continuous supply of teachers and other education-related personnel in good enough health to supply the required quality of education.

The preceding paragraph considered, among others, the effects of stress on the supply of education which the education managers should be prepared to deal with. Furthermore the education manager should be prepared to deal with the effects of HIV and AIDS on educational institutions. An investigation of the effects of HIV and AIDS in the workplace follows.

2.3.4 Workplace-related effects of HIV and AIDS

HIV and AIDS are a workplace issues not only because they affect labour and productivity, but also because the workplace has a vital role to play in the efforts of limiting the spread and effects of the epidemic. With regard to the education sector HIV and AIDS affect the workplace in the following ways (ILOAIDS, accessed 02/06/2004; IFFTU *et al* in Shaeffer, accessed 10/09/2002):

- Discrimination against people with HIV threatens fundamental principles and rights at work, and undermines efforts for preventing further spreading of HIV and care for the infected and affected persons;
- Diminished supply of labour as a result of AIDS deaths;
- Loss of valuable skills and experience when experienced teachers and other education-related personnel become incapacitated; and

- Productivity falls due, among others, to illness, low morale and stress.

In response to the above effects, the following measures may be considered (IFFTU *et al* in Shaeffer, accessed 10/09/2002):

- Providing access to counselling by personnel who need such service;
- Educating personnel about the right to transfer to areas where medical care is available ;
- Providing alternative working arrangements for personnel unable to work at their original job
- Re-integrating personnel into work following episodes of illness;
- Reprimanding personnel who force sex upon colleagues and allowing the law to take its course with them; and
- Assigning married education personnel to posts where they may live with or be close to their spouses.

It is therefore incumbent upon the education manager to educate him/herself in ways of dealing with the effects of HIV and AIDS in the workplace. Failure to do so may result in the loss of skills and experience, a situation which would defeat the objective of supplying meaningful education.
Several effects of HIV and AIDS in the workplace have been highlighted as contributing factors to poor supply of education. There are other factors which are related to financial issues which also affect the supply of education. The next paragraph analyses these financial-related factors.

2.3.5 Financial concerns

This section examines how financial concerns affect the inflow of resources to educational institutions and how such a situation affects the supply of education.

HIV and AIDS results in (Gachuhi, 1999: 4; Shaeffer, accessed 10/09/2002; Matlin & Spence, 2000, accessed 01/03/2003; Kelly, 2000: 90; Desmond & Gow, accessed 10/12/2004):

- private (NGO) and public (government) funds being less readily available for educational purposes than in a no-AIDS scenario; when AIDS is present, private and public incomes decline and running costs of organisations increase;

- a decline in the number of financial supporters of the system as a result of decline in learner enrolment; there may be supporters whose contributions may depend on the number of learners;

- governments, communities supporting schools and donor organisations have other competing demands , such as, in the MoH and other sectors which are more directly associated with the pandemic and thus funds for maintaining current facilities, let alone building new ones are limited;

- increased defaulting on payment of fees by parents especially when they are ill or when their responsibilities have increased as a result of adopting orphans;

- shortage of finances may also mean that training of teachers and other education-related personnel may not be considered as priority issues and remuneration for the replacements of affected personnel will have to be scaled down; and

- likelihood of recruiting untrained teachers or embarkation on crash-courses that do not adequately prepare the trainee teachers.

If the Ministry of Education is not adequately financed, it will be unable to buy sufficient teaching material or employ enough qualified staff. Such a situation would inevitably lead to a poor supply of education. It then becomes increasingly difficult for the MoE to manage a system that is poorly funded and consequently may not ably manage teacher training programmes. In the next section teacher training and how it is affected by HIV and AIDS is investigated.

2.3.6 Undermined teacher training programmes

The HIV and AIDS epidemic could adversely affect the long term training of teachers and other education-related personnel. For example, when there is high mortality and withdrawal from school amongst the youth the number of potential candidates who could choose to go for initial training, also known as pre-service teacher training, will be reduced. In-service training and upgrading are also affected by the epidemic which has caused high mortality and morbidity rates amongst the teachers (see sections 2.3.1 & 2.3.2). The details of how teacher training programmes are undermined are presented next (Coombe, accessed 10/09/2002; Kinghorn *et al,* 2002: 69; van Rooyen & Hartell, 2002: 152; Bennell *et al,* 2002: 117):

During initial training projections for Botswana indicate that there are likely to be 860,000 young people under 25 years of age by 2015, rather than 1,200,000 if HIV and AIDS had not intervened. Possibly the projected low population growth of young people may reverse because the Government of Botswana is now supplying ARV treatment to people with HIV. At this stage it is still problematic to tell how the dynamics of the population of young people will actually affect the initial training of teachers. It is difficult to precisely isolate and assess the consequences of HIV and AIDS for education services. In addition, it should be noted that ARV is not a cure and this may mean that some people on ARV will still be sickly or die. The overall situation seems to suggest that the population of young people able to go for initial teacher training would remain adversely affected by the HIV and AIDS epidemic.

In-service training becomes increasingly necessary because growing teacher morbidity and mortality may result in the remaining teachers having to step up their workloads. This situation would lead to lower morale especially if it becomes a permanent state of affairs. Furthermore, overworked teachers may be so exhausted that they can hardly study on the job.

Up-grading would be slowed down. High morbidity and mortality rates will, without appropriate intervention, make it considerably difficult for the untrained teachers to be released on study leave.

In this section (see section 2.3) the various ways in which HIV and AIDS has negatively affected the supply of education in Botswana and other parts of the world was explained. The following paragraph focuses on ways of addressing the abovementioned effects of HIV and AIDS on the supply of education.

2.4 ADDRESSING THE EFFECTS OF HIV AND AIDS ON TEACHERS AND OTHER EDUCATION-RELATED PERSONNEL

The previous paragraphs highlighted the problems experienced by the teachers and other education-related personnel. The discussion demonstrated that the education manager needs to understand the diverse effects of HIV and AIDS on the supply of education, such as, increased morbidity and mortality, increased absenteeism and teacher stress. A comprehensive understanding of these issues will enable the education manager to develop significant strategies of dealing with their effects on

the supply of education. This section therefore examines some of the strategies that have been used elsewhere to address similar effects of HIV and AIDS on education.

In addressing the effects of HIV and AIDS an education system should be concerned with varying influences which can be dealt with in a systematic fashion by adapting a triangular management approach (van Rooyen & Hartell, 2002: 152-153). The education system would be concerned with three aspects, namely:

- coping with the effects of HIV and AIDS;
- caring for the infected and the affected persons; and
- preventing the spread of HIV.

2.4.1 Coping with the effects of HIV and AIDS

According to van Rooyen and Hartell (2002: 161), the concept "coping" in the context of managing HIV and AIDS in education refers to the way the principal, teachers and all the other education-related personnel deal with the impact of HIV and AIDS in an attempt to sustain an adequate and acceptable quality of education provision. In this regard the discussion on coping with the effects of HIV and AIDS will include strategies of addressing morbidity and mortality, the management of sickness and absenteeism, response to stress, mitigating the effects of HIV and AIDS in the workplace and dealing with financial concerns related to the supply of education.

2.4.1.1 Strategies for addressing the effects of morbidity and mortality

It is relevant that the DSE should put in place strategies to help itself cope in the face of high teacher morbidity and mortality related to HIV and AIDS (see section 2.3.1). There are many short term, and almost instant, measures which can be considered as a coping mechanism at school level (Kelly, 2000: 66; Harris & Schubert in Coombe, accessed 10/09/2002). The education system may consider a combination of the following:

- Engaging retired or locally available teachers or from other professions;

- Employing unqualified teachers with a system in place for their on-going training on the job (up-grading);
- Taking on teaching assistants for supervisory duties so that qualified teachers can take on more actual teaching;
- Combining classes, either into large classes on a monograde teaching (combining different grades for certain topics, such as, form one and form two or disregarding age differences between the learners);
- Spreading the teaching load among the available teachers;
- Allocating more actual teaching to the school head and other senior personnel;
- Shortening the teaching time for certain (or all) subjects, thereby enabling teachers to reach more learners;
- Turning to learners for various forms of peer teaching; and
- Greater reliance on the educational media programmes.

With regard to engaging temporary teachers Kinghorn *et al* (2002: 81) are concerned that the school manager will have to deal with several problems, such as:

- Compromising the quality of education because some of the temporary teachers will have limited qualifications and experience;
- Disruption of learning because of changing over teachers;
- Overall adverse impact on learners when teachers are over-extended;
- Dissatisfied and stressed staff who are compelled to take on extra duties; and
- Difficulty in finding sufficient space for more senior staff in schools and education offices, such as, ministry, regional offices as well as other education-related offices.

All the measures proposed above and the concerns that follow need to be dealt with by the education managers at national, regional and school levels. For these matters to produce desired results sound management decisions must be taken and relevant practices implemented. An example of a useful management decision that may be taken by an education system regards the empowerment of school/institutional managers. The school principal needs to be empowered to employ a temporary teacher in the place of a teacher who may be unable to teach due to ill health. The idea of empowering school managers to employ teachers may have certain disadvantages but one major

advantage is that it bypasses bureaucratic delays and the supply of education to the learners is minimally disrupted.

Proceeding the description of ways of mitigating the effects of mortality and morbidity on the supply of education, which were outlined in paragraph 2.3.1, a further examination, concerning the aspects of morbidity amongst the teachers and other education-related personnel which usually result in absenteeism, follows.

2.4.1.2 The management of sickness and absenteeism in education

Paragraph 2.3.2 indicated that the degree of absenteeism amongst the employees of the DSE has reached worrying proportions. In this section, two aspects, namely, the problems which school managers face in trying to manage sickness and absenteeism and possible solutions to the problem of absenteeism, are explored.

(a) Problems of managing sickness and absenteeism in education

Sickness regulations should carefully balance both individual and institutional needs. While sick teachers and other education-related personnel must not be discriminated against in any way, an education system has a duty to take all necessary steps in order to prevent any serious deterioration in teaching and learning that may occur as a result of high levels of staff illness and absenteeism. There are four problems that may worsen the problem of illness and absenteeism in an education system, namely (Bennell *et al,* 2002: 115; Botswana Government, 1996 General Order 151.4):

- Denial that one is HIV positive or suffering from AIDS: affected teachers will refuse to take long term sick leave and may continue to come to school even when it is clear that they cannot cope;
- Secrecy surrounding their HIV positive status or illness: the teacher will pretend to be well and attempt work as usual ;
- The principal's lack of power to employ: currently teachers are hired from the headquarters of Teaching Service Management and so school principals cannot recruit- not even a temporary replacement teacher; when there is critical shortage of teachers,

school principals will find it difficult to release the sick teacher because their replacement could take a long time; and

▪ Current regulations governing the conditions of service of the public service, some of which were drawn up before HIV and AIDS were recognised as a problem in the public service, for instance, the Botswana Government General Order 151.4 does not seem to address the current situation which is heavily affected by the effects of HIV and AIDS as it states:

In any period of three years an officer may, subject at any time to a decision
taken on medical grounds under the provisions of General Order number 20,
be granted sick leave of:
151.4.1   up to six months on full pay; followed by
151.4.2   any vacation leave which the officer has standing to his credit;
            followed by
151.4.3 up to six months on half pay.

Botswana Government General Order, number 151.5, adds that:

If after these periods there are still grounds for believing that an officer will be fit to return to duty within a reasonable time a further period of sick leave, without pay, may be granted by the authority of the Director (head of a government department, such as, Director of the Secondary Education Department).

With regard to the current situation the education sector, it can be argued that these conditions need to be revisited. In practice General Order 151.4 implies that a school would be deprived of a teacher for at least twelve months (see General Orders 151.4.1 and 151.4.3). This means that, theoretically, a class of learners can go for a full year without ever being taught in a particular subject if no intervention is taken. General Orders 151.4 and 151.5 do not appear to conducive to timely intervention. The General Orders may be beneficial to the sick employees but are not in the best interest of learners or fellow teachers who may have to take over the teaching load. Ultimately this process will not promote a continuous supply of education. It is suggested therefore that the concerned sections of the General Orders be amended to address the current conditions prevailing in the DSE as a result of HIV and AIDS.

(b) Possible solutions to the problem of absenteeism

The following paragraph includes possible solutions to address the problem of absenteeism mentioned in section 2.3.2 (Mgomezulu, 2001: 46; Kinghorn *et al*, 2002: 80-81; Kelly, accessed 21/10/2002; Piot, accessed 24/10/2002; Bennell *et al*, 2002: 115).

A teacher who is suffering from AIDS and is being victimised at school may not be very keen to work in such an environment. Such an environment would even make the teacher justify absenteeism even when he/she can work. Discrimination almost always, depends on ignorance of the other people. Due to lack of knowledge and/or an unfounded fear of socialising with a particular group people begin to negatively stereotype them. The same can be said about HIV and AIDS. Many people have limited knowledge about the disease and so they harmfully stereotype the ill people. Stigmatisation and discrimination of the infected should be discouraged so that the ailing persons feel less intimidated about coming out in the open and seeking help. One of the approaches to eliminating stigma and discrimination is to promote scientifically accurate and culturally appropriate knowledge about HIV and AIDS and issues of human rights and tolerance. There is evidence that comprehensive education which promotes expanded awareness can reduce not only stigmatisation and discrimination but the rate of HIV infection as well.

The Department of Teaching Service Management (TSM) is responsible for the recruitment of teachers in Botswana. Operating such a centralised system may mean that some problems, such as, staff shortages, may take unusually long to be dealt with. To elaborate this point, the TSM Department has recently advertised 29 vacant posts for one teacher training college and 18 for another (note that these are not newly established posts). It is for this reason that more flexible approaches to recruiting temporary staff should be considered so that school principals are able to recruit in order to address critical shortages of staff caused by absenteeism.

The workload of sick staff should be reduced to appropriate levels. The possibility of re-assigning sick staff to other lighter non-teaching duties is often quite limited, but temporary teachers could help to lighten teaching loads of affected teachers. If necessary these retired or temporary teachers, such as, form five leavers could be shared between schools.

Organising support for teachers who are ill, such as, using those who have free periods, giving learners assignments or dividing up classes so that the teachers who are presently teaching have larger numbers of learners could help in alleviating the impact of absenteeism. For more prolonged informal back up the DSE could motivate the involved teachers by giving them a reward, such as, a responsibility allowance or acting appointment.

Other solutions could include reviewing compassionate leave entitlements and utilisation; more explicit regulations regarding leave for the attendance of funerals develop more unambiguous guidelines, training and support systems for managers to help them confidently deal with the issue of absenteeism.

Current projections of absenteeism amongst teachers suggest that it is unlikely that this willcripple education delivery in Botswana, mainly because many teachers are likely to be on ARV therapy and will live longer and cope better (Kinghorn *et al,* 2002: 79). Botswana has greater resources to supply ARV therapy than other African countries, but Kinghorn *et al* (2002: 97) warn that this is not inexhaustible. It is for this reason that these seemingly positive projections should not allow the DSE to relax but to prepare for eventualities, such as, when unexpected high levels of absenteeism emerge or the country can no longer afford to purchase thedrugs.

The previous discussion examined possible solutions to the problem of absenteeism. Their successful implementation would help the DSE to cope with the negative effects of absenteeism.

HIV and AIDS-related sickness can be protracted and other than the negative effects of absenteeism, it can cause other problems in an ailing person, such as, stress as already mentioned. It is currently recognised that stress is a growing problem amongst the HIV and AIDS infected and affected persons. Ways of dealing with the problem of stress are investigated in the ensuing section.

2.4.1.3 Response to HIV and AIDS-related stress

It was established in section 2.3.3 that HIV and AIDS can cause stress in the infected and affected persons which usually manifests as behavioural, psychological or medical problems. Having

examined some of the consequences of stress that education-related personnel can experience, the following discussion looks into ways of how these people can cope with the effects of stress.

(a) Skills for coping with stress

It may not be possible to eliminate stress from people's lives, but one can try to reduce it and cope with it. They can change their life-styles to reduce demands and develop techniques for having fun and laughing more. They can learn skills to improve their ability to respond to stressors. Handling life stress successfully often calls for several abilities. The first step is the ability to accurately assess the stressful situation. After assessing the situation one or all of the following skills can be implemented (Friedrich, 1998: 158):

- Turn to others for support and help like a support group which can be any group of family, friends or colleagues as groups fulfil our needs for belonging; if a group member falls ill, the other members can help to support the ill member in ways, such as, counselling or fetching food;
- Relaxation of the mind and/or body which includes meditation as well as muscle relaxation;
- Cognitive restructuring is a process by which stress provoking thoughts or beliefs are replaced with more constructive or realistic ones that reduce stress; and
- Exercise has been shown to both decrease stress and enhance physiological functioning; studies of the effects of exercise on immune functioning show positive effects on both the number and the functioning of important immune cells.

In addition the medical consequences of stress, such as, high blood pressure or poor digestion could be dealt with by medical experts.

According to Friedrich (1998: 155), stress could largely be said to be a personal problem and in some way this exonerates the education manager from any responsibility of trying to solve other people's stress problems. However, Friedrich also believes that the education manager has a duty to mitigate stress amongst the teachers and other education-related personnel because it not only affects them as individuals but equally importantly the organisation in which they are employed.

The education manager could introduce programmes geared to reduce or manage stress. Such programmes (as suggested above) could improve the quality of life for the ailing persons. For instance, by encouraging the teachers to lower their stress levels, they will be in a healthier state and so be able to commit themselves to supplying significant education. The teachers, and the other education-related personnel, are part of the community of their institutions and should be involved with issues of stress management in those communities. The HIV and AIDS epidemic demands that these work-based communities should also address other AIDS-related concerns in their workplaces. For this reason, the next section considers how these work-based communities can deal with the effects of HIV and AIDS in their workplaces.

2.4.1.4 Mitigating the effects of HIV and AIDS in the workplace

As a way of dealing with the negative effects of HIV and AIDS in the workplace as described in section 2.3.4, this discussion examines four approaches, namely prevention programmes, utilising the performance management system, amending laws and regulations, and managing an AIW programme.

(a) Prevention programmes

Experts in the field of HIV and AIDS (AIDS in the workplace survey, accessed 02/06/2004) recommend that organisations establish prevention programmes which comprise the following five components:

- Development of an HIV and AIDS strategic plan;
- Training of supervisors in strategic plan implementation;
- HIV and AIDS education for employees;
- HIV and AIDS education for employees' families; and
- Encouragement of employee volunteerism, community service and the spirit of giving (philanthropy).

Although these components originate from the business sector they seem to apply to the education sector as well. For example, there is need to develop an HIV and AIDS strategic plan and educate

the managers, such as, school principals, about the strategic plan. Usually the development of a strategic plan would be done at the national level and the individual institutions would derive their strategic plan from the national strategic plan. Therefore individual schools would have their own strategic plan which in effect implements the national strategic plan with regard to the local environment. At school level it would be very useful to educate the employees and their families about HIV and AIDS and encourage them to espouse the spirit of helping others.

(b) Utilising the Performance Management System (PMS)

Kinghorn *et al* (2002: 86) believe that the PMS that has been introduced in the Botswana Public Service to improve efficiency and effectiveness can be an important component of actively managing HIV and AIDS impacts in workplaces, such as, schools. (PMS is an instrument/guide which all government departments must use to regularly appraise the performance of individual members of departments based on strategic objectives they would have set to achieve within a specified period). For example, performance appraisal and management can make several contributions to reducing the impact of HIV and AIDS on employees and their performance. Some of the contributions are:

- facilitating planning: frequent performance appraisal (check-points) of individuals, combined with appropriate care and support, can help in early recognition of performance problems and their causes and so reduce their impact on the workplace;
- providing more objective grounds for hard decisions around ill health retirement;
- Formal recognition of increased responsibilities and workload of those colleagues who cover for ill or under-performing employees, which help to maintain morale;
- recognising and creating incentives for HIV and AIDS related work , such as, support of traumatised learners, follow up of frequently absent learners, forging community linkages in care and support and supporting prevention activities; and
- identification of classes, schools or workplaces which endure performance problems so that appropriate responses can be developed.

Although PMS can be used to mitigate the effects of HIV and AIDS in the workplace, Kinghorn *et al* (2002: 86) observe that, in its present form, it can have negative effects on HIV and AIDS

responses. They think that current performance appraisal of teachers and managers focuses on irrelevant issues, such as, learner pass rates. This approach to appraisal tends to give less weight to HIV and AIDS activities. Historically performance management systems have tended to focus on identifying persons who can be rewarded. Poor performance due to ill health was not singled out for attention. It is hoped that the current performance appraisal and management system will be modified to include HIV and AIDS-related aspects. The improved system would play an important role in the management of the impact of HIV and AIDS on education-related personnel. Education managers should be encouraged to ensure relevant incorporation of HIV and AIDS-related objectives and performance monitoring mechanisms in the strategies of their institutions and individual members.

(c) Amending laws and regulations

The DSE needs to find ways of influencing the amendment of laws and regulations that will guarantee the following workplace rights (UNAIDS, 2000: 24):

- Freedom from HIV screening for purposes of employment, promotion, training or benefits;
- Confidentiality regarding all medical information, including one's HIV status;
- Employment security for workers living with HIV until they are no longer able to work, including reasonable alternative working arrangements;
- Worker's participation in decision-making on workplace issues related to HIV and AIDS; and
- Protection from stigmatisation and discrimination by colleagues, employees and others.

(d) Managing AIDS-in-the-workplace (AIW) programme

Bennell *et al* (2002: 114-118) present the following points that could be incorporated into a strategy for the workplace:

- Overall management of an AIW programme should be undertaken by full-time managers who have the expertise, authority and resources to ensure rapid and effective

implementation of strategies that deal with coping with the effects of HIV and AIDS, caring for the infected and the affected and preventing further spreading of HIV;

- Assigning married or co-habiting education personnel to posts where they can live together;

- Managers should receive intensive training in AIW issues, which would sharpen their sensitivity to the concerns of HIV and AIDS in their organisation, including discrimination and human rights issues; once trained the managers need to be sensitive to issues concerning forced sex and other similar concerns;

- The education department should develop cadres of full-time AIDS counsellors who can make regular visits to schools to meet with staff both individually and in groups; only by commitment to such a major resource of specialised, full-time expertise will it be possible to provide effective prevention and support and intervention in education-related institutions, such as, secondary schools; and

- Some experts (Bennell *et al*, 2002: 114) have observed that there is very little information available to a school manager which can used as a guide to deal with personnel suffering from HIV and AIDS-related illness; it is imperative that the education department establishes an information system, which provides comprehensive up-to-date information on staff deployment, transfers, teacher attrition and absenteeism and such like; regular detailed assessments can then be made about how staff deployment and on-the-job performance are being affected by the epidemic.

Five approaches, mentioned in section 2.3.4 that could be used to address the effects of HIV and AIDS in the workplace, have been examined. There are, however, other concerns related to finances which also affect the supply of education (see section 2.3.5). The next section examines ways of mitigating such concerns.

2.4.1.5 Dealing with financial concerns related to the supply of education

It has been indicated in section 2.3.5 that HIV and AIDS in countries, such as, Botswana may result in reduced funding for the education sector. According to Kelly (2000: 21), the good news is that the World Bank has recommended that assistance to capacity building be specially directed to the countries most severely affected by AIDS. Even if Botswana benefits from this money, the

education sector should remain concerned because it cannot establish how much money will be given bearing in mind that some people may not consider education a priority. This means that the education system should find ways of dealing with the problem inaccessible funds, declining enrolment and generally declining financial support. To mitigate the problem of less readily available funds, Kelly (2000: 92) advises the education sector to:

- prepare itself for stringent measures of managing whatever amount of finances it will be given by full and above-board accountability, total absence of corruption and elimination of all waste or spending on non-essentials; although these measures are not easy to build into a system once implemented effectively they could enable the education sector to save money that could be directed to programmes that promote the supply of education; and
- find ways of presenting a convincing case to the financial supporters that the responsibility of the education system has not shrunk as a result of declining enrolment, it has in fact expanded to incorporate out-of-school children: not only those who attend the formal school but also the out-of-school learners need to be considered.

This debate focused on various ways of coping with the effects of HIV and AIDS on the education management in the education system. In the subsequent discussion ways of caring for the HIV and AIDS infected and affected personnel are looked into.

2.4.2 Caring for the infected and the affected education-related personnel

The previous discussion has indicated that many teachers and other education-related personnel have been infected or affected by the HIV and AIDS epidemic (see sections 2.3.1, 2.3.2, 2.3.3 & 2.3.4). "Infected education-related personnel" refers to employees of the education system who are HIV positive or are suffering from AIDS. "Affected education–related personnel" refers to employees who are indirectly affected by the HIV and AIDS-related suffering of relatives, friends or colleagues at work. Their suffering affects the supply of education. It is essential therefore that their suffering is alleviated. This paragraph suggests what an education system should consider adequate provision of social and medical care to the affected and the infected.

2.4.2.1 Social care

According to Moss (1999: 3), social care refers to something one does to people or something one does with people, gaining their consent and working together in partnership. Usually social care deals with providing the needs of a person or people. There are many needs but for purposes of this discussion, they are categorised into two types:

- Physical needs; and
- Psycho-social needs.

Some of the teachers and other education-related personnel may need both physical and psycho-social care. It is however assumed that although they may be ailing, they would be receiving their salaries and other benefits, such as, gratuity or pension, so that their physical needs may not be as critical as their psycho-social needs. With regard to psycho-social problems like stress, stigmatisation and discrimination, they have been addressed by strategies proposed in sections 2.4.1.2, 2.4.1.3 and 2.4.1.4.

There are, however, additional concerns related to welfare which the following discussion will address:

- Inadequate spirit of caring amongst the teachers and other education-related personnel; and
- Housing shortage.

It is evident that HIV and AIDS are having damaging effects on the education system. Van Rooyen and Hartell (2002: 162), as well as Kinghorn *et al* (2002: 66) propose that to mitigate the impact and suffering of the education-related personnel:

- a culture of care has to be established, cultivated and strengthened whilst the education system needs to come up with strategies that will promote the spirit of caring in the system; there is considerable concern about sharing accommodation with colleagues with HIV and AIDS; worries about risk of infection with HIV or opportunistic infections may

be exaggerated and tension resulting from such situations may be overstated (Kinghorn *et al*, 2002: 77); such problems could be alleviated by promoting the spirit of caring amongst the education-related personnel through teacher training programmes;

- education authorities need to address the housing shortage in urban areas by making conditions of service and accommodation in rural areas more attractive as the housing shortage in some urban areas is more pressing because personnel with HIV and AIDS tend to move to there for accessible treatment (note that the DSE in Botswana provides housing for most institutions) (Kinghorn *et a*l, 2002: 76); and

- education authorities ought to provide adequate housing which allows teachers to live with spouses or stable partners and avoid separating partners by posting them to different work stations where they are tempted to find alternate or multiple partners (Kinghorn *et al,* 2002: 77).

The welfare of the teachers and other education-related personnel would probably improve if physical and psycho-social needs are addressed. Addressing the medical concerns of personnel would improve their well-being as well as their productivity level at work.

2.4.2.2 Medical care

The impact of HIV and AIDS can be countered with regular health care, support and the maintenance of a healthy lifestyle. Wellness management in the education system is therefore imperative and should include the following (van Rooyen & Hartell, 2002:163; Kinghorn *et al,* 2002:71):

Teachers and other education-related personnel should:

- observe and identify colleagues with health problems, such as, opportunistic diseases and help them to access medical facilities for assistance;

- encourage colleagues to go for voluntary HIV testing and counselling so that they know their HIV status and seek help if need be or further protect themselves from contracting the virus;

- encourage colleagues to join membership of medical aid schemes so that they have access to ARV drugs and better health facilities; and

- create workplace environments and policies that facilitate effective treatment compliance, particularly for staff taking drugs to prevent mother-to-child transmission of HIV or for ARV and TB treatment; the DSE could negotiate with the MoH to establish clinics in big institutions which could make arrangements for supervised daily treatment of staff with TB and ARVs in their workplace;. in smaller institutions, it may not be cost effective to establish a clinic but someone could be trained to supervise daily treatment of staff.

At this stage, the discussion has examined two approaches of a triangular management approach, namely: coping and caring (see sections 2.4.1 & 2.4.2). In the next paragraph the third approach is scrutinised.

2.4.3 Preventing the spread of HIV through teacher training

One of the meanings of "preventing" refers to stopping something from happening (Longman Contemporary English Dictionary, 1995: 118). In this case, it means stopping HIV from spreading. Van Rooyen and Hartell (2002: 154) believe that creating a strong HIV and AIDS knowledge base in the minds of the teachers could play an important role in preventing the spread of HIV amongst the teachers and other education-related personnel. In this paragraph how initial training, in-service training and upgrading of teachers and other education-related personnel can improve dissemination of HIV and AIDS information in educational institutions is looked at. The aim is to reverse the effects of HIV and AIDS on teacher training programmes (see section 2.3.6). The first section of the discussion highlights obstacles to HIV and AIDS information dissemination. The second part proposes what could be done to train teachers and other education-related personnel as a means to empower them to handle HIV and AIDS-related topics.

2.4.3.1 Obstacles to HIV and AIDS information dissemination in education

As teachers train it is believed that what they learn, such as, promoting behaviour change would not only benefit the learners but the teachers as well. In other words, training a teacher to teach learners is also teaching a teacher.

Teacher training usually focuses on preparing teachers to teach certain defined content. Observations suggest that the designers of the teacher training curriculum do not seem to have included content that could promote the prevention of HIV spreading amongst teachers and learners. The trainee teachers are therefore unprepared for meaningful HIV and AIDS information dissemination amongst themselves or learners. The following are some of the hindrances that could be addressed through teacher training (South African Department of Education 2000b in Coombe, accessed 10/09/2002; van Rooyen & Hartell, 2002: 147):

- Little attention is given to equipping teachers with the basic facts about HIV and AIDS, universal safety precautions, condom availability and HIV and AIDS-related human rights;
- Teachers seem unprepared to teach prevention measures about HIV and AIDS as it entails discussing sensitive issues, such as, sex and condoms; in many societies discussing sex with minors is taboo; as a result they approach teaching about HIV and AIDS from a remote scientific viewpoint which does not touch on relevant personal issues and values;
- Selective teaching by teachers who attempt to provide sex education, for example, they only promote abstinence from sex and leave out other methods of prevention , such as, the use of condoms;
- Limited understanding by teachers that many learners are at an age where they may be actively experimenting with their sexuality which is often aggravated by being constantly exposed to indecent and sexually provocative material, such as, pornographic pictures/literature; and
- An educational system that must reconcile the HIV and AIDS curriculum, which encourages openness about issues concerning HIV and AIDS, with deeply entrenched societal expectations which may be quite conservative on issues of sexuality.

It is therefore necessary for the education system to come up with a curriculum which prepares the teachers and other education-related personnel not only to teach the learners about HIV and AIDS-related issues but also to equip themselves with knowledge and skills to cope with the effects of HIV and AIDS and prevent themselves from contracting HIV. In this regard there is need to incorporate

into the teacher training curricula some approaches that could address their HIV and AIDS-related concerns.

2.4.3.2 Training teachers and other education-related personnel

The above observations underscore the need to design HIV and AIDS teacher-education curricula as one of the major concerns of the education process. The following aspects could be considered for initial training, in-service training and upgrading with a view to addressing some of the effects of HIV and AIDS on education.

The training of the teachers may include (Kinghorn *et al,* 2002: 97-98; Piot, accessed 24/10/2002; Shaeffer, accessed 10/09/2002):

- developing skills to manage large classes to facilitate cover for absent colleagues;
- promoting non-formal teaching skills so that out-of-school learners are also taught;
- advancing specialist and generalist training skills to enable teachers deal with learners who are usually absent;
- broadening management skills of new roles for teachers in supporting OVC;
- life skills programmes for trainees, and skills in teaching prevention and counselling;
- management skills to enhance the ability to take on management roles relatively early if more senior staff are lost;
- preparation and dissemination of scientifically accurate, customised high quality teaching and learning materials on HIV and AIDS; attention should be given to cultural, social, age and other concerns of a particular community;
- promotion of participatory and peer education with the learners and among all education-related personnel; active involvement in designing and implementing HIV prevention strategies is an effective way of customising the strategies and ensuring programme relevance;
- elimination of stigma and discrimination, with a view to respecting human rights and encouraging greater openness concerning the epidemic and to demystify taboos related to sex and sexuality;

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- promotion of policies and practices that favour gender equity so as to minimise gender and culture-related violence and sexual abuse of women and girl children;
- preparation to deal with issues of confidentiality, supporting colleagues and learners, and in coping with their own emotional and physical needs;
- preparation to ensure safer recreational activities by implementing clear norms and guidelines, including codes of practice, such as, precautionary measures for play and sport in order to prevent possible exchange of body fluids, such as, blood, during the course of playing;
- promotion of abstinence from sex and/or condom use as an alternative; and
- promotion of the spirit of self-sacrifice (Philanthropy).

Meaningful teacher training should consider including the aforementioned aspects in order to prepare trainees to help the education system cope and care for the infected and affected teachers and learners and prevent the spreading of HIV. Such a strategy would hopefully improve the supply and demand for education.

In the previous section an attempt is considered to provide various options that the education system could utilise in dealing with the effects of HIV and AIDS on the supply of education in Botswana. The supply of education is not the only sphere that has been affected by HIV and AIDS. The epidemic is also reported to have affected the demand for education to such an extent that attendance in schools has diminished.

2.5 THE IMPACT OF HIV AND AIDS ON THE DEMAND FOR EDUCATION

In this section an exploration of the impact of HIV and AIDS on the demand for education is deliberated. In this context, the term 'demand for education' refers to how many children need to be in school, including those in school and those not in schools for whatever reason. The decline in demand for education amongst the OVC is examined. The last aspect to be considered is the decline in demand for education resulting from a lower birth rate and mother- to-child transmission (MTCT) of HIV.

2.5.1 Decline in demand for education amongst the orphaned and vulnerable children (OVC)

'Orphan and vulnerable children' (OVC) is explained so that there is a common understanding when the effects of HIV and AIDS on the demand for education are examined. The effects of HIV and AIDS on the demand for education are discussed with regard to two groups of OVC. These are the:

- orphaned children; and
- vulnerable children.

2.5.1.1 Definition of the term "orphan"

The term "orphan" can be defined in a variety of ways. In an attempt to improve clarity about the term "orphan", some experts suggest the following categories (Bennell, Chilisa, Hyde, Makgothi, Molobe & Mpotokwane, 2001: 20; Muchiru, 1998: 8; UNAIDS & UNICEF, 1999: 5):

- Orphan: a child below eighteen years who has lost one (single parent) or two (married couples) biological or adopted parents; married couples also include those people married under customary law (this category includes all types of orphans).; It should be noted that some experts make a greater distinction concerning orphans. For example, UNAIDS, UNICEF and USAID (2002: 18) make the following distinctions:
  (a) Children whose mothers have died are maternal orphans,
  (b) Children whose fathers have died are paternal orphans,
  (c) Children whose mothers and fathers have died are double orphans or total orphans.
- Social orphan: a child who is abandoned or dumped and its parents cannot be traced; and
- AIDS orphan: a child who loses his/her mother to AIDS before reaching the age of 15 years.

Some Botswana experts, such as, Muchiru (1998: 29), do not entirely agree that a child who has lost one parent is an orphan. These authorities prefer that an orphan with one living parent be considered as a "needy" child.

The different definitions of "orphan" make it difficult to establish a precise and comprehensive picture of the current numbers of children who can be called orphans. It would be helpful if stakeholders had mutual understanding of orphan because their approaches to assisting the orphans would be better focused on pertinent circumstances. An "orphan" in this research, it is a child below 18 years who has lost one (single parent) or, one or two (married couples) biological or adopted parents.

The following section examines some of the problems that cause orphaned children to perform poorly at school and consequently withdraw.

2.5.1.2 Problems leading to poor academic performance and increased withdrawal from school by orphaned learners

A recent report from South Africa states that since 1998, enrolment in first grade has dropped sixty per cent and the decline is even more dramatic for girls as a consequence of HIV and AIDS (USA Today in Isaksen *et al,* 2002: 15). Emphasising the problem of withdrawal studies from Uganda have also shown that the chance of orphans going to school is halved and that orphans in urban areas were not enrolled in school, as compared with twenty-five per cent of non-orphaned children (UNAIDS and UNICEF in Isaksen *et al,* 2002: 17). Although not all orphans are a result of AIDS-related deaths, it is widely believed that the ever increasing population of such children in recent years has largely been a consequence of HIV and AIDS (Hepburn 2001: 15; Boler & Carroll 2003: 2).

These children usually go through a wide range of problems, including trauma and depression, as a result of experiencing what the public may suspect is an AIDS-related sickness or death of their parents. Such psycho-social-related problems often contribute to poor performance in class and eventual withdrawal from school by the parentless children. These problems can be categorised as:

▪ Those which may directly cause the orphans to withdraw from school; and
▪ Those which may initially cause poor performance in class which will eventually lead to
  frustration and withdrawal from school (Bennell *et al,* 2002: 65, 73; Isaksen *et al,* 2002: 15):

●Problems directly leading to withdrawal from school:

- Behavioural problems that affect relationships with the teachers and the learners (disruptive/aggressive, withdrawn, crying in class); and
- Lack of basic necessities, such as, food, school uniform or good clothes resulting from poverty.

●Problems indirectly leading to withdrawal from school:

- Poor concentration (including falling asleep in class) often aggravated by a range of issues, such as, tiredness, hunger and depression;
- Problems with homework; unsupportive home environments, make it difficult to complete homework assignments on time and to the required standard; and
- Discrimination at school and/or the community at large. Pupils whose parents are affected or have died through the disease seem not to be part of the school community though teachers try by all means to bring them close.

The above observations indicate that although some of the schools or foster parents/caregivers may try to care for the orphans, so much still needs to be done. Many orphans do not seem to receive adequate physical and emotional care and support. The poor circumstances of orphans usually discourages them from working hard at school or attending school and this results in a decline in demand for education.

There is yet another category of "vulnerable" children which can negatively impact on the demand for education. In the next section the term is defined and the factors that influence demand for education amongst the vulnerable children analysed.

2.5.1.3 Definition of the term "vulnerable" children

Longman Contemporary English Dictionary (1995: 1602) defines the term "vulnerable" as "someone who is easily harmed or hurt emotionally, physically or morally". In the context of this

document, the term specifically refers to children who are (Boler & Carroll, 2003: 2; Hepburn, 2001: 15):

- not orphaned but experiencing hardship as a consequence of the illness of their parent(s) or AIDS-driven fatalism of parents; and/or
- suffering from HIV and AIDS.

In countries with prevalent HIV orphans are not the only children affected. For instance, a child who is taking care of a parent who is suffering from AIDS is certainly affected and is vulnerable to the effects of HIV and AIDS. Death of parents is not the only element which affects children (Boler & Carroll, 2003: 2; Hepburn, 2001: 15).

It is pertinent to highlight the hardship which such vulnerable children face so that attention is not only given to orphans but to all vulnerable children. This is true especially in a school situation where orphans easily attract the attention and support from the school authorities. It is hoped that, once the school authorities appreciate the suffering experienced by the vulnerable children, they will give such children the necessary attention.

The author now focuses on factors that cause vulnerable children to withdraw from school or engage in irregular attendance of school.

2.5.1.4 Factors that affect demand for education amongst the vulnerable children

The problems that vulnerable children are exposed to may be numerous but this paragraph highlights only those that are related to education, such as, mortality amongst school-going-age children, school non-attendance and withdrawal resulting from their general hardship.

(a) Mortality amongst the school-going-age children

It is feared that the HIV and AIDS epidemic will likely decrease the general population growth and, in particular, the future numbers of school age children. Bennell *et al* (2002: 59), as well as Desmond and Gow (accessed 10/12/2004) estimate that without medical intervention around one-third of infected pregnant women pass the virus on to their babies. Over fifty per cent of these

children die before they are old enough to attend school. Surprisingly, even in countries with high prevalence (HPC), such as, Botswana, less than 1% of primary school children are likely to be infected and no more than 0.2% have AIDS-related sickness. Observations by Bennell *et al* (2002: 21) conclude that the low mortality rates at primary and secondary schools may be concealing the negative effect on the declining school-going-age population. It seems that the school going-age population is declining but it is not declining solely as a result of mortality amongst this group. It appears that the population decline may partly be a result of other factors, such as, lower birth rate, mother to child transmission of HIV (in the absence of Prevention of Mother-to-Child Transmission (PMTCT)) and school non-attendance and withdrawal as a result of hardship in the family.

   (b) School non-attendance and withdrawal resulting from hardship in the family

The HIV and AIDS-induced elements which affect vulnerable children can be observed through (Boler & Carroll, 2003: 2; Hepburn, 2001: 15; Bennell *et al,* 2002: 60-61):

- the number of children who have to take care of the ailing family members whose precise number is difficult to establish; studies in various countries verify that such a problem exists, for example, the 1999 National Household Survey in Uganda found that 8.8% of households had someone with an AIDS-related illness and the probability of school going-age children taking care of the sick was high; another indication is that 22% and 12% of learner absenteeism in primary and secondary schools respectively was attributed to "family illness"; and
- poor performance at school when a child may not achieve not only because he/she is an orphan but also because :
    - of poverty resulting in hunger and poor clothing because the ailing parent is unable to work;
    - of anxiety about and depression due to the health of the parent;
    - the orphaned may now be living with relatives resulting in "diluted" parenting and increased pressure on other resources t and the provision of necessities becomes more arduous; and
    - the child is suffering from HIV and AIDS and as a result of ill health cannot concentrate on his/her education.

Hardship in the family may so worsen their situation that school attendance becomes increasingly irregular and the child eventually drops out altogether. Usually, they will withdraw to look for jobs to support their families and obtain the bare necessities. Learner absenteeism and withdrawal can also be provoked by psycho-social causes.

(c) Psycho-social causes of school non-attendance and withdrawal

Psycho-social causes of school non-attendance and withdrawal concern the emotional and psychical aspects of a person when anxiety and depression can result (Hepburn, 2001: 5). Psycho-social causes can be aggravated by illness or the prospect of death in a family. Death occurs and grief contributes greatly to psycho-social problems (Coombe, accessed 10/09/2002).

As discussed susceptible children may experience a range of psycho-social effects related to HIV and AIDS. Furthermore, they are likely to be at risk of early experimentation with drugs resulting from unresolved trauma and ineffective coping. Other mental health concerns of HIV-affected learners include externalising their problems by inappropriate conduct, for example, substance use, a sex experimentation and somatic symptoms related to their parents' physical health (Forehand *et al* in Gilbert, 2001: 137). Because the AIDS stigma forces many families into secrecy and isolated mourning, subtle behavioural changes (withdrawn behaviour, disorganised play, or aggressive behaviour) related to a learner's grieving process may be misinterpreted in school settings as discipline problems. Learners suffering from such problems will not benefit from the education that is offered and may cause enormous management problems for the school. Such a misunderstanding of the situation would subject the learners to frequent punishments or admonition which could result in expulsion or make learners feel that teachers are victimising them unnecessarily. Withdrawing from this unhappy situation becomes an attractive option.

(d) Parental and learner disillusionment

An emerging psychological factor is a sense of fatalism in parents (Kelly, 2000: 52). In some heavily infected countries, parents are beginning to question the value of sending children to school when it seems likely that these children will die before they have been able to garner any economic returns for what was spent on their education. This hopelessness broods heavily with the parents

who have been affected by HIV and AIDS and communicates itself to their children who feel at risk. Likewise they may question whether the few years e of life left to them should be spent in school. Because AIDS is so rampant in their communities and families, they see no point in education (Kelly, 2000: 52).

This AIDS-driven fatalistic attitude impinges on school participation as do the unconstructive attitudes arising from parental disillusion which itself is AIDS-related. Parents show reluctance to send children to school because, among other reasons, little learning is occurring due to frequent teacher absenteeism that is related to HIV and AIDS (see section 2.3.2). Although no rigorous studies have been conducted, it seems likely that parental disillusionment may be partly responsible for increasing withdrawal and erratic attendance of school by exposed children.

In summary, the demand for education is affected by problems of a declining population of learners as a result of mortality, high rates of absenteeism and eventual complete withdrawal amongst the OVC. Other factors that have considerable effect on the demand for education are a low birth rate and mother-to-child transmission of HIV which the next section investigates.

2.5.2   Decline in demand for education resulting from lower birth rate and mother-to-child transmission of HIV

There are two other causes of decline in demand for education, these are: lower birth rate and mother-to-child transmission of HIV. In the forthcoming discussion an explanation of these causes diminishing the demand for education will be given.

2.5.2.1 Lower birth rate

According to the projections by Kinghorn *et al* (2002: 13), one outcome of the AIDS pandemic is that by 2015 the population of Botswana is expected to have diminished by about a quarter. This demographic development will result in the number of pupils of school-going age being far less than it would otherwise have been. Kelly (2000: 48) and Kinghorn *et al* (2002: 13) include two HIV and AIDS-related elements that would decrease demand for education. Consequently if HIV and AIDS are not controlled, there are likely to be fewer children born because:

- it is now known that HIV impairs a woman's fertility, resulting in an infected woman bearing twenty per cent fewer children than usual; and
- of the premature death of women in their child-bearing years (15-49 years).

The effects of these factors are presented in the following figures which display the possible scenario of HIV and AIDS on the population of children if ARVs and if PMTCT were not available.

Figure 2.1 (Kinghorn *et al,* 2002: 14) shows the number of children expected in a no-AIDS scenario. The following figure 2 (Kinghorn *et al,* 2002: 14) demonstrates the impact that the AIDS epidemic will have on the number of children in Botswana. Figure 2.2 shows that the impact of the epidemic affects the whole age group 0-24 years but the greatest affected age group is 0-5 years. Figure 2.2 also shows that although the greatest impact may be amongst the 0-5 age group, the effect of HIV and AIDS continues, in varying degrees up to the age of 24. The impact on the number of older children is less severe, and numbers might decrease later, as the effects of the epidemic on fertility and child mortality filter through into older age groups.

Figure 2.1: Projected numbers of children and young people, 2000-2015 (no-AIDS scenario)
(Kinghorn *et al,* 2002:14)
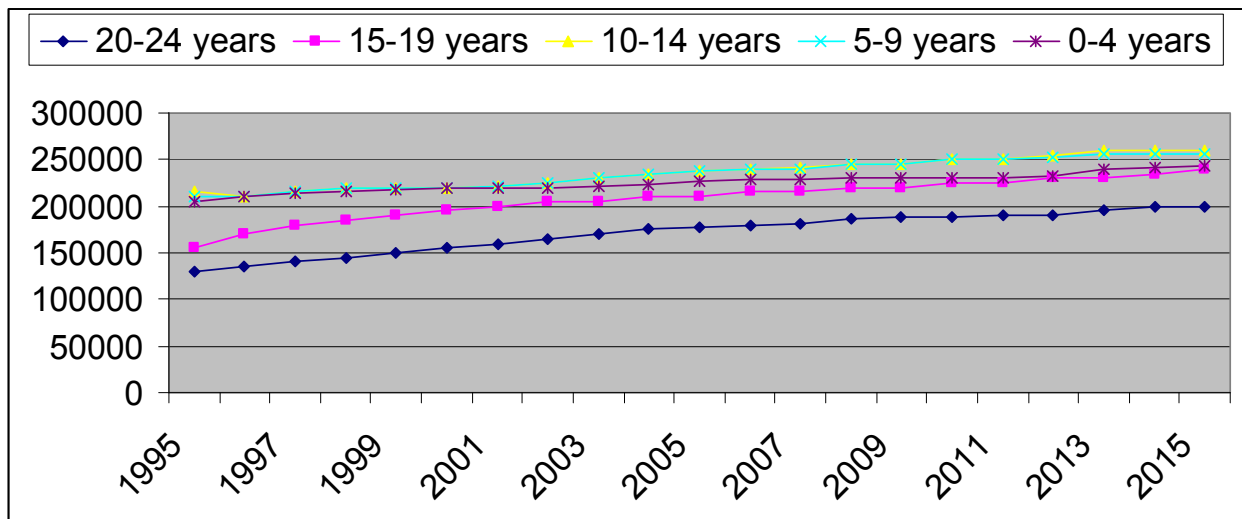
Figure 2.2: Projected number of children and young people, 1995-2015 (Kinghorn *et al,*
2002: 14)
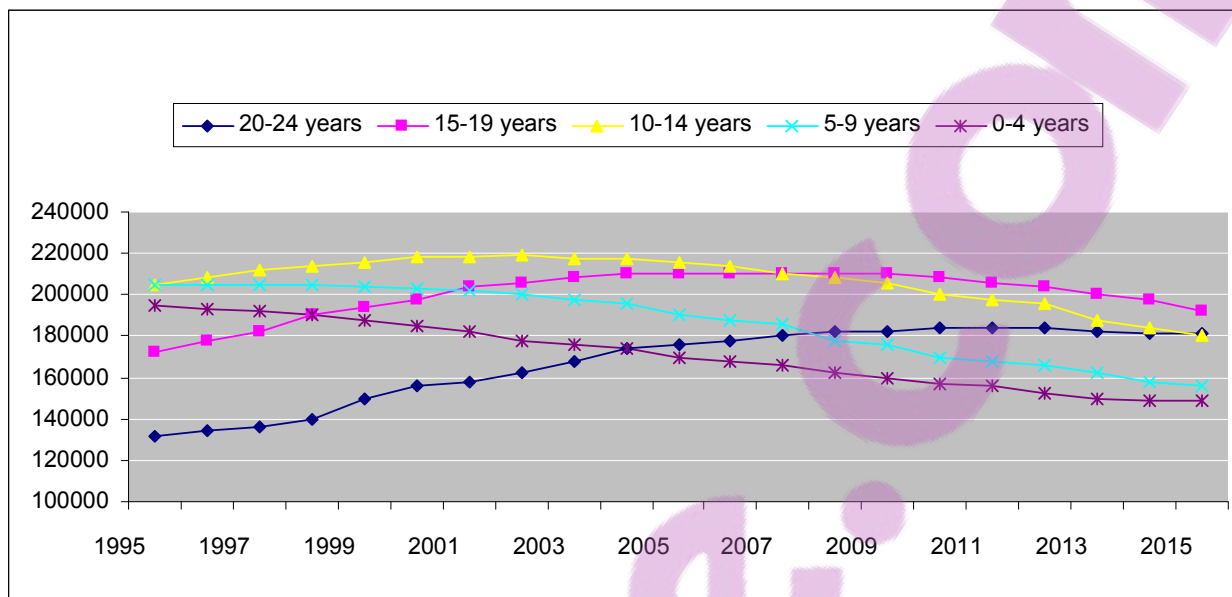
Figure 2.3 shows to what extent the population of children will decline compared to a situation of no-AIDS in the population. The assumption is that without AIDS the population would have remained constant or increased. In Figure 2.3, 0% represents an idealistic situation where the population is constant. In other words, 0 percent is a benchmark to compare a population that has not been affected by AIDS with one that has been affected. By 2005, without ARV, there will be about 17% fewer 5-9 year olds than expected and this may increase to almost 30% by 2010. Over time this effect will move along with this age cohort, so that there may be a discernible decrease of young adults from the middle to end of this decade. However, it must be noted that national ARV and PMTCT programmes for the HIV-positive and the HIV-positive pregnant mothers respectively will probably alter these projections. It is hoped that HIV-positive persons who are on ARVs will live longer lives and that HIV-positive pregnant women who are on Nevirapine or AZT will produce children without HIV. In short, the trend of a declining population of school-going age could reverse on condition they do not become sexually active as they grow older.

Figure 2.3: Percentage reduction in population of children and young people due to HIV compared to a no-AIDS scenario (Kinghorn *et al,* 2002: 15)
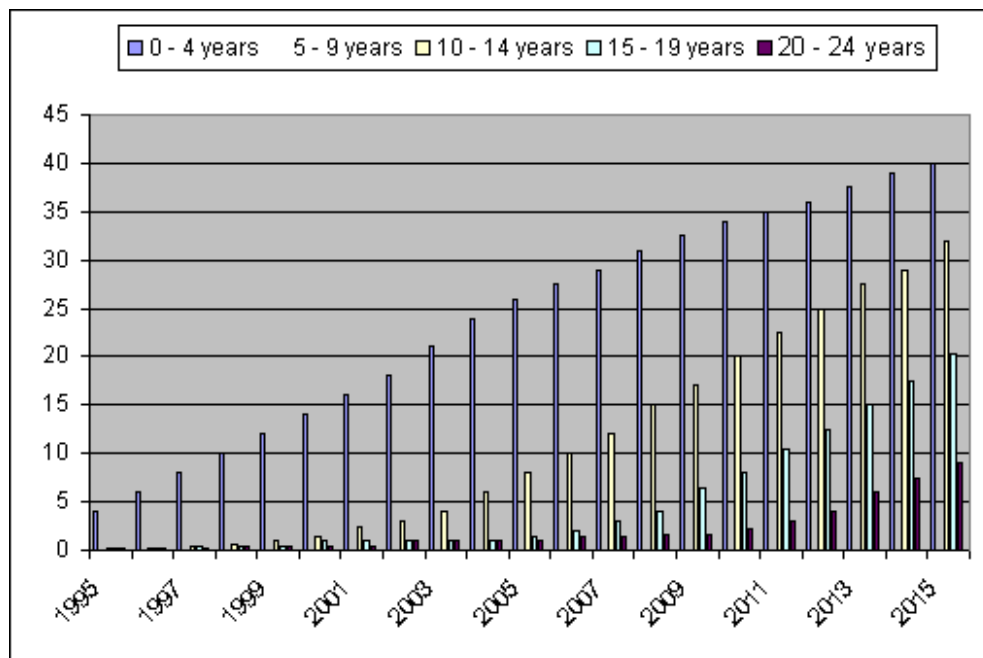
The projections indicate that enrolment into primary schools will slow down and then decline. This is expected to take some time. However, data from the MoE suggests that in 1998 the number of children entering primary school dropped for the first time in five years (1993-1998; Table 2.1) (Kinghorn *et al,* 2002: 15). This is consistent with the projections produced above. However, besides HIV and AIDS, there are many other reasons that children may not enrol into school, especially in an environment of increasing poverty at household level. The decline in enrolment may be caused by other reasons, but HIV and AIDS is regarded to be the most significant cause.

Table: 2.1. Enrolment into Standard one (1993-1998)

	1993	1994	1995	1996	1997	1998
Boys	24,554	25,051	26,274	26,749	27,490	27,076
Girls	23,367	23,722	25,146	25,207	26,358	25,309
Total	47,921	48,773	51,420	51,956	53,848	52,385
% change		2%	5%	1%	4%	-3%

Source: Education Statistics Report, 1998.

The impact of HIV and AIDS on the demand for education has been analysed and when ARV and PMTCT programme are not considered, indications are that the population of children and young people are likely to decline. For example, the junior-secondary-school-going age of around 12 to 14 years (Form one to three) is projected to reduce by over 30% by the year 2015. The senior-secondary-school-going age of around 15-19 years (Form four to five) is expected to decline by about 20% by the year 2015 (see Figure 2.3). This disturbing situation worsens when mother-to-child transmission of HIV is included.

2.5.2.2 Mother-to-child transmission of HIV

Children born to HIV-infected women who are not on ARVs have about a thirty per cent chance of being infected with HIV. Without ARV most of these infected children will die before they reach the age of five, many within the first two years of life.

With regard to mother-to-child transmission of HIV, the Botswana Government has, since 2002, been providing free AZT (Azidothymidine) and Nevirapine to all HIV-positive pregnant women in order to minimise the transmission of HIV to the child (Status of the 2002 national response to the United Nations General Assembly Special Session [UNGASS], 2003: 24). It is believed that this programme can reduce mother-to-child transmission by up to fifty per cent (Botswana 2003 Second Generation HIV and AIDS Surveillance, 2003: 44). It is hoped that more women now have access to the PMTCT programme in 2002 so that fewer children are born with HIV. If this is the case, then the demand for education could be higher than supposed.

This programme may be successful in reducing transmission but it does not mean that mother-to-child transmission of HIV has been eliminated. For both the ARV and PMTCT programmes, Kinghorn *et al* (2002: 9) mention several reasons that may counteract the efforts of reversing the decline in the population of children and young people:

- Therapies were introduced only a few years ago and there is little experience of their successful long term effects, for example, some people may build-up resistance to the drugs as a result of continuous consumption;

- Some ARVs are costly and the government may not always be able to purchase them unless, of course, the drug manufacturers reduce the prices further;

- Some people may not have access to the necessary medication;

- Not all HIV-positive people may be disciplined or informed enough to take medication at the times and in the amounts stipulated by the experts; and

- Not everyone on ARVs responds positively.

With all these problems, it is important for education managers to realise that the dangers of mother-to-child transmission of HIV and the lower birth rate are still present and therefore the demand for education could still be affected. The DSE should not ignore the projections of a declining youth population but should continue exploring ways of dealing with the situation when it arises. In attempting to deal with these consequences, the next paragraphs explore ways of mitigating impingement of HIV and AIDS on the demand for education.

2.6 MITIGATING THE EFFECTS OF HIV AND AIDS ON THE INFECTED AND AFFECTED LEARNERS

In this section examines ways of dealing with the effects of HIV and AIDS on the demand for education, highlighted in sections 2.5.1.2 and 2.5.1.4, are investigated. In this discussion the mitigating strategies are specifically addressing the effects of HIV and AIDS on the infected and the affected learners. (The term infected learner*s* refers to those who are HIV positive or are suffering from AIDS. Affected learners refer to those who are suffering as a result of their parents, guardians or siblings suffering from AIDS or its effects or have died). The triangular management approach which involves coping with the effects of HIV and AIDS is considered, caring for OVC and preventing the spread of HIV and AIDS. It should be mentioned that issues of lower birth rate and mother-to-child transmission of HIV (see sections 2.5.2.1 & 2.5.2.2) will not be considered because they require medical solutions.

2.6.1 Coping with the effects of HIV and AIDS

The concept "coping" was defined with reference to how an education system can manage the effects of HIV and AIDS on the supply of education (see section 2.4.1). In this context, the term

will refer to how an education system can manage the effects of HIV and AIDS on the demand for education. In other words, how can an education system ensure that meaningful learning takes place with minimal disruption from the effects of HIV and AIDS? In this connection, this discussion examines the strategy of coping with regard to: school-based support for OVC, and attending to out-of-school youth.

2.6.1.1 School-based support for OVC

Some of the obstacles education managers could face in trying to support OVC will be debated and ideas about constructive support for the OVC will be presented.

Some school managers and teachers believe that support for orphans is primarily the responsibility of other agencies. A common finding of three-country studies (Botswana, Malawi &Uganda) is that, to date, schools have provided relatively little targeted support for OVC. In varying degrees, schools have provided three types of support to OVC being financial assistance, counselling/pastoral care, and referral to and liaison with social welfare agencies. In general, it has been left to individual teachers to assist OVC as they see fit. Consequently support to these children both within and between schools is very uneven in each country. Social workers are so busy with other problems e that they are unable to spend much time in schools (Bennell *et al,* 2002: 76). The fact that schools do not regularly receive help from social workers means that schools themselves, in partnership with the relevant department of education, should find ways of dealing with the following obstacles which disrupt teacher support for OVC (Bennell *et al,* 2002: 72):

- Large classes which exhaust teachers leaving them little energy for attending to needy learners; massive educational demands are already being placed on schools and school managers and teachers are barely coping with their existing responsibilities consequently there is very little that schools feel they can do to assist needy children ; most of the OVC who were interviewed in Malawi felt that their teachers were unconcerned about their situation; and
- Teachers are frequently unaware who among their learners are OVC as very few of the surveyed schools had an accurate overall picture of the number and profile of OVC and

their particular needs and they are, therefore, not in a position to help them; this possibly contributes to the perception that teachers are unconcerned about their situation.

This reveals the need to respond creatively to learner concerns which have been indicated above. One way is to provide school-based support to the OVC.

❖ Providing school-based support to the OVC

The OVC are children who suffer from unique pressures and influences causing depression, hopelessness and psychological trauma. Various experts (Hepburn, 2001: 20; Williamson in Coombe, accessed 10/09/2002 and Gachuhi, 1999: 6) suggest that when attempting to support OVC, education managers should consider:

- devising policy and providing resources that can be used to keep the OVC in school or alternative suitable learning programmes, and creating acceptably healthy, secure and compassionate learning environments for them, for example, NGOs could agree with the DSE to build or renovate classrooms, provide supplies or equipment, food and/or other items in return for a commitment from school management to admit a specific number of OVC without enrolment fees;
- trying to reduce teachers' workloads so that they can also give attention to HIV and AIDS-related matters concerning the learners;
- alternative learning opportunities for those forced out of school early, or who need to move in and out of learning, such as,: interactive radio education (IRE) and involving peer mentors/tutors;
- building capacity in children to support themselves by enabling them to stay in school and acquire not only vocational skills but life skills although previously the primary and most traditional role of the school was to equip children with literacy and numeracy skills, the school should adapt to its further role of equipping children with survival skills;
- introducing HIV and AIDS-related management information systems including readily available profiles of learners which will enable the managers and teachers to identify learners who need assistance and to determine the type of assistance required;

- making schools safe places, where there is zero tolerance for sexual abuse, harassment or abrogation of civil rights of any kind by teachers or fellow students; OVC should be empowered to protect and assert themselves, for instance, through life skills programmes and should most definitely not be exposed to high-risk situations in or on the way to and from school;
- preparing teachers and mentors to identify traumatised children, how to handle them sensitively, provide basic counselling and then to know when to refer these learners to further community resources; and
- appointing specialist counsellors or social workers in areas with large numbers of HIV-infected learners.

OVC in schools may have attracted much sympathetic attention but this should not be at the expense of other groups of OVC, such as, those who are not able to attend school. Out-of-school youth are also entitled to an education and they deserve the support of the education system.

2.6.1.2 Attending to out-of-school youth

In order to develop relevant strategies of providing an education to the out-of-school youth, it is important to understand who they are (see sections 2.5.1.2 & 2.5.1.4). According to Shaeffer (accessed 10/09/2002), these can be categorised as follows:

- Children who have never entered school, some because of infection and illness, others for economic reasons;
- Frequently absent learners whose education is even more random than usual;
- Drop-out children who have left school before attaining at least some minimum of literacy, numeracy and "life skills"; and
- Working and street children who are not in schools and either working full-time or are living outside of any home environment.

It is estimated that more than 115 million children are out of school worldwide for various reasons. These children are likely to come from susceptible sectors of society and are potentially more at risk of HIV infection than young people who are in formal education (Boler, Ibrahim & Shaw, accessed

02/06/2004). If school-based HIV and AIDS education cannot start until secondary school, then even more children will be excluded. This is the case in India, where more than half of young people never even enrol in secondary schools and therefore have limited access to HIV and AIDS information. To ensure that all young people are reached by HIV and AIDS education, there must be either a massive increase in the percentage of youth participating in the formal education system or else, schools should seriously consider how HIV and AIDS learning in classroom could reach out into the community.

As more parents die and households become poorer as a consequence, it is likely that the out-of-school group of youth will increase. More of them will leave school to work or for other reasons. The education system should earnestly endeavour address this problem. As the profile of the education system's clients and their needs change due to the presence of HIV and AIDS, so too, must its objectives and strategies adapt.

It is likely that a large number of the out-of-school youth are orphans (see section 2.5.1.2). In Botswana it has been observed that the rights of these orphans are being violated by the very people who are supposed to provide them with refuge. This claim is supported by a report of Kinghorn *et al* (2002: 34-35) which comments that:

- many extended families are providing low quality care to orphan children, including refusal to register children for orphan grants even when they were clearly poorly fed and clothed;
- stigmatisation and discrimination is widespread by foster parents/guardians and peers as well as in many homes and institutions; passive discrimination in terms of failure to address obstacles to orphans' schooling also seems prevalent;
- orphan grants are frequently diverted to other uses by care-givers;
- people caring for orphaned children may not bother to send them to school;
- some girl orphans lodging with relatives are sexually abused or used as servants;
- orphans cared for by extended family members often receive inadequate discipline or socialisation.

Dealing with the problems that out-of-school youth face may be a very difficult task because the youth are victimised when they are outside the control of school managers. The education sector alone cannot solve the problem. A more holistic approach involving other stakeholders, such as, ministries responsible for youth affairs, legal affairs and social welfare would have a better chance of resolving the problem. It is therefore important that the MoE begins to engage the co-operation of the other stakeholders and constructively prepare itself to face what is projected to be a rapidly growing population of out-of-school youth (Kinghorn *et al,* 2002: 36).

Although educating out-of-school youth may be difficult, there are two suggestions that could well be implemented (Hepburn, 2001: 24; Boler & Carroll, 2003: 7):

- The MoE could try the IRE initiative which is designed to reach OVC who are currently out of school; interactive lessons targeting specific skills are broadcast for a limited number of hours per day directed towards out-of school youth in community centres; a little support from printed materials is offered, and trained community mentors, most of whom have completed secondary education, are matched with learners to provide instructional support; families are expected to contribute in cash or in-kind to provide for the up-keep of the educational centres; and
- The MoE could also try to adapt existing learning material for delivery at a distance so as to make them available to children who are out-of-school.

This indicates the magnitude of the problem of out-of-school youth in many countries including Botswana. So far this section (see section 2.6.1) has suggested possible strategies of coping with the effects of HIV and AIDS in an education system. The next paragraph explores how the OVC can be cared for.

2.6.2 Caring for the OVC

Caring for the OVC is the second aspect of the triangular management approach. In this regard, this section considers social care and medical care.

2.6.2.1 Social care

Social care, as explained in section 2.4.2.1, refers to the provision of basic needs, such as, food and shelter, for the needy.   Social care will be viewed in two ways:

- Provision of physical needs, such as, food and shelter; and
- Addressing psycho-social needs/concerns of learners including education.

It should be noted that, unlike teachers (see section 2.4.2.1), most learners do not earn any income because they are not employed.   This situation necessitates that the education system should consider taking care for the OVC's physical and psycho-social needs.

It may be helpful to categorise the social care into physical and psycho-social needs so that balanced attention is given to both categories.   This would address the concern that too much emphasis is being placed on meeting the material needs of children and not enough on their individual emotional and psychological needs.

In trying to address the needs of the learners, Bennell *et al* (2002: 75, 85-86), Kelly (2002: 32) and Kinghorn *et al* (2002: 36) make the following suggestions under the categories of physical needs and psycho-social needs:

- Physical needs:

  o schools should consolidate the school feeding schemes to alleviate the burden of the learners of having to fend for themselves;
  o free education or bursaries should be provided to the OVC; and
  o home-based care systems provided by the responsible department for social welfare issues and NGOs should be encouraged to relieve children of some care for the sick parents: this would give the children more time to attend school.

- Psycho-social needs:

AIDS has increased the number of orphaned learners in many education systems in the Sub-Saharan region to unprecedented levels (see section 2.5.1.2). Tragically it has also increased the number of learners who have become infected by AIDS. Situations, such as these, point to the urgent need for more guidance and counselling support. This requires that schools extend their mission beyond the strictly academic to include more attention to counselling and care for its members, particularly the learners. However there are several challenges that might beset such attempts:

- Negative perception of a teacher-counsellor: currently the guidance and counselling personnel in secondary schools in Botswana are also subject teachers; there is doubt about the effectiveness of teachers who also take the role of counsellors as there can be a conflict of interests for both learner and teacher, for instance, some learners perceive a teacher as a source of knowledge, skills and guidance and others could perceive a teacher as a source of punishment, pain and demands which can be undermining to a counselling relationship (Mosweu in Mmegi, 26/03/2004);
- Time constraints for a teacher-counsellor: effective counselling requires the establishment of a client-counsellor relationship and this is only possible if the counsellor has ample time. Counselling is a process and so it needs time. Mosweu (in Mmegi, 26/03/2004); Kinghorn *et al* (2002: 41), and Bennell *et al* (2002: 77) agree with the view that many teachers have excessively large classes which tend to exhaust them and so there is little time for proper counselling services that a teacher-counsellor can provide: a high number of teaching periods also limits them from taking on other responsibilities like guidance and counselling;
- Shortage of full-time qualified counsellors: Kinghorn *et al* (2002: xvi), and Mosweu (in Mmegi, 26/03/2004) concur that the ideal situation is for each school to have a full-time qualified counsellor; there are few secondary schools which have full-time counsellors in Botswana; until then qualified counsellors are unavailable and school managers are compelled to resort to teacher-counsellors, some of whom may not even be qualified; and
- Scarce resources for training teachers, particularly in practical counselling skills.

Regarding the provision of psycho-social care, Kelly (2000: 55) and van Rooyen and Hartell (2002: 162-164) are of the opinion that an education system could explore the following possibilities:

- NGOs and community support which is currently focusing on orphans should include other vulnerable children who also desperately need services, such as, counselling;
- Schools and social workers should work together in monitoring OVC who are likely to be in threatening home circumstance: they need to follow-up learners who are repeatedly absent so that appropriate action can be taken;
- Schools should have a department of guidance and counselling to deal with psycho-social problems that the OVC face;
- Modifying pre-service and in-service teacher development programmes to include basic training in guidance and counselling;
- Investigating the possibility of drawing on the many human resources found in communities, such as, mature community members, young people who are active in anti-AIDS organisations, and above all people living with HIV and AIDS; and
- Giving further mandates to the department responsible for guidance and counselling to engage in issues of cultivating and strengthening a culture of care amongst school communities.

Intervention measures, such as, guidance and counselling dealing with the effects of HIV and AIDS in an education system are relatively new and traditionally could not have time or resource allocation in the old curriculum because the problem of HIV and AIDS then was not a serious concern. The growing problem of HIV and AIDS is demanding that for the intervention measures to receive the resources they deserve the education system needs to include, in the school curriculum, topics that will address the psycho-social needs of the OVC so that the resources that are required are planned for. This adjustment may entail that the current curriculum does away with some of the topics in order to create space for HIV and AIDS-related topics.

The need for introducing and developing guidance and counselling departments in schools which will support learners who may experience HIV and AIDS-related psycho-social problems has been demonstrated. From these accounts, given in sections 2.5.1.2 and 2.5.1.4, it appears that education systems urgently need to take this concern more seriously.

Just like the teachers (see section 2.4.2.1) the welfare of the OVC would be incomplete if their medical care concerns were not addressed. The next section suggests ways of dealing with such problems.

2.6.2.2 Medical care

Many of the OVC are exposed to many problems like lack of food and living in unhealthy, unhygienic environments (see sections 2.5.1.2 & 2.5.1.4). Such situations could lead the OVC to contract many types of diseases, including HIV and AIDS as well as malnutrition-related diseases. For this reason, education systems may consider the following suggestions as ways of addressing some of the OVC's medical needs (Kinghorn *et al*, 2002: 71; van Rooyen & Hartell, 2002: 163):

- Establishing clinics in big schools with at least 1500 learners;
- Regular visits by health personnel to ensure that the health status of all children is regularly monitored and provide appropriate medical service; and
- School-based clinics would enable HIV-positive learners to access ARVs.

At this stage the discussion has covered two aspects of the triangular management approach, namely; coping with the effects of HIV and AIDS and caring for the OVC (see sections 2.6.1 & 2.6.2 respectively). The following section investigates the third aspect of the triangular management approach with regard to managing the effects of HIV and AIDS on the OVC. The aspect concerns preventing the spread of HIV amongst the OVC.

2.6.3 Preventing the spread of HIV

It seems that one of the major features of programmes to prevent the spread of HIV is information dissemination. According to Hepburn (2001: 9) and Coombe (accessed 10/09/2002), when people are provided with adequate, user-friendly and user-target information about HIV and AIDS which includes ideas for behaviour change, the probability that they will internalise the information and change their behaviour concerning their sexual habits increases. It therefore seems that one major route to achieve behaviour modification is through education.

Some researchers, such as, Hepburn (2001: 9), have established that there is a positive correlation between education level and HIV infection. They observe that basic education equips individuals with important skills to gather information and translate knowledge into behavioural change.

Stated differently, Coombe (accessed 10/09/2002) indicates that children who drop out of school are more vulnerable to HIV infection because they more likely to engage in early promiscuous sexual activity with larger numbers of partners, and also to use alcohol earlier than children in school. Therefore education is like a vaccine because it keeps children away from activities that can draw them into early sex. To ensure meaningful education adequately equips learners with information and skills to protect themselves from contracting HIV is provided, the following steps should be considered.

2.6.3.1 Adjusting the curriculum and the delivery system

Section 2.5.1.4 explained some of the causes that affect demand for education. Some of the causes alluded to were illness and prospect of death in the family, and an accompanying sense of fatalism in parents and learners. The following paragraph proposes that these concerns can be addressed by adjusting the curriculum and the delivery system to include the HIV and AIDS-related issues.

   (a) Curriculum adjustment

Curriculum has a major role in HIV and AIDS prevention programmes (Kinghorn *et al,* 2002: 101). The curriculum can determine the content (knowledge, skills & values) of what is taught and the methods used for teaching. For instance, a curriculum in a society affected by AIDS should teach knowledge of quite a different kind from that traditionally taught (Shaeffer, accessed 10/09/2002). For the school curriculum and pedagogy to respond creatively to HIV and AIDS considerable adjustment and reform is necessary. Piot (accessed 24/10/2002) recommends that flexibility and versatility should rank higher than ever before in curriculum objectives. Flexibility and versatility could be exercised by creating time in the curriculum and sourcing resources so that the curriculum addresses HIV and AIDS-related issues,   such as, necessary life skills. (The term life skills is defined in section 2.6.3.2). This will establish credibility and ensure that a reputable body of

information and skills are imparted to the learners rather than if individual academic subjects were expected to add-on HIV and AIDS-related topics.

The relevance of adjusting the curriculum to addressing HIV and AIDS-related issues is that learners would be taught about (Shaeffer, accessed 10/09/2002; Sexual Health Exchange, 2003/4: 4-5):

- how to cope with illness and death in the family;
- reproductive health and sexually transmitted diseases including HIV;
- how to stay HIV-negative;
- the care of people suffering from HIV and AIDS;
- practical skills that will enable them to be employed and therefore make it unnecessary for them to turn to prostitution or crime as means of support; and
- human rights issues related to HIV and AIDS.

Adjusting the curriculum is a critical step in so far as focusing resources to HIV and AIDS-related issues in an education system is concerned. Furthermore, unless the system for delivering the curriculum is also adjusted, by itself the step is inadequate. The next section suggests how the adjustment of the delivery system can be achieved.

(b) Delivery system adjustment

No matter how good a curriculum appears to be it will be irrelevant if the methods of delivery are not sound. A relevant curriculum is one that will meet the needs of the learners by addressing their personal needs related to learning and the local environment. This section proposes the following methods that could be used in delivering an HIV and AIDS-sensitive curriculum (Coombe, 10/09/2002; Shaeffer, accessed 10/09/2002):

- Making the formal and informal schooling systems interdependent: meaningful delivery should operate in the formal schooling system alongside the informal schooling system, for instance, an informal school could use the resources of a formal school but they remain independent of each other in terms of curriculum covered: specific details of such an

arrangement may vary from school to school and will be subject to negotiation between the authorities of the formal and informal systems;

- Non-requirement of fees and uniforms: in the formal schooling system the conditions of paying fees and wearing uniforms usually apply; because the OVC are in straitened circumstances, these conditions should be waived in the informal schooling system as away of encouraging them to attend;

- Adaptation to reduced school and classroom size: the delivery system should adapt to relatively smaller intakes and lower enrolment of learners and still maintain viable schools and classrooms, especially at a time when teachers may also be in short supply;

- Dealing with a wide age-range of learners: the system should adapt to providing education for learners with a greater age range perhaps in the same classroom;

- Adjusting school calendars and timetables: the system should adjust these to the particular needs of local families and communities affected by HIV and AIDS so that learners could, for example, take time off in order to care for ill relatives or assist their families in economic activities (for instance one day off a week to shop at the local markets); and

- Setting school venues closer to learners: special strategies are needed for those who never attend school and who are even more at risk of contracting HIV, such as, IRE, peer mentors or youth groups.

It is important that the delivery the curriculum should be flexible in order to accommodate as many learners as possible. The problem seems to be whether it is practicable. Certain concerns have been raised, such as:

- Would allowing two systems, formal and informal, to operate be perceived as discrimination against children in the informal system?
- Would enough volunteers be found and for how long would they be willing to teach?
- How would the quality of the teachers be controlled in the informal system?

In short, the management of a dual system would be challenging. However, the MoE may explore how such an arrangement could be implemented with the minimum of obstacles. In view of the HIV pandemic, a meaningful curriculum should include aspects of trying to stop its proliferation. The following discussion considers strategies for containing the spreading of HIV.

2.6.3.2 Promoting behaviour change amongst the learners

The DSE in Botswana faces a huge challenge to mitigate the wide ranging impact of HIV and AIDS and to prevent the spread of the epidemic (see sections 2.5.1.2 & 2.5.1.4). Other countries have had similar experiences and they have tried to resolve comparable problems by promoting behaviour change as a life skill. This section closely examines these attempts to contain the spreading of HIV and AIDS with a view to trying to adapt them by the DSE in Botswana.

The 2003 Botswana Sentinel Survey revealed a high level of sexual activity among unmarried persons in Botswana. For example, eighty per cent of the antenatal attendees were single mothers (Botswana 2003 Second Generation HIV and AIDS Surveillance, 2003: 52). This suggested little behaviour change with regard to sexual activity. To reverse the trend, some experts (Coombe, accessed 10/09/2002) propose that one of the possible solutions to contain the spreading of HIV in the education system is to develop a life skills curriculum that adequately focuses on behaviour change. The following paragraph explains the meaning of the term "life skills".

According to the WHO (in Boler, accessed 02/06/2004), life skills are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. The MoE (Ministry of Education, 2002: 3) regards that the primary purpose of life skills training is to enable individuals, such as, learners, to internalise behavioural responses in such a way that the responses become part of the individual's emotional life. To appreciate the value of life skills approach, the following paragraphs examine how life skills can promote behaviour change and explore the principles that promote such change:

Even with possible lack of readiness that may exist in an education system to teach life skills, Gachuhi (1999: 10-13), and Rodenstine (1993: 13), are convinced that life skills enabling behaviour change could stop the spreading of HIV. They explain that in the absence of a cure, the best way to deal with HIV and AIDS is through prevention by encouraging behaviour change and developing supportive value systems. Coombe (accessed 10/09/2002) in support of Gachuhi and Rodenstine states that a possible solution to the HIV and AIDS pandemic, within the education system, is to develop life skills curriculum, learning and teaching materials. The life skills curriculum is expected to provide learners with relevant knowledge, gender appropriate values and attitudes, and build

personal capacity among learners to maintain or adopt behaviour that will minimise or eliminate the risk of becoming infected by HIV. In other words, a life skills curriculum empowers learners to take personal responsibility for managing their sexual behaviour in ways that remove the risk of HIV (Clutterbuck, 1994: 12).

Fetter (1989: 150-152) and Hepburn (2001: 38-39) are in agreement about the importance of behaviour change but warn that it will not result from the simple process of providing information. They believe that successfully persuading individuals to alter their behaviour requires more complex strategies. Some of the principles they propose that have potential to link education to behaviour change include:

- Effective health education utilising both a scientific and an ethical foundation to encourage decisions to abstain from sex, use a condom or have unprotected sex rests as well as to inculcate values such as the fundamental than the sanctity of human life;
- What constitutes healthy or risky behaviour can be objectively established by scientific investigation, but ultimately the decision to practice or to reject healthy behaviour always remains a personal moral choice;
- Health education that relies only on the transmission of information is ineffective; behaviour change occurs only when information is supported by powerfully conveyed shared community values; and
- Schools and communities that work together to promote health and combat health problems will develop their own individual programmes that respect both the scientific facts about health enhancing behaviour and the texture of values, tradition and ethical convictions within these communities.

In other words, individual schools with all the main players need to make a deliberate effort to include in the school curriculum aspects that will advance a school culture which will:

- o recognise the problem of HIV and AIDS in the school;
- o recognise the scientific facts about how it can be contracted and prevented; and
- o promote the values, traditions and ethical convictions of the community in which the school exists that would encourage behaviour change.

It is expected that, after some time and with persistent enforcement, the three aspects would become spontaneous and permanent practices in the culture of the school and bear positive results on behaviour change with regard to HIV and AIDS.

Furthermore, Hepburn (2001: 38-39) also regards peer education as one of the inputs that can promote behaviour change. Peer education involves older and more educated youth to become mentors for the younger youths in the lower grades. Research suggests that children listen to their peers and one-on-one instruction could be effective for learning basic skills of HIV prevention. The danger of such an arrangement becoming trivialised is high. Adequate preparation, such as, training the higher grade learners, making the lower grade learners aware of peer education and developing a monitoring system of the progress, is imperative.

In addition to behaviour modification, there is the physical aspect of containing the spread of HIV which needs to be considered for inclusion in the management strategy. The next discussion considers precautionary measures to manage contamination by blood during play and sport.

2.6.3.3 Developing precautionary measures for play and sport, and managing blood

HIV has been detected in blood, saliva, urine, tears and other body fluids but not in sweat (see section 2.2; Stine, 2001: 218). Scientific evidence shows HIV transmission through saliva, tears and urine, is so small that the danger of infection is insignificant because the number of viruses contained in them is negligible (University of South Africa Tutorial Letter HEC101-V/102/2007: 5, 9-12; Stine, 2001: 218). However, as a precautionary measure, all persons should be considered as potentially infected and their body fluids treated as such. Greater attention should be given to preventing possible exchange of blood because a high number of HI-viruses have been detected in blood (Stine, 2001: 218). In a school situation where the youth are active in sports and where there is considerable physical contact and shared facilities, the education system should set precautionary measures to minimise the probability of transmission. Van Rooyen and Hartell (2002: 157-158) recommend the following universal measures to be included in such a strategy:

- Learners with the open wounds, sores, breaks in the skin, grazes, open skin lesions or mucous membranes may not participate in contact play or sport unless their injuries are properly covered as the risk of HIV transmission potentially increases;
- The injured player should be removed from the playground or sports field immediately if bleeding occurs during contact play or sport, and must be treated according to prescription;
- Change blood-stained clothes; and
- Principals should keep in mind that 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 (as well as all body fluids and excretions) should be treated as such.

A school policy on managing blood should include measures, such as the following (van Rooyen & Hartell, 2002: 157-158):

- All blood, whether it is small or large spills, 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 open wounds in the skin (bites or scratches included) should be cleaned immediately with running water and /or other antiseptic, dried, treated with antiseptic and covered with a waterproof dressing;
- Blood splashes to the face especially the mucous membranes of eyes, nose or mouth should be flushed with running water for at least three minutes; and
- Disposal bags and incinerators must be made available for the disposal of sanitary wear.

The necessity of such measures cannot be questioned. However, what may cause unnecessary anxiety is possible distortion of the measures. Learners may be overanxious about sharing bathrooms, utensils or sports uniforms. Furthermore, the measures could create an environment of uneasiness about casual physical contacts. Related concerns that could bother education managers may be:

- how they could reconcile issues of discrimination against learners the other learners perceive to be infected with HIV and only comply with the stipulated measures?
- how the education manager should deal with an accentuated fear of infection?

Although such questions may not have immediate answers partly due to lack of relevant previous experiences, an education system could possibly monitor and evaluate such programmes with a view to learning from them in order to improve their implementation. Educating the learners about the latest scientific information regarding HIV and AIDS-related issues could dispel some of the myths.

Implementing precautionary measures for play and sport and managing blood would minimise the possibility of HIV infection amongst the youth. Behaviour change has also been presented as the most useful way of minimising HIV infection. Another useful method of preventing the spreading of HIV is the use of condoms.

2.6.3.4 Promoting condom use amongst the learners

Many people, including parents, would object to availing condoms to learners partly because they believe that this will encourage the youth to engage in sex. One would question whether it is correct to think that non-availability of condoms would discourage the youth from engaging in sex. It appears youth will engage in sex whether condoms are available or not. This view is supported by observations in Botswana which indicate that in spite of the campaign against HIV and AIDS, learners do not seem to have changed their sexual behaviour (Bennell *et al,* 2002: 8). This means that failure to avail condoms will subject the youth to an obvious danger of contracting HIV. It therefore makes sense that condoms should be available as an alternative if abstinence fails.

Condoms should be available in every school and put in places where they are accessible. Formal policy and guidelines on condom distribution in schools and hostels are needed to allay teacher fears of the community's response. Even before drawing up the policy and guidelines, parents and other stakeholders should be involved in order to, as far as possible, incorporate their concerns (Kinghorn *et al,* 2002: 25).

In section 2.6.3 four approaches were examined which could be used to prevent the spreading of HIV. If properly implemented the approaches could significantly control the spreading of HIV.

2.7 CONCLUSION

The impact of HIV and AIDS on the supply of education was examined in this chapter. It was confirmed that the teachers and other education-related personnel are affected so extensively that the business of teaching is deeply undermined. Such a situation has caused severe management problems which an education manager must attempt to resolve in order to sustain the supply of education. It is important that the education manager be equipped to deal with such effects of HIV and AIDS on education. The triangular approach to AIDS management was adopted. Several strategies were considered which the education manager could use to lessen the effects of HIV and AIDS on education.

Research has revealed that the demand for education has been affected to such an extent that OVC may be adversely affected both physically and psycho-socially. In addition indications are that the population of learners may be declining. The findings demonstrated the urgency of mobilising all possible resources to deal with the effects of HIV and AIDS on the demand for education. The triangular approach to AIDS management was also used to examine ways of dealing with the effects of HIV and AIDS on the OVC.

Finally, it became clear that HIV and AIDS have brought about a new environment and new problems in the education system which cannot be dealt with by using the old structures and methods of management. An examination of how the involvement of a wide range of stakeholders (internal and external) in strategic planning can mitigate the effects of HIV and AIDS on secondary education, will be examined in Chapter three.

CHAPTER 3

STAKEHOLDER INVOLVEMENT IN STRATEGIC PLANNING

3.1 INTRODUCTION

In chapter two the effects of HIV and AIDS on the supply of and demand for education, and ways of mitigating them, were discussed. This chapter explores the issue of interested parties in strategic planning. The nature of strategic planning, models and approaches that need to be considered when involving external stakeholders in efforts to alleviate the effects of HIV and AIDS on the DSE in Botswana is also examined.

Chapter one (see section 1.9) explained stakeholder involvement. The chapter adopted a definition by Allison and Kaye (1997: xxvi) which states that it is a way of building broad-based commitment to a shared vision. This sense of the term will be used in the following discussion concerning how stakeholders of the DSE can be involved in efforts to mitigate the effects of HIV and AIDS on secondary education in Botswana. The other important idea that will be mentioned extensively is strategic planning. This study proposes that there is need for a meaningful strategy to involve interested persons. Before proceeding with details it is appropriate to explain strategic planning so that readers can understand how it fits in with stakeholder involvement.

3.2 THE NATURE OF STRATEGIC PLANNING

In order to fully understand the nature of strategic planning some concepts will be clarified. These include: strategy, planning and strategic planning.

3.2.1 Strategy

The term has its origins from the military discipline. The etymological root of strategy is a Greek word *strategos* that means 'general' or someone who commands an army (Rooney, 2004: 5). The meaning of the term has since evolved and has been adapted to various disciplines including the field of education. The term may therefore have various meanings depending on the field in

question. Hax and Majluf (1996: 1) also recognise this variation in the use of the term strategy and explain that it may partly be due to the fact that some elements of strategy seem to be heavily dependent on the nature of the organisation, its constituencies, its structures and its culture. Furthermore, the authors believe that strategy can be seen as a multidimensional concept. This is because the concept embraces all the critical activities of an organisation, providing it with a sense of unity, direction and purpose, as well as facilitating the necessary changes brought about by its environment.

Some of the critical dimensions that contribute to a unified definition of the concept of strategy are as a (Coulter, 2002: 7-8; Hax & Majluf, 1996: 14):

- means of establishing the organisational purpose in terms of its long term objectives, action programmes and resource allocation priorities;
- definition of the competitive domain of the organisation;
- response to external opportunities and threats, internal strengths and weaknesses in order to achieve a sustainable competitive advantage; and
- means to develop the core competencies of the organisation.

Hax and Majluf (1996: 1) proposed an integrative and comprehensive definition of strategy. This integrated definition states that a strategy is a fundamental framework through which an organisation can simultaneously assert its vital continuity and facilitate its adaptation to a changing environment. It is aggressive in order to meet head-on the opportunities for enhanced performance. Furthermore, strategy is respectful of the culture, tradition and history of the organisation's approach to doing business. There is a formal recognition that the ultimate objective of strategy is ensuring stakeholders' benefits.

In addition to the above, Instant Strategist (accessed 20/03/2003) defines strategy as "a way to pursue a vision by leveraging tools and tactics that will produce the desired outcome". Put differently, the objective of a strategy is to lead an initiative in the direction that will make it most likely to reach the ultimate destination. This interpretation of strategy shows that a valid strategy has at least three characteristics: It defines a destination; it develops the means of getting to the destination, and the ability to move in that direction. Sagor and Barnett's (1994: 80) definition of

strategy complements the above interpretation. They assert that strategy reflects "…how an organisation works to reach set objectives by committing the needed physical, financial, and human resources". The underlying meaning of these two interpretations of strategy indicates that the necessary resources should be available and specific ways identified in order to achieve set objectives. Various scholars are in agreement with the aforementioned perspectives of strategy (Cook, 2000: 138).

Cook (2000: 138) researched extensively into the process of strategy and advises that strategy:

- reveals the organisation's commitment to a new reality from the one it previously followed;
- identifies specific means to achieve the new reality;
- deals directly with only certain aspects of the organisation, as opposed to dealing with the whole; and
- does not address all possible external factors in the environment; rather, only those that the organisation must confront in order to meet the set vision/mission and objectives.

The above notions of strategy suggest that the DSE can adapt an appropriate strategy to guide its HIV and AIDS activities and goals. Furthermore, Cook (2000: 138) observes that strategy can be developed to suit specific purposes. He identifies two kinds of strategies:

- Maintenance strategies: those that furbish and develop existing actions; and
- Change strategies: those that are intended to create radical changes.

This study explores ways in which external stakeholders may be effectively and meaningfully involved in the strategies to lessen the effects of HIV and AIDS in secondary education in Botswana.

3.2.2 Planning

There is a close relationship between strategy and planning, for instance, strategy implies that the process of planning took place. Friend and Hickling (1997: 1-2) define planning as a process of choosing strategically through time. The authors advise that the view of strategic choice presented

here is essentially about choosing in a strategic way, rather than at a strategic level. The idea of choosing at a strategic level implies a prior view of some hierarchy of importance in decision-making. The concept of strategic choice is more about the connectedness of one decision with another than about the level of importance to be attached to one decision relative to others. This concept of strategic choice indicates no more than a readiness to look for patterns of connectedness between decisions in a manner that is selective and judgmental. This view of planning as a process of strategic choice implies that planning can be seen as a much more universal activity than is sometimes recognised by those who see it as a specialist function.

Steiner (1997: 14) opts for a broad definition of planning as a process of deciding what to do and how to do it before some action is required. Another similar definition of planning is proposed by David (1991: 167) and Steiner (1997: 13). They define planning as deciding in advance what is to be done. Close scrutiny of these definitions, reveals that they are sufficiently broad to include planning by an individual and organisations. Furthermore, they all have the same essential ingredient of a future-state of organisations or projects/programmes over a predetermined period of time.

Some authors incorporate elements of implementation into the process of planning. Hendry, Johnson and Newton (1995: 321-322), and David (1991: 168) emphasise this observation when they state that planning is not an act but a process; this implies it does not have an endpoint. To say a plan is finished implies that the plan is being measured by a pre-selected criterion. However, completion is not implicit in a plan unless the environment can be held constant during the planning process. It is almost impossible to hold an organisation's environment constant since there are many factors that are outside the organisation's control. This suggests that the DSE HIV and AIDS planning cannot be seen as final. Furthermore, Bennett (1999: 328), Knight (1997: 3), and David (1991: 168) emphasise that the purpose of planning is to produce one or more future states that are desired but that are not expected to occur unless selected actions are taken. This is why there are close links between planning and strategy. A plan that does not result in implementation is meaningless.

In the absence of a universally acceptable definition of planning, the researcher adopts the definition put forward by Steiner (1997: 14), which implies that planning is a process of decoding what to do and how to do it before some action is required. Steiner seems to be of the opinion that for an

organisation to be able to decide what to do and how to do it requires the process of strategic planning which will now be discussed.

3.2.3   Strategy and planning: strategic planning

A strategic plan shows a specific course of action that defines how to deal with critical issues in an organisation (Lerner, accessed 10/09/2002).   The discourse above on strategy and planning, respectively, gives an indication of the nature of strategic plan and planning. Strategic planning is the process of developing a strategic plan. Although there are diverse interpretations of the meaning of strategic planning, Barry (1997: 8) suggests that it is a process of determining:

- what an organisation intends to accomplish; and
- how an organisation will direct itself and its resources toward accomplishing its goals over a period of time.

Barry (1997: 8) adds that such planning usually involves fundamental choices about:

- the mission, goals or vision an organisation will pursue;
- whom the organisation will serve;
- the organisation's role in the community;
- the kind of programmes, services or products the organisation will offer;
- the resources needed to succeed – people, money, expertise, relationships, facilities and others; and
- how the resources and relationships can best be combined to accomplish the organisation's mission.

Strategic planning experts (in Strategic Planning Framework, accessed 01/07/2002) assert that strategic plans set targets that are expected to be reached as evidence that the strategic goals have been achieved.

QLD Consulting (accessed 01/07/2002) asserts that strategic planning is a journey that has far more to do with thinking and acting than with creating a document. This view is supported by Jill

Thomas and associates (accessed 01/07/2002) who add that organisations often spend many hours and resources in developing strategic plans, yet, despite such an investment, the strategic plan does not impact day-to-day decisions made in the organisations. This observation suggests that many strategic plans are a waste of time and resources because they do not improve the intended organisations because they are not applied. When strategic planning is implemented the improvements are apparent.

Ginsberg (accessed 13/12/2002) elucidates the difference between what he perceives as old and modern strategic planning. He states that the difference lies in the fact that modern strategic planning models have avoided abstraction and a top-down style, usually found in the old models. He believes that strategic planning is now the responsibility of all stakeholders. This practice contrasts with where the sole jurisdiction was the organisation's senior managers. This increasingly open-minded approach has enabled organisations to more effectively capture new opportunities that might otherwise have been missed.

Furthermore, Ginsberg (accessed 13/12/2002) is of the opinion that it is a more holistic approach to strategic planning in general that is bolstering its value. Modern strategic planning emphasises:

- a system of strategic planning based on a concept of the "whole" organisation or all stakeholders as interdependent and in balance; and
- the importance of systems thinking, that is, a framework of study that helps organisations deal with complex issues in a holistic way.

Considering the characteristics of a holistic approach to strategic planning, it is more fitting that this study adopts a definition that reflects a holistic nature to strategic planning. By using this approach it will be possible to involve all of the willing and key stakeholders while allowing their individual interests to be considered.

The main terms of strategic planning have now been explained. In trying to further understand the nature of strategic planning, the following paragraph will examine the process of strategic management so that the discussion of strategic planning is put in perspective.

3.2.4 The strategic management process

Figure 3.1 represents a strategic management process. This management process combines two elements - the strategic planning and operational management processes. The operational management aspect is essential as it deals with the day-to-day activities which are related to the implementation of the strategic plan. The operational management process involves strategic implementation, evaluation and control (Alkhafaji, 2003: 45). In contrast, the strategic planning aspect comprises the mission statement, environmental scanning, identification of strategic issues, and of strategic objectives, strategy formulation and finally the strategic plan. It is important to understand the process of strategic management so that the discussion of strategic planning can be put in perspective. For example, a model like the one in Figure 3.1 can be used to guide the strategic planning process of the DSE with regard to mitigating the effects of HIV and AIDS.

Figure 3.1: The strategic management process

Step 1: __Organisational mandates__ *What the organisation must or must not do.	Step 2: __Mission__ *Statement of aims which distinguishes an organisation from other similar ones and publishes the purpose for its existence	Step 3: __Environmental scan__ *External environment: opportunities and threats *Internal environment: strengths and weaknesses

Step 4:
__Identification of strategic issues__
*Issues that must be dealt with because they are the key to the success of the organisation or are serious threats to the organisation

Step 9:
__Evaluation and control__
*Activities and performance are evaluated and compared with desired performance.
*Controls are set to assure compliance to set standards
*Corrective measures taken

Step 5:
__Identification of strategic objectives__
* Specific actions an organisation must take if it is to address the strategic issues and accomplish its mission

Step 8:
__Strategic implementation__
*__Programme:__ steps needed to accomplish a strategic plan
*__Budget:__ resources availed to implement the program
*__Procedures:__ Specific details of various activities that will accomplish the program

Step 7:
__Strategic plan__
*Best strategies indicated
*Resource allocation (human, financial etc)
*Time frame stipulated for each objective
*Performance indicators indicated.

Step 6:
__Strategy formulation__
*Identifying possible strategies to achieve objectives by:
-Building on strengths
- Resolving weaknesses
-Exploiting opportunities
-Avoiding threats
*Evaluation of possible strategies and selecting the best alternative

Key: → = Direction of influence/effect is one sided
↔ = Direction of influence/effect is two sided

(Adapted from Bryson, 1988: 50-51; 1995: 24-25; 2004: 33; Hunger & Wheelen, 2001: 12-13)

The stages indicated in Figure 3.1 will now be discussed informed by Bryson (1988: 48-61; 1995: 22-37), and Hunger and Wheelen (2001: 6-7, 12-13):

Step 1: Clarifying organisational mandates

The formal and informal mandates placed on the organisation are 'the musts' it confronts. Cohen (accessed 23/08/2004) asserts that, the mandates may be contained in legislation, ordinances, charters, contracts or policy statements. In the case of the DSE, researcher recommends that these documents should be consulted in order to gain an insight into what the mandates are and therefore make a strategic plan to comply with the requirements of the organisation.

Step 2: Clarifying organisational mission

An organisation's mission, in tandem with its mandates, provides the social justification for its existence. This means that an organisation must be able to identify the social and/or political needs that it seeks to address which should, at least, have the support of the various stakeholders. The DSE mission statement concerns providing responsive quality education (DSE strategic plan 2002-2006). It is not explicit about its position with regard to HIV and AIDS, although strategies to alleviate the effects of HIV and AIDS are indicated in some sections of the strategic plan.

Step 3: Assessing the external and internal environments

An organisation has external and internal environments. Both environments need to be studied so that forces at play in the organisation can be understood in a holistic manner. This step entails the planning team to explore the external environment of the organisation to identify the opportunities and threats the organisation faces. Opportunities and threats are discovered by observing a variety of political, economic, social, and technological forces and trends. In addition, the planning team studies other groups, such as, clients, competitors or collaborators for possible opportunities and threats.

With regard to the internal environment, the planning team identifies strengths and weaknesses in the organisation. The team monitors resources (inputs), present strategy (process), and performance

(output). The relative absence of performance information presents problems both for the organisation and for its stakeholders. Stakeholders' judge the worth of an organisation by whether it concurs with the criteria they wish to apply. For external stakeholders in particular, these criteria typically relate to performance. If the organisation cannot demonstrate its effectiveness against the stakeholders' criteria, then regardless of any inherent worth of the organisation, stakeholders are likely to withdraw their support.

Step 4: Identifying the strategic issues facing an organisation

Strategic issues, by definition, involve conflicts of one sort or another. For example, different stakeholders may have different expectations of benefits from an organisation. Having different expectations may necessitate negotiations between the stakeholders and conflict may arise as stakeholders try to bargain. The conflicts may involve ends (what); means (how); philosophy (why); location (where); timing (when); and the groups that might be advantaged or disadvantaged by different ways of resolving the issue (who). In order for the issues to be raised and resolved effectively, the organisation should be prepared to deal with the almost inevitable conflicts.

A statement of a strategic issue should contain three elements (Bryson, 1988: 57; 2004: 155-156; Cook, 2000: 132):

- Succinct description of the issue which should be framed as a question that the organisation can do something about; if the organisation cannot do anything about it, it is not an issue; an organisation's attention is limited enough without wasting it on issues it cannot resolve;
- A list of the factors that make the issue a fundamental problem, in particular, what is it about mandates, mission, values, or internal strengths, and weaknesses and external opportunities and threats that make this a strategic issue? and
- Identifying the consequences of failure by the planning team who address the issue; a review of the consequences informs judgments of just how strategic or important the various issues are, for instance, if no consequences will ensue from failure to address an issue, it is not an issue, at least not a strategic issue; at the other extreme, if the organisation will be destroyed by failure to address an issue, or will miss a highly significant and valuable opportunity, the issue is clearly strategic and should be dealt with immediately; the strategic issue identification step therefore is

aimed at focusing organisational attention on what is truly important for the survival, prosperity, and effectiveness of the organisation.

Step 5: Identification of strategic objectives

An organisation must identify the objectives which the total organisation should pursue to achieve the requirements of the mission statement. These objectives should be specific and measurable.

Non-profit organisations (NPOs) have difficulty in writing measurable objectives because such organisations are usually more process oriented than results oriented. The DSE makes this point clear by stating its strategic objective is "to monitor the implementation of DSE HIV and AIDS policy" (DSE Annual Performance Plan, 2002: 5). This objective addresses the process of monitoring and does not include the outcome of the process. Stating the strategic objective for a NPO to reflect or measure outcome is difficult.

Attempts have been made to improve the NPO's objectives by requiring that such objectives should not only guide the process but also indicate the desired outcome. In this regard, the process objectives are stated in incremental terms: evident in terms, such as, "increase", "improvement", "enhance", and "promote" (Cook, 2000: 134, 136). An example of how to write a more specific objective is seen in the MoE HIV and AIDS strategic response framework. The objective is: "to promote research on HIV and AIDS/STD and other sexual reproductive health issues, to feed programme development" (Botswana Government: Ministry of Education HIV/AIDS Strategic Response Framework, 2001-2003: 38). The term "promote" is incremental and can be fairly quantified. This can be done by setting a target of researches to be conducted by a set deadline. The actual number of researches conducted can be compared with the set target and measurement of the degree of achievement.

Step 6: Formulating strategies to manage the issues

Strategy formulation begins with (Bryson, 1995: 33-34):

- identification of practical alternatives for resolving the strategic issues; although it is important to be practical, the organisation should also be willing to entertain at least some dreams or visions for resolving its strategic issues, including dreams and visions that will serve the purpose of challenging the organisation to set higher goals and exert more effort in realising the goals;
- enumerating the barriers (threats & weaknesses) to achieving those alternatives, dreams, or vision although there maybe no direct focus on their achievement as yet; focus on barriers at this point is not typical of most strategic planning processes, but doing so is one way of ensuring that any strategies developed deal specifically with implementation difficulties directly rather than a haphazard approach;
- development of major proposals for achieving the alternatives, dreams, or visions either directly or indirectly, through overcoming the barriers, promoting the strengths and utilising the opportunities; alternatively, the organisation might solicit proposals from key organisational units, various stakeholder groups, task forces, or selected individuals;
- stipulating the action required over the next two or three years to implement the major proposals; and
- a detailed work programme for the next six to twelve months to implement the action.

Dyson and O'Brien (1999: 73-76), and Hunger and Wheelen (2001: 79, 81) believe that another useful way of identifying the strengths, weaknesses, opportunities and threats is by using the SWOT matrix (Strengths, Weaknesses, Opportunities and Threats). The table below shows a SWOT matrix which is used to analyse an organisation. Within the guidelines of the mission, priorities are allocated to all the alternatives. Once the main three or four opportunities, threats, strengths and weaknesses have been ranked according to their priority, they are entered in the appropriate section of the SWOT matrix as in Table 3.1:

Table 3.1: The SWOT matrix

Strategies Tactics Actions	Internal strengths 1. _____ 2. _____ 3. _____	Internal weaknesses 1. _____ 2. _____ 3. _____
External opportunities 1. _____ 2. _____ 3. _____	Strengths-opportunities(SO) strategy 1. _____ 2. _____ 3. _____	Weaknesses-opportunities(WO) strategy 1. _____ 2. _____ 3. _____
External threats 1. _____ 2. _____ 3. _____	Strengths-threats (ST) strategy 1. _____ 2. _____ 3. _____	Weaknesses-threats(WT) strategy 1. _____ 2. _____ 3. _____

Adapted from Hunger and Wheelen (2001: 81).

Strategic alternatives are developed utilising the analysis of the external and internal environments. As shown in the SWOT matrix four strategies are available:

- SO strategy or maxi-maxi strategy uses the organisations strengths to make maximum use of opportunities in the external environment;
- ST or maxi-mini strategy maximises the strengths and minimises the external threats;
- WO or mini-maxi strategy indicates what weaknesses the organisation must minimise by acquiring the necessary means or skills to utilise its opportunities; and
- WT or mini-mini strategy aims at minimising both weaknesses and threats and gives an indication of what the organisation must pay attention to in order to survive.

The strategies an organisation will adopt are guided by the type of strategic issues identified. In other words, an organisation may have some weaknesses and threats which could be dealt with at a later time because postponing them will not cause serious problems for the organisation.

Step 7: strategic plan

The stakeholders of the organisation study the SWOT matrix entries and select the best strategies. This is used to develop a strategic plan. A strategic plan is a documented and a specific course of action that defines how to deal with critical issues in the organisation is implemented (Morrison & Wilson, accessed 16/11/2005). As stakeholders select the best strategies, their choice is guided by the types and amount of resources they have available. Finally, the stakeholders need to stipulate the time frame for each objective and indicate how performance is determined. This is significant because lengthy periods on one objective could mean increased costs. It is also critical to be able to know what the organisation has achieved so that the stakeholders are able to determine the next course of action.

Step 8: strategy implementation

Strategic implementation is accomplished through organisational design and structure. It is the way the organisation chooses to create its arrangements and design that will help it to achieve the formulated strategy efficiently and effectively. Strategic implementation is how to assign tasks and responsibilities to members of the organisation and how to group them into departments or divisions. The essential task is finding the best way to connect the activities of different people in various divisions (Alkhafaji, 2003: 181).

Some of the designs and structures that need to be considered are programmes, budgets, and procedures (Hunger & Wheelen, 2001: 128-129):

- Programme is a statement of the activities or steps needed to accomplish a plan; the purpose of a programme is to make the strategy action-oriented;
- Budget is a statement of an organisation's programmes in money terms; availing resources is the last real check an organisation has on the feasibility of its selected strategy; an ideal strategy

might be found to be impractical only after the stakeholders fail to honour what they pledged; and

▪ Procedure is a system of sequential steps or techniques that describe in detail how a particular task is to be done.

Step 9: evaluation and control

Evaluation and control are the processes by which an organisation's activities and performance results are monitored so that actual performance can be compared with desired performance. The process provides the feedback necessary for management to evaluate the results and take corrective action as needed (Hunger & Wheelen, 2001: 158).

The above section discussed the process of strategic management which broadly includes strategic planning and strategic management stages. The next section will examine the relationship between strategic planning and strategic management.

3.2.5 The relationship between strategic planning and strategic management

The term 'strategic planning' has already been explained in section 3.2.3. The following discussion explains the term 'strategic management". Management refers to the art or skill of directing and guiding the activities of other people in an organisation in such a manner that the stated goals are achieved in the best and most economical way (Cunningham & Cordeiro, 2003: 8-9). Therefore, the purpose of management is to serve an organisation by getting work done through people. The process of managing is partly based on the implementation of the strategies that the organisation sets. Stated differently, strategies become management practices (Cook, 2000: 13).

According to Hunger and Wheelen (2001: 2), strategic management is therefore that set of managerial decisions and actions that determines the long term performance of an organisation. The relationship between the two is that strategic planning is a component of strategic management. This view is reflected by Hunger and Wheelen (2001: 2) and Coulter (2002: 8) who are of the opinion that strategic management includes strategic planning (environmental scanning and strategy

formulation), strategic implementation, evaluation and control (see Figure 3.2). Apparently strategic planning is one activity of strategic management.

Figure 3.2: Basic elements of the strategic management process

| Environmental scanning | → | Strategy formulation | → | Strategy implementation | → | Evaluation and control |
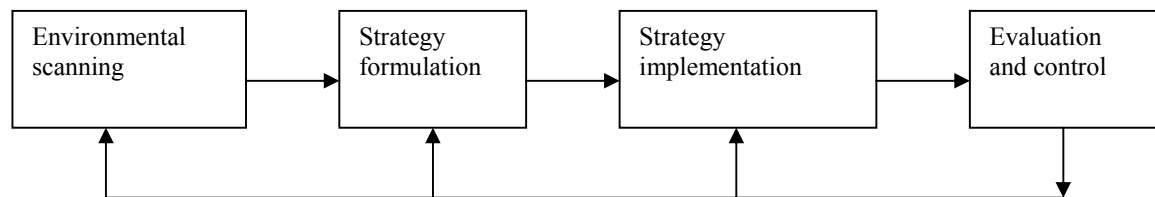
Source: Hunger and Wheelen (2001: 6)

It can therefore be said that strategic planning is a process of designing with a strategic plan and it includes mission statement, environmental scanning, identification of strategic issues, identification of strategic objectives, strategy formulation and finally the strategic plan (see Figure 3.1). Sections 3.2.2 and 3.2.3 also indicate that strategic planning is a process of deciding what to do and how to do it before some action is required. The same can be said for the process of strategic management. Managers have to think (plan) ahead of time about how to use the personnel and material resources so that implementation will be done in a meaningful and productive manner. Hendry *et al* (1995: 321-322) state that the process of planning generally precedes the process of managing (although planning is an act of managing). Planning facilitates the process of managing. Without planning management would be chaotic. It can therefore be stated that the relationship between strategic planning and strategic management is that the activities of strategic planning are one part of the process of strategic management and there is significant overlap in their activities. Put differently, strategic planning can be said to be a subset of strategic management.

As a subset of strategic management, it follows that strategic planning serves some of the functions of strategic management. The following discussion will explain how strategic planning may be a function of strategic management.

As indicated in Figure 3.2, there are four basic elements of strategic management. Two of the four (environmental scanning & strategic formulation) form what is known as strategic planning (Hunger & Wheelen, 2001: 6). Deeper understanding of these elements reveals that there is deeper relationship between strategic planning and strategic management. The relationship lies in the way that elements of strategic planning serve the function of strategic management. The following examples will illustrate this:

o environmental scanning as a function of strategic management.

Environmental scanning (Step 3 in the strategic management process Figure 3.1) is the monitoring, evaluating, and disseminating of information from the external and internal environments so that stakeholders can use it. The "external environment" consists of variables (opportunities & threats) that are outside the operating realm of an organisation and usually not within the short term control of top management. These variables form the context within which the organisation exists. They could be general forces or specific factors that operate within an organisation's environment and they could also have the potential to enhance opportunities or aggravate negative elements in the organisation (Hunger & Wheelen, 2001: 5).

The "internal environment" of an organisation consists of variables (strengths & weaknesses) that are within the organisation itself and are not usually within the short term control of top management. These variables form the context in which work is done. They include the organisation's structure, culture and resources (Hunger & Wheelen, 2001: 5).

Environmental scanning is a stage in the process of strategic planning but it is also a stage in the broader process of strategic management (see Figures 3.1 & 3.2). This implies that environmental scanning is part of the overall function of strategic management (Hunger & Wheelen, 2001: 6).

o strategy formulation as a function of strategic management

Strategy formulation is the development of long-range plans for the effective management of environmental opportunities and threats taking into consideration the organisation's strengths and

weaknesses. It includes defining the organisation's mission, specifying achievable objectives and developing a strategic plan (Hunger & Wheelen, 2001: 6-7; Alkhafaji, 2003: 42).

Figures 3.1 and 3.2 indicate that strategy formulation is part of the chain of activities of strategic management and therefore it serves some of the functions of strategic management. Although the elements of strategy implementation, evaluation and control are part of strategic management, they are not discussed because the main concern of this study is strategic planning.

The above discussion made it clear that strategic management encompasses environment scanning, strategy formulation, strategy implementation and strategy evaluation and control. It was also demonstrated that strategic planning is a process within strategic management and it broadly includes environmental scanning and strategy formulation (see Figure 3.1).

As mentioned in section 3.2.3, there are many variations of strategic plans depending on the type of organisation and/or its mission. This being the case, it is understood that there would be many strategic planning models as well.   The following discussion will explore the political and consensual models (Thulare, 1992: 51-53).

3.3 MODELS OF STRATEGIC PLANNING IN EDUCATION

This section will explore models of strategic planning that could be adopted or adapted in mitigating the effects of HIV and AIDS in the DSE. First of all it is important to understand what model means. Model, in general terms, refers to a device, idea or structure designed to help people understand phenomena (Mutasa & Wills, 1995: 216). For the purposes of this study, a model will refer to an idea that tries to explain phenomena. Planning theorists (Bryson, 1995: 11; Thulare, 1992: 51) have identified two categories of planning models- rational and interactive. The rational models view planning as basically a sequential process, observable and capable of being evaluated. In contrast, the interactive models reflect an emphasis on the human dynamics of decision-making.

In spite of the fact that in educational systems the interactive models would be more meaningful because they take into account human influences, it appears rational models are still used in educational planning. The notion that planning can be sequential, observable and measurable is

clearly persuasive despite the fact that much educational planning cannot and does not fit into the objective/rational pattern of strategic planning. This objective pattern incorporates the assumptions of a value-free social and physical science, in which the scientist can make objective examination of the orderly world. This type of orientation may be misleading as very little regard would be shown for the inherent nature of organisations as dynamic. There are so many social, political and other influences from stakeholders of organisations that underrating their influence could blind managers from noticing strengths and weaknesses, and threats and opportunities of the organisation. In contrast, the subjective pattern of strategic planning emphasises the belief that individuals create the world in which they live, and that any understanding of society, its institutions and its emergent social processes, depends on the experiences of the participant (Thulare, 1992: 51).

Interactive models show their strength when they are associated with problems prevalent in education that do not allow objective approaches of dealing with issues, such as, the approach to HIV and AIDS by the DSE. Considering that the problem of HIV and AIDS in the DSE is a complex one, in the sense that it involves a wide range of stakeholders, a rational model may not be appropriate. For this reason this study will consider the interactive models which seem to have the qualities enabling meaningful stakeholder involvement. It is therefore valuable to have better understanding of the interactive models by examining two examples- the political and consensual models.

3.3.1 Political model

A political model describes educational planning as a process of bargaining, negotiating and exercising power. In its purest form the political model rejects the assumptions of rational decision-making although sometimes it welcomes the objective approach of dealing with issues. The political model emphasises centralised determination of goals and means of goal attainment which are accompanied by conflicting interests within and among the organisation and external stakeholders Hax and Majluf (in Thulare, 1992: 52). Aguitar (in Thulare, 1992: 52) and Bryson (1995: 11-12) claimed that organisations are rarely harmonious communities of benign, co-operating individuals who pursue broad strategic goals determined by rational analysis. They are largely seeking to serve their self interest. This compels astute manoeuvring within and gently nudging the complex, often intense politics of an organisation in attempt to develop a new organisation order.

As bargaining among participants is continuous and as planning and implementation adapt to the diverse conflict and change involved in setting up objectives as well as shifting power relations, success is assumed to be a function of ongoing negotiation and trade-offs (as represented by the following consensual model), not prior planning as suggested by the rational models.

3.3.2 Consensual model

The term "consensual" derives from the word "consensus" which refers to a group of people reaching agreement on an issue (Longman Contemporary English Dictionary, 1995: 289). A consensual model, like the political model, recognises education as an open system located in a social environment too indefinite and inconsistent to allow easy generalisations. According to these models, meaningful action presupposes understanding of the social environment. In addition, legitimate action presumes agreement amongst the stakeholders. More people are drawn into the decision-making process which, according to Steiner (in Thulare, 1992: 53), may have advantages and disadvantages; advantages in the sense that more brains will be involved in decision-making; and disadvantages because liberal involvement may make consensus more difficult to attain.

Another striking feature of the consensual model is the premise that initial goals are not permanent standards but suggested directions to be discussed, modified or even replaced. Furthermore, the consensual model advocates decentralisation of decisions with the understanding that organisational change is best initiated, designed and implemented from the bottom with widespread participation of the people affected by the change effort. Goodlad (in Thulare, 1992: 53) contends that human beings do rise to the opportunity to be responsible if given a chance. Suffice it to say that rational planning, which has been primarily conceived as a goal-setting, sequential, systematic, value-free and quantitatively based activity, seems to overlook the social and political dimensions of organisations (Thulare, 1992: 51). There is, therefore, need for an alternative view of planning that recognises social and political dimensions, emphasising the importance of values, beliefs, power, collaboration, consensus building, conflict, negotiation and wilfulness in planning. This will ensure that those charged with the responsibility of co-ordinating and steering the planning process remain attuned to their moral perspectives when making decisions that affect others.

Examination of political and consensual models reveals that the political model seems to dwell more on political aspects, such as, negotiating, lobbying and bargaining. It does not appear to relate to other important social dimensions of organisations like social values and beliefs. In contrast, the consensual model engages in both political and social concerns of organisations. For the purposes of this research, it is important that an HIV and AIDS strategic plan for the DSE should include political and social aspects of the DSE and all the significant stakeholders in order to develop a meaningful strategic plan. In addition, a strategic plan that is based on the consensual model would be better able to take advantage of the environmental opportunities and organisational strengths and lead away from environmental threats and organisational weaknesses (Hunger & Wheelen, 2001: 114). To elaborate this point, the consensual model is interactive in nature, in other words, all involved persons can be participate in designing strategies. Moreover the consensual model includes the political and social aspects of organisations. The probability of the consensual model developing more comprehensive strategies is quite high.

The political and consensual models have been discussed and the consensual model seems to be more useful in terms of allowing active participators to be involved in a meaningful manner. The next section will dwell on how certain approaches can enhance meaningful stakeholder involvement in strategic planning.

3.4 APPROACHES TO CONSENSUAL STRATEGIC PLANNING

According to Longman Contemporary English Dictionary (1995: 56), approach refers to a method of doing something or dealing with a problem. It appears that an approach is a subset of a model because one can only use an approach after understanding the phenomena in the model. In the following discussion it will be observed that the stakeholder management approach is a subset of the interactive model.

Several experts on strategic planning reiterate that there is no single perfect strategic planning approach for each organisation. Each organisation ends up following its own approach to strategic planning, often by selecting an approach and modifying it as they go along while developing their own planning process or merging ideas from a range of approaches (McNamara, accessed 21/02/2003; Bryson, 2004: 283). There are many approaches (Bryson, 1988: 24-29; 2004: 271) to

strategic planning. Here are some of them: the collaboration approach, the contract approach, the stakeholder management approach, the strategic issue management approach and the strategic negotiations approach. The discussion continues by dwelling on the stakeholder management approach, the "get-everybody-in-the-same-room" approach and the strategic issue management approach. The first two approaches seem more appropriate with regard to stakeholder involvement in strategic planning to mitigate the effects of HIV and AIDS by the DSE in Botswana. They also fit well as subsets of the interactive model. The last approach seems to be less inclined to high levels of stakeholder involvement but it needs to be included because it could be beneficial as a supporting strategy. Its inclusion will make the strategic plan quite agile in the sense that it will be able to transform itself as changes/problems in the environment come up (Lerner, accessed 10/09/2002).

3.4.1 Stakeholder management approach

This approach is adequately explained only in the 1988 edition of Bryson. In the 1995 and 2004 editions of Bryson, the approach is only implied in the integrated units of management approach and goal or benchmark approach.

This approach refers to a way of formulating one's strategic plan in such a manner that stakeholders become one of the major determining factors of the content and implementation of the strategic plan. Freeman (in Bryson, 1988: 35, 2004: 271-276, 281-282) states that an organisation strategy will be effective only if it satisfies the needs of the significant stakeholders. It is therefore necessary that:

- decision-makers of the organisation should identify key stakeholders;
- decision-makers, with the involvement of significant stakeholders, should identify their interests and what they will support; and
- decision-makers should identify the strategies and tactics that could work when dealing with stakeholders.

Furthermore, an organisation's mission and values should be formulated in stakeholder terms. That is, an organisation should work out what its mission ought to be in relation to each stakeholder group, otherwise, it will not be able to differentiate its responses well enough to satisfy them. This approach is based on two main assumptions:

- An organisation's survival and prosperity depend on the extent to which it satisfies its key stakeholders; and
- An organisation's strategy will be successful only if it meets the needs of key stakeholders.

An NPO, like the MoE, cannot satisfy the interests of stakeholders without close involvement of all significant stakeholders at every stage of the strategic planning process.

The strengths of the stakeholder model are its recognition of the many claims- both complementary and competing- placed on the organisations by insiders and outsiders and its awareness of the need to satisfy at least the significant stakeholders. If the organisation is to survive this should be its modus operandi. The weaknesses of the model are the absence of criteria by which to judge competing claims and the need for more advice on developing strategies to deal with divergent stakeholder interests. Another potential problem with the approach is reaching agreement between the decision-makers and the stakeholders in authority and what the organisation's responses to their expectation should be (Bryson, 1988: 34).Notwithstanding these weaknesses, Bryson (1988: 34; 2004: 272, 282) recommends this approach as one of the most applicable to public and NPOs, such as, the MoE in Botswana.

3.4.2 The "get-everybody-in-the-same-room" approach

This approach can be used for single organisations, multi-organisation initiatives, or community planning. The basic idea is to get all the people who influence a particular issue (or organisation) into the same room at the same time to explore the issue (or organisation) from various perspectives. These meetings which might last from one to three days and involve 30-300 participants are often called "future search conferences". Representatives from all participating groups within and around "the system" or issue are invited to attend. Participants are usually asked to do some preparation, such as, bringing relevant information, so as to keep task-focused during the conference and to manage as much of the work themselves as possible (Barry, 1997: 83).

The search conference itself includes activities like work in groups, presentations to the whole group, and discussions with the whole group. In the first part of the conference, people with similar

backgrounds or roles break into smaller groups to examine the history and present situation of the issue or system being considered. They also describe a desired future, as well as what is likely to occur if nothing changes. In discussing how to close the gap between the desired future and the "no-change" scenario, each group identifies several suggested "areas for action". Each group then presents its results to the large group. Conference facilitators condense this information into a manageable number of action areas, which are reviewed and refined with the large group. Participants then break into small groups again- this time to develop proposed plans for each action area. Each action area plan is reviewed with the larger group. The overall plan which results includes major tasks and responsibilities for each action area. Sometimes conference participants meet again within several weeks to review progress and make necessary adjustments to their plans (Barry, 1997: 83).

This advantage of this approach is bringing together a broad spectrum of stakeholders. Such meetings enable stakeholders to address a wider range of issues including political and social concerns. The weaknesses of how the people who influence an issue or organisation can be identified especially when considering that they may not be willing to co-operate or may not be qualified enough to make meaningful contribution to the discussions.

Sections 3.3.1 and 3.3.2 examined two approaches which may be adopted and/or adapted for a HIV and AIDS strategic plan. The operation of the stakeholder management and the "get-everybody-in-the-same-room" approaches largely depend on achieving consensus amongst the stakeholders. For this reason the consensual model of strategic planning is pertinent (see section 3.4.2). Although the strategic issue management approach may not always be harmonious, it could be necessary to merge it with the above approaches so that an organisation is able to deal with strategic issues as they arise, for example, during the implementation process. In the next section the strategic issue management approach is explored.

3.4.3 Strategic issue management approach

Strategic issues are the fundamental issues the organisation has to address to achieve its mission and move forward to its desired future. Strategic issues are situations which the organisation must

attend to because if they are ignored the consequences for the organisation could be very damaging. (Steps in a strategic planning process, accessed 14/11/2005).

Strategic issues may be identified by a number of ways which include brainstorming by stakeholders and SWOT analysis. When strategic issues are identified, there should be some screening to ensure that they are genuinely strategic and worth consideration. The question posed about each strategic issue is: why does this need to be addressed? If the answer is that it is seriously damaging to the prospects of the organisation achieving its desired future or its strategic objectives, then it is a strategic issue meriting proper attention from the organisation's managers (Joyce, 1999: 37).

In the case of the MoE and its mandate to provide education in Botswana, the issue of HIV and AIDS in the education system is a strategic issue which requires immediate attention while the broader strategic plan is being managed. When devolved to a smaller department within the MoE, such as, the DSE, the issue of HIV and AIDS may require its own strategic plan. This being the case, it may have to have its own approach; in this case, the strategic issue management approach. Consequently, for the DSE, strategic issues will include other concerns within the HIV and AIDS strategic plan, besides HIV and AIDS as such.

Strategic issue management approach can be incorporated into a strategic plan at the initial stages of strategic planning (see Figure 3.2). The approach can also be used at later stages as the strategic plan is being implemented. For instance comprehensive annual strategic reviews have proved impractical because strategy revision takes substantial management attention and resources, and in any case most strategies take several years to implement. Instead many organisations are undertaking comprehensive strategy revisions after five years and in the interim are focusing their annual strategic planning processes on identifying and resolving a few crucial strategic issues that emerge from a SWOT analysis, strategic implementation, strategic evaluation and control and other analyses (Bryson, 1988: 39; 2004: 276-277; Joyce, 1999: 3-4) (see Figure 3.2).

In recent years, many organisations have developed strategic issue management processes actually separated from their annual strategic planning processes. Many important issues emerge too suddenly, with too much urgency, to be handled as part of an annual process. When confronted with such concerns top managers typically appoint task forces to develop responses for immediate

implementation (Bryson, 1988: 39; 2004: 276-277; Joyce, 1999: 3-4). For the purposes of this study a task force can include representatives of key stakeholders.

The approach is largely directed by the following assumptions:

- Strategic issues are concerns that have a major influence on the organisation and must be managed if the organisation is to meet its objectives;
- Early identification of issues will result in more favourable resolution and greater likelihood of enhanced organisational performance; and
- A group exists (sometimes known as the strategic management grou*p*) that is able to engage in the process and manage the issues.

The strength of the approach is its ability to recognise and analyse key issues quickly. Its weakness is that it offers no specific advice on exactly how to frame the issues other than to precede their identification with a situational analysis of some sort.

The above section investigated three approaches to strategic planning. The next paragraph will consider various aspects of stakeholder involvement that need to be examined carefully if a beneficial strategic planning is to be designed.

3.5 INVOLVING STAKEHOLDERS IN STRATEGIC PLANNING

The concept of stakeholder involvement is based on the belief that when stakeholders are meaningfully involved in an activity, such as, the strategic planning process, the benefits for the organisation and the stakeholders tend to be greater than if they had not been involved (see section 1.2). In trying to understand how stakeholder involvement can be implemented, the following discussion will explore the rationale for stakeholder involvement in strategic planning, prerequisites for involving stakeholders in strategic planning, the need for stakeholder analysis and how stakeholder management issues influence strategic planning.

3.5.1 Rationale for stakeholder involvement in strategic planning

Subsequently the rationale for stakeholder involvement in the activities of an organisation, such as, mitigating the effects of HIV and AIDS on the DSE are (Mgomezulu, 2001: 89-93; Stakeholder, accessed 05/09/2007).

- It is their right as stakeholders to participate in organisational decisions and express their opinions;
- Ownership of ideas: own ideas are preferred to those of others and when they are implemented there is a better chance that they will succeed ;
- More peaceful manager-stakeholder relations as stakeholder involvement tends to bring into the open any concerns they might have and these issues can then be resolved by frank discussion; increased stakeholder commitment to the organisation by stakeholders allowed to participate in important processes, such as, planning; they feel a greater affinity towards the organisation when their ego and self-actualisation needs are better satisfied;
- Greater trust of management by stakeholders who participate; in order to take part in the important decisions of the organisation, they must know management's motives and desires and by knowing these in an open framework they are more willing to trust in management's intentions; trust is a necessary ingredient for the successful operation of an organisation;
- Improved quality of managerial decisions by stakeholder involvement because a wider range of alternatives and their consequences are brought to bear on the decision process;
- Improved teamwork which is essential in solving the myriad complex problems faced by many organisations; building stakeholder groups into effective, co-ordinated work teams could enhance performance; and
- Improved efficiency utilising stakeholder involvement because it reduces the amount of slack or unused resources in the organisation and reduces the possible duplication of functions, for example, some decisions can be taken at the local level where implementation is taking place.

Although there may be many benefits in involving stakeholders, to realise these benefits depends largely upon satisfying the following prerequisites for involving stakeholders.

3.5.2 Prerequisites for involving stakeholders in strategic planning

According to UNAIDS Inter-country Team for West and Central Africa (accessed 20/02/2003) and Sherl (accessed 20/08/2003), to promote stakeholder involvement in strategic planning, organisations may have to take the following measures:

- Decentralise the process of decision-making;
- Mobilise and effectively transfer resources to the local level;
- Top leadership of the organisation should openly express strong support for the stakeholder-involvement approach because this helps convince relevant stakeholders to come forward to negotiate and give the process momentum;
- Provide adequate timeframe and funding;
- Establish: *mechanisms for transparency of information and decision-making processes at an early stage because effective stakeholder involvement cannot happen without top level political commitment to opening up the decision-making process,
  *clear links between local actions and benefits to the stakeholders,
  * conducive legislation and policy,
  * mechanisms for sharing benefits across stakeholders.
- Consider: * involving stakeholders from the most local levels,
  * involving key stakeholders from the outset of conceiving an idea,
  *existing local institutions as possible foundation for the strategy,
  *adoption and/or adaptation of indigenous knowledge and traditional management systems/practices.

When an organisation understands the prerequisites for involving stakeholders, it can then consider how participating stakeholders should be identified. One such method is by analysing stakeholders.

3.5.3 Identifying stakeholders

The process of stakeholder analysis entails identifying exactly who the organisation's stakeholders are. By analysing the stakeholders an organisation would be able to get a picture of the characteristics of the stakeholders (Balogun, Hailey, Johnson & Scholes, 1999: 238). It has been

observed that individual stakeholders usually may have their own interests which they will ensure are protected or realised, sometimes contrary to what the organisation may want. This means that stakeholders can influence negatively or positively the performance of an organisation. It is therefore important for an organisation to determine which stakeholders can have a positive or negative impact on their organisation so that the positive effects are promoted and the negative effects are managed so as to minimise damage.

In this study two methods of identifying stakeholders are utilised; one considers the environment of the stakeholders and the other examines the power and interest of the stakeholders.

(i)   Analysing the environment of stakeholders

When identifying stakeholders it is not enough to focus on the internal stakeholders of the organisation. It is necessary to have a look at external stakeholders too. Recklies (accessed 14/09/2004) provides a model which visualises the stakeholder environment as a set of inner and outer circles. The inner circle (the internal stakeholders) stands for the most important stakeholders who are likely to have the highest influence on strategic planning of an organisation, such as, the DSE. Chapter 1 (see section 1.3) emphasises that it is critical that the stakeholders in this circle should be involved in strategic planning. The outer circle (the external stakeholders) represents stakeholders who may be very useful in complementing or supplementing the inner-circle stakeholders in order to realise the organisation's objectives on a higher level than could otherwise have been. It may also be critical that certain external stakeholders are involved in a strategic plan. For this reason, some external stakeholders may be key stakeholders (see section 1.3). A noticeable difference between them is that internal stakeholders may not be at liberty to choose not to be involved, whilst external stakeholders can decide not to be involved. It is therefore important that significant external stakeholders are identified so that the necessary efforts can be made to persuade them to be involved. Failure to involve them may result in under-performance in achieving set objectives.

Figure 3.3: Stakeholder analysis

External stakeholders Parents

Women

Internal stakeholders
Teachers, learners, DSE, MoE and other education-related public servants

NGOs

Local communities

Mass media

Cultural and faith-based organisations
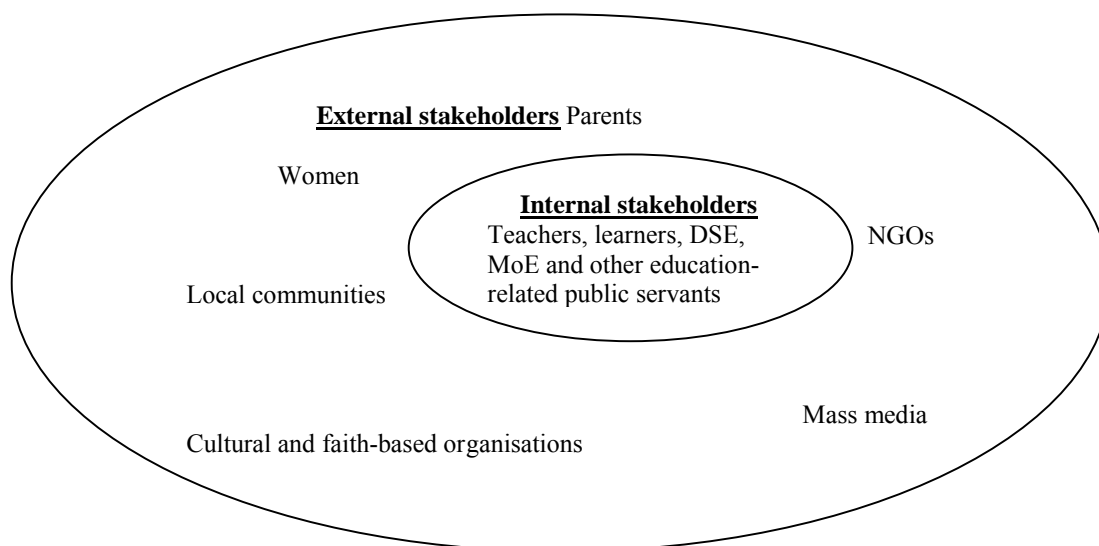
Adaptation of Recklies model of stakeholder analysis (Accessed 14/09/2004

Figure 3.3 shows the stakeholders within and outside the internal environment. Concerning the DSE it is expected that parents, local communities, mass media, NGOs and others would have interest in what may be happening in the DSE. They may wish to influence the DSE in a way that their interests are promoted. This can be done individually or by forming stakeholder groups. In general, the formation of stakeholder groups depends on the individual situation of each organisation and the individual opinions of a stakeholder at that particular moment or regarding a particular issue. The reason is that individuals or groups may behave differently in different situations, for instance, women, as stakeholders in the education system may show lack of interest in getting involved in activities to promote the welfare of the teachers, perhaps because male teachers are perceived as abusing female-learners (CIDA, accessed 01/03/2003). They could, however, be more motivated when it comes to protecting the rights of female learners. In this case the environment in which the women, female learners and the teachers, live has influenced the position of women on the issues they would be involved as stakeholders in the inner circle or outer circle of Figure 3.3. Latitude for internal stakeholders to opt out of the inner circle is limited by virtue of their position in the DSE. The external stakeholders may perhaps have the freedom not to be involved in issues of strategic planning. For this reason, it should be noted that the DSE should assume the duty of persuading key

external stakeholders and negotiate terms for their involvement. If they are not approached they may feel that the issue of HIV and AIDS in the DSE does not concern them. It should also be indicated that the list of external stakeholders may not be exhaustive.

There could be two extremes of stakeholders: those that are interested in the success of the organisation and those that are bent on sabotaging the organisation. From the perspective of the organisation it should therefore view the intentions of stakeholders as a continuum extending from wanting to interfere or being responsible for the welfare of the organisation. In both cases the stakeholders need to be analysed and their disposition understood so that they can be managed accordingly (Eden & Ackerman, 1998: 116). In other words, their interest to promote the objectives of the organisation or their power to undermine it should be analysed as a way of determining which stakeholders should be involved and how they should be managed.

(ii)   Stakeholder analysis-the power/interest matrix

In undertaking a stakeholder analysis, it is usual to focus attention upon a large number of stakeholders who have a stake in the future of the organisation, whether or not they have significant power in relation to the organisation. There are instances where stakeholder analysts may involve disadvantaged and powerless stakeholders. Such an action is driven by a value-laden, rather than utilitarian view of the role of stakeholder analysis. The approach by Eden and Ackermann (1998: 120), with regard to stakeholder analysis, has a strictly utilitarian aim of identifying stakeholders who should be persuaded to support actively the strategic intent of the organisation. An important aspect of the analysis is that of prioritising stakeholders in relation to strategic planning and management possibilities. Two dimensions could be used:

- The power of stakeholders to influence the strategic future of the organisation; and
- Their interest in the strategic future of the organisation.

It is clear that an important task in developing a robust strategy for an organisation is that of testing the emergent strategic intent against the responses and aspirations of powerful stakeholders. This implies that stakeholders should be identified in terms of the extent of their power and the nature of their interests.

In this way it will be possible to focus attention on the strategic management of the power and interest of stakeholders who can most significantly support or sabotage the strategic future of the organisation. Thus, the concern will be with those who will seek to, and have or can develop the power to sabotage the successful management of strategic intent, as well as provide support. In particular, the analysis considers the possibility of enacting a particular strategic intent that would have the consequence of encouraging the formation of coalitions amongst those stakeholders. The stakeholders may have little individual power to begin with, but by forming into a collaborative grouping they acquire significant power. In this sense, stakeholder analysis is focused on identifying strategic and tactical options that arise for the organisation itself by anticipating the dynamics of stakeholder attitudes and actions (Eden & Ackermann, 1998: 120).

The dimensions of "power" and "interest" seek to distinguish stakeholders (those with enough power to influence strategic future and those who are interested and want to influence the future of the organisation). The overlap of these two groups represents the most significant stakeholders in the strategic planning. The following matrix represents the interplay between "power" and "interest".

Table 3.2: The power/interest matrix
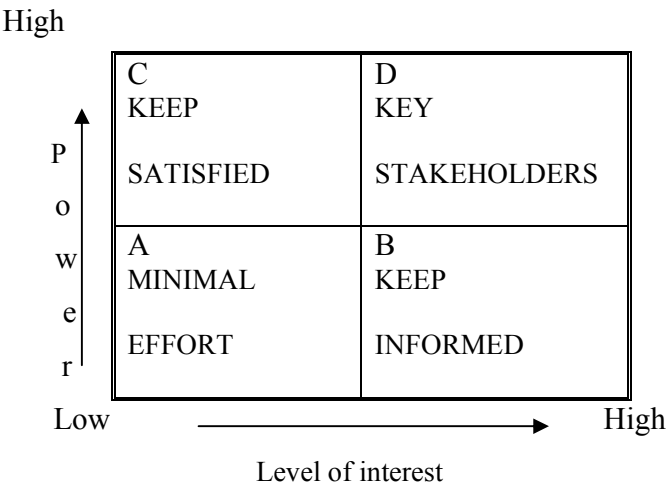
Source: Recklies (accessed 14/09/2004)

Quadrant A: These stakeholders neither have a high interest in the organisation's plans nor do they have the power to exert their wishes. The organisation should keep these groups informed about developments, but should not involve them so much.

Quadrant B: The stakeholders do have a high interest in the organisation and its actions. However, they have limited means to influence things. Despite their low power, such stakeholders could be valuable allies in important decisions. Therefore, it is advisable to keep them well informed about the issues they are interested in.

Quadrant C: They behave passively most of the time and show a low interest in the organisation's affairs. Despite their seemingly low interest, they can exert enormous impact on the organisation. It is therefore necessary to analyse potential intentions and reactions of these groups in all major developments, and to involve them according to their interests.

Quadrant D: These are the most important stakeholders with high interests and high power. They have to be involved in all relevant developments because they are key stakeholders.

According to Recklies (accessed 14/09/2004), the power/interest matrix:

- provides valuable information on whether to include certain stakeholders and how to handle them;
- indicates if certain decisions will receive support or resistance, and which groups have to be included in the decision making process;
- analyses stakeholder power in terms of their ability to influence people and developments;
- evaluates the extent to which the stakeholders will exert their power;
- provides insights into the nature of the stakeholders and how they could be managed;
- highlights the significance of relationships with particular stakeholders;
- clarifies who the supporters and opponents of a project are;
- highlights the need for repositioning some stakeholders (e.g. reduction of power of a major opponent-from D to B; increase of interest of a powerful supporter-from C to D); and
- points to measures to keep stakeholders in favourable positions (e.g. fulfilment of information needs in sector C).

It appears that the power/interest matrix can be applied to analyse internal stakeholders and external stakeholders separately. In other words, internal stakeholders can be categorised as more powerful than others. For instance, the officers at the DSE headquarters could be said to be more powerful than learners in some ways because they control the resources and are likely to have more influence on the strategic plan than the learners. There are, however, two issues which are presented in the

following paragraph that can also influence strategic planning and require adequate attention. These issues are inducement-contribution exchanges and individual political behaviour.

3.5.4 Influence of stakeholder management issues on strategic planning

Eden and Ackermann (1998: 116) report that the realisation by strategic planners that the behaviour of stakeholders could be managed is quite recent. The practice in the past was oriented to understanding stakeholders in order to produce better forecasts. Strategic planners tried to forecast the behaviour of the stakeholders without paying much attention to the underlying causes of that behaviour. It is imperative to think of the stakeholders as goal-seeking and that they can use their power/influence to achieve their goals. Determining the type of power within any generic category of stakeholder is important. Simply identifying a stakeholder organisation is not enough; it is of the essence to think about how powerful/influential a particular stakeholder is and how they could be managed strategically.

The foundation of stakeholder management is to consider how power bases can be changed and how interest can be shifted (Eden & Ackermann, 1998: 129). In other words, how can entries on the power/interest grid be shifted around the grid (see Table 3.2) to suit the strategic aspirations of the organisation?

Strategies should be explored and developed for all players close to the top right of the power/interest matrix (see Table 3.2). Strategies should reflect attempts to change the power base, for example, by developing negotiating strategies that can affect the use of power including building coalitions with others to increase the organisation's power relative to that of key players (Eden & Ackermann, 1998: 129, 131). Advance consideration of the issue of stakeholder management is important because it will reflect the potential worth of the stakeholders to the organisation and therefore influence strategic planning.

With regard to this study, the notions of inducement-contribution exchanges and individual political behaviour will be discussed in the next sections because this can influence the degree of stakeholder involvement in programmes like alleviating the effects of HIV and AIDS by the DSE in Botswana.

3.5.4.1 Inducement-contribution exchanges

Hitt *et al* (1999: 26) and Balogun *et al* (1999:201) observe that organisations do not exist in a void. Internal or external stakeholders may have a share in an organisation, and they will make self-interested demands on it. The power and influence of the stakeholders may determine the strategic planning process of an organisation, such as, the DSE.

Many organisations are dependent on the environment for the provision of certain inputs, which the organisation then transforms into outputs, which, in turn, are used to get more inputs. When stakeholders consider themselves as providing input (financial, skills, materials) into the process of an organisation they may demand rewards or inducement of some kind in return for their contribution.

For instance, an employer may exchange a salary (inducement) for an employee's labour (contribution). Alternatively, a retailer may exchange a product (inducement) for a customer's money (contribution). This inducement-contribution agreement between the two parties must be acceptable to both (Hitt *et al,* 1999: 26-29 and Balogun *et al,* 1999: 201). The quality of the contribution by the stakeholder will, thus, to a large measure depend on the type of incentive from the organisation.

In the context of secondary education in Botswana, there may be a problem with the kind of inducement the system can provide to some of the stakeholders. For internal stakeholders, it may appear obvious that salary is adequate. Observation seems to suggest that teachers are overburdened with extra responsibilities like those related to HIV and AIDS. For this reason, it seems imperative that consideration should be given to how improved commitment to tasks, related to HIV and AIDS, can be encouraged amongst the internal stakeholders. A greater problem arises with how external stakeholders, such as, parents, the media and faith-based organisations can be persuaded. The situation has direct bearing on how stakeholders are involved and how they could be induced to make a meaningful contribution. The managers need to answer the question of what the strategic plan will include to address the issue of inducement-contribution. The empirical research will attempt to address the issue of inducement of and contribution by the external stakeholders.

3.5.4.2 Individual political behaviour

According to Balogun *et al* (1999: 190-193), the term "political behaviour" refers to the internal processes operating in organisations which may include manipulation, bargaining, negotiating and conflicts. The political behaviour of individuals in an organisation would therefore affect its ability to effect beneficial exchanges. If individuals perceive that the actions of others will influence the attainment of their needs, they can behave as small political systems in their own right by acting against those players who influence their potential need satisfaction through manipulation or accommodation.

By joining organisations, individuals subject themselves to the authority of the organisation (within limits) to exercise power and influence over them. The organisation as a whole can make certain binding decisions regarding the expected behaviour of individual members and how those individuals must act for the accomplishment of the organisation's goals. However, individuals submit to organisational authority only to the extent that they feel that by doing so improves their chances of attaining their own goals. It is understandable that an act by an organisational authority may not achieve the goals of a stakeholder. Such an act, by providing incentive, could do much toward winning the loyalty of a stakeholder (Balogun *et al*, 1999: 201). Members of an organisation can be subjected to the forces of loyalty conflicts regarding their own interests and those of the organisation. In the case of the HIV and AIDS strategic plan, the DSE could change the loyalty of the stakeholders if it applies Maslow's hierarchy of needs of the stakeholders (Maslow in Mwamwenda, 2004: 239-243) and address them. The application of the principle of inducement-contribution exchanges could help win the loyalty of stakeholders. Mwamwenda (2004: 242) proposes that inducement for stakeholders could come from the realms of self-esteem needs and self-actualisation needs. These are above the basic needs of physiological, safety and belonging and love (see Figure 3.4). Stakeholders do not require provision of their basic needs in order for them to contribute. Public recognition or praise for a contribution to an HIV and AIDS cause could act as an incentive for continued efforts toward the cause. Trying to understand the potential needs and demands of stakeholders could help the DSE to address such concerns during strategic planning.

Figure 3.4: Maslow's hierarchy of needs

Self
actualisation

Self-esteem

Belonging and love

Physiological needs
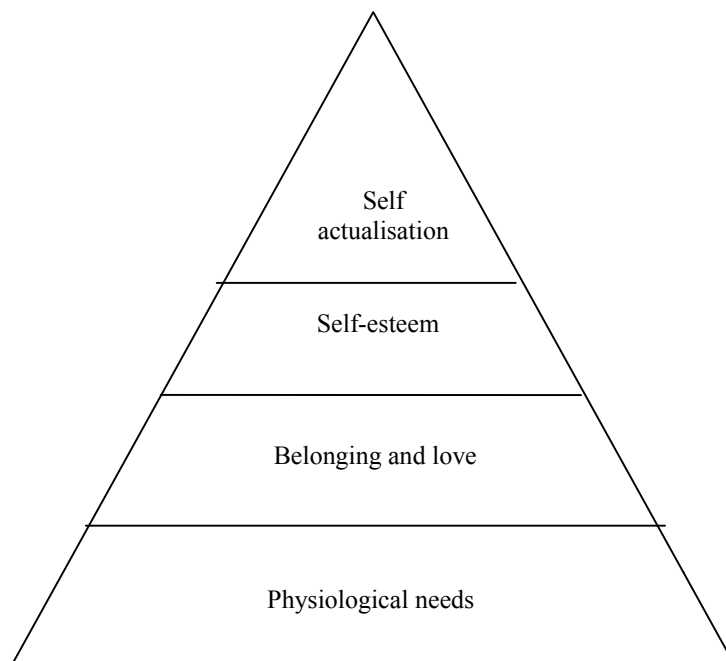
Source: Mwamwenda (2004: 240)

3.6 THE VALUE AND SHORTCOMINGS OF THE SELECTED STAKEHOLDERS WITH REGARD TO THEIR INVOLVEMENT IN A STRATEGIC PLAN IN EDUCATION

The literature study revealed that the involvement of certain external stakeholders is important for the success of a strategic plan that deals with HIV and AIDS in the education sector. In particular, the literature study identified the local community, cultural and faith-based organisations, women's organisations, the mass media, NGOs as well as parents and guardians (see sections 1.2.1, 1.2.2 & 3.5.3). These stakeholders have been observed to make significant contributions to activities related to HIV and AIDS within various sections of the community, including the education sector. Furthermore, the literature study recognised some shortcomings that could undermine the potential of these stakeholders to contribute to such a plan.

A. Local communities

The literature study revealed that the local communities (the communities surrounding the school) should be meaningfully involved in the management of a school because they are relevant stakeholders (Coombe & Kelly, accessed 23/10/2002). They are the ones who provide the learners. Many schools in Botswana have HIV and AIDS strategic plans which, among other activities, promote behaviour change to prevent the spread of HIV. It is generally accepted that the behaviour of the learners is largely influenced by the community they come from. It therefore makes sense that the local community should be involved in promoting behaviour change. Many schools have PTAs whose members come from the local community. It follows that the school managers and the PTAs should co-operate with the local community leaders if their activities are to succeed.

Community leaders have a powerful influence over the people they lead. People in a community usually respect their leaders and they would most likely be receptive to what they say. Local communities can also supply some of the resources an education institution would need, such as, part-time teachers.

Although the local communities have many attributes that justify their involvement in the management of a school, there are several shortcomings that need to be attended to if the HIV and AIDS strategic plan in the education sector is to bear fruit. In many societies women are regarded as inferior to men and they are usually denied access to opportunities and their rights are frequently violated by men (Tabengwa *et al,* in Report of the First National Conference on Gender and HIV/AIDS, 2001: 38). In such communities it is likely that they will prefer the boy-child to go to school as opposed to the girl-child. The local community and its leadership are well placed to correct this situation so that the schools are able to benefit from the female element of the population as well.

Sometimes local communities regard teachers as being responsible for the introduction and spread of HIV and AIDS. This perception is substantiated by the frequent allegations that some teachers sexually exploit their learners. Though often exaggerated, the reports may be sufficient to tarnish the image of the majority of teachers and to see them being blamed as the source of HIV and AIDS in a community (Kelly, 2000: 77). The HIV and AIDS crisis emphasises the significance of

community participation in school affairs so that, through close interaction with the teachers, some of their suspicions regarding teacher sexual integrity could be allayed.

Local communities question the credibility of the teachers in general. This refers to the situation where communities and learners have seen so many teachers suffering from AIDS that they cannot understand that the same teachers are promoters of HIV-prevention message. This is an unfortunate judgment, since it overlooks that those who are infected may be especially well equipped to bring warning messages to others, and that the majority of teachers are not infected (Kelly, 2000: 77). This scepticism about teacher's credibility should be contained because there might be reduced meaningful interaction between the community and the teachers. This could stifle the mutual benefits between these two groups. Education managers need to develop transparent relationships with the communities around them. This will reduce the unfounded suspicions and promote better understanding of the teachers and their circumstances.

Some local communities are disinterested in school activities. Apparent disinterest may be the lack of concern for the matter being tackled, such as, sexuality issues, lack of trust in the people involved especially at a leadership level, or lack of motivation for whatever reason (X-press, accessed 01/03/2003). Close co-operation between the school and the PTA and the local community leadership may improve the interest of the community in the affairs of the school.

B. **Cultural and faith-based organisations**

According to Cartwright (1999: 10), culture and religion are powerful determinants of people's beliefs, attitudes and behaviour. Since HIV infection is closely associated with social conduct which is largely influenced by one's beliefs, attitudes and behaviour, it is vital that the organisations that influence these aspects should be meaningfully involved in an HIV and AIDS strategic plan of the school. These organisations can assist in dealing with the cultural and religious practices that enhance the vulnerability of the teachers and learners (Tabengwa *et al,* in Report of the First National Conference on Gender and HIV/AIDS, 2001: 35-42). The following are some of the concerns that may compromise the contribution of these organisations to an HIV and AIDS strategic plan in the education sector:

- **Low social status of females:** the subordinate position of females in Botswana partly has its roots in the social beliefs and expectations, which are largely influenced by Botswana cultural practices which perceive them to have a lower social status than males and this is re-enforced by the sexist socialisation of both females and males (Tabengwa *et al,* in Report of the First National Conference on Gender and HIV/AIDS, 2001: 38); females are undermined by some religious practices which regard females as inferior to males which signifies that males are often in a stronger position in their relationship with females giving them more control in deciding when and where to have sex as well as whether or not to use condoms, because of their position, males can be advocates for behavioural change and social responsibility (The Body, accessed 01/03/2003; Kelly, accessed 21/10/2002);

- **Tswana medical beliefs:** concerning Botswana, Ingstad (in Tshukudu, 2000: 32) observes that these beliefs focus on the current medical condition but also incorporate other types of misfortunes related with the spreading of the disease; the understanding of disease transmission has mainly been connected with the concept of pollution that supposedly originates in the female body; AIDS is perceived and interpreted through this traditional view and has important consequences for prevention; this mistaken perception of the transmission of HIV and AIDS needs to be clarified and should be incorporated into the strategies used to mitigate the effects of HIV and AIDS;

- **Influence of Setswana language:** which has many examples of expressions that influence men's and youngsters' sexual behaviour; these consequently put women and girls at great risk of unwelcome sexual advances and greater probability of contracting HIV (Maundeni in Report of the First National Conference on Gender and HIV/AIDS, 2001: 73-76);

- **Unequal relationships:** where, culturally, men are expected to marry women younger than themselves a power hierarchy based on age becomes part of unequal relationships that are dominated by males (Chilisa & Ntseane in Report of the First National Conference on Gender and HIV/AIDS, 2001: 97); and

- **'Macho' attitudes:** which encourage multiple sexual partners and risk-taking putting men and their partners at risk of HIV infection (The Body, accessed 01/03/2003).

C. Women's organisations

Women need to be given a special place in the fight against HIV and AIDS because of the way they have been affected by the disease and the essential role they play in society (Report of the First National Conference on Gender and HIV/AIDS, 2001: 60).   The significance of women is also reflected in their population ratio compared to men. For example, as at 2002 there were around 4366 (48.4%) lady-teachers as opposed to 4655 (51.6%) males in secondary schools. The enrolment of standard one in 1998 was around 25309 girls (48.3%) against 27076 boys (51.7%) (Kinghorn *et al*, 2002: 60, 15). These statistics make the point that females in Botswana make up a significant proportion of the population and should not be ignored in efforts to deal with the effects of HIV and AIDS on the education sector.

Furthermore, there is evidence that female teachers are already carrying much of the burden of AIDS care and counselling in schools. They are the ones who commonly deal with learners traumatised by poverty, loss of parents, and who have complex emotional and learning needs (CIDA, accessed 01/3/2003).

In addition to problems related to cultural and religious practices, women suffer from reduced access to education. As a result they lack skills required for employment, knowledge about human and women's rights and self confidence in their society.   All in all these problems reduce the status of women and one of the consequences is that they are forced into early marriages (CIDA, accessed 01/3/2003).

D. The mass media

The mass media, especially television and radio, reach large numbers of people and have enormous influence (Mass media communication in population reports, accessed 06/03/03). In South Africa, sixty five per cent of young people watch television five or more days per week. This is why some governments and donor communities are investing more money in mass media campaigns for HIV and AIDS prevention (Coulson, accessed 06/03/2003). This tool can be used to address issues like women's rights, male superiority syndrome and risky sexual behaviour.

Although the mass media has the potential to influence many people, the following problems need to be dealt with in order to maximise their potential:

- Communication has not been integrated as a primary process at the level of conceptualisation of strategic plans; the reality has been that such communication is referred to as a last resort and it is frantically applied in the form of mass media campaigns without due regard to proper planning, implementation, monitoring and evaluation; worse still, it is applied in total disregard of the need to make participation of stakeholders integral to the whole process of strategic planning (Kiai, accessed 01/03/2003); this concern is further contextualised by Tshukudu (2000: 8) when he points out that the youth are usually not involved in the planning, implementation and evaluation of the programmes that are intended to help them; the neglect of youth involvement is believed to contribute to the ineffectiveness of mass media on the youth in Botswana; and

- Mass media in Botswana lacks effective presentation techniques to persuade positive and desired behaviour and attitude change; it does not differentiate between its audience/readership according to social groups but treats the population as a homogenous audience; the top-down communication approach adopted by the mass media in communicating HIV and AIDS prevention messages is not be effective; the mass media should segment its consumers to be able to disseminate effective HIV and AIDS messages according to the characteristics of the particular audience/readership; this concern is shared by the Centre for AIDS Development Research and Evaluation (CADRE) (accessed 20/05/2003) which remarks that young people are often grouped together under the category of youth, and it is all too easy to assume that they aspire to the same things, deal with problems in the same ways and face the same difficulties; whilst young people may share many challenges, there is also much heterogeneity which should be considered when planning to address them.

E. Non-governmental organisations (NGOs)

Many NGOs have a wealth of resources (financial, material, personnel & expertise) which could benefit the DSE. Observation shows that many of the NGOs seem to be occupied with community based projects, such as, improving water supply and poverty reduction. The NGOs that have

engaged in HIV and AIDS activities have done so without much regard to what the government was doing. Coombe (accessed 10/09/2002) advises that the education sector should negotiate with the NGOs to produce a co-ordinated approach in the way they deal with the issue of HIV and AIDS in order to avoid duplication.

To maximise the benefits from the NGOs the following issues need to be addressed (IFAD strategy paper on HIV & AIDS for East and Southern Africa, accessed 15/04/2003; Strategies for an expanded and comprehensive response (ECR) to a national HIV & AIDS epidemic, accessed 15/04/2003):

- Projects related to developing management capacity of the DSE do not seem to attract the support of many NGOs in terms of wanting to fund them;
- It has been observed that many NGOs tend to work outside the direct control and involvement of government; consequently it is a matter of concern of whether the two organisations could put their resources together in mitigating the effects of HIV and AIDS in the DSE; how willing would NGOs be to use their resources to develop the management capacity of the DSE especially when their credibility image may be tarnished by government's involvement? and
- There is a tendency of government and NGOs to regard each other with suspicion, which hinders opportunities for collaboration.

F. Parental/guardian environment

The involvement of parents/guardians in dealing with the effects of HIV and AIDS is critical. Under normal circumstances many children spend much of their early growing period with their parents. As a consequence they acquire much of their socialisation from them; it makes sense that parents should be involved in helping to alleviate the effects of HIV and AIDS because they are directly and in a very personal manner involved when their children suffer from the effects of HIV and AIDS; their status as parents and the close association with their children gives them a great very influence over their children; as responsible parents they would be considerably concerned about the possibility of their children contracting HIV (Bennell *et al*, 2001: 15).

There are some hindrances that need to be dealt with in this regard. For example:

- Some parents may not be prepared to discuss HIV and AIDS matters because their culture does not allow them to discuss issues related to sexuality with minors;
- Many parents have full-time jobs which require them to leave home early in the morning and return late in the afternoon and as a result they have little contact time with their children;
- Parental deaths often lead to grandparents having to care for the orphans and the age gap between them may make it uncomfortable for both parties to discuss sex, HIV and AIDS issues;
- Problems, such as, lack of local language literature, lack of literature that is audience-specific or living in places where communication is a problem, many parents may not have access to information that is supposed to equip them; and
- Many learners in secondary education are in boarding schools which keep them away from their parents.

The preceding paragraphs considered six external stakeholders with regard to the attributes and obstacles that are related to them. The attributes should be maximised for the benefit of an organisation and the obstacles must be minimised so that the organisation is not debilitated. These stakeholders will be included in the quantitative and qualitative phases of the research.

3.7 CONCLUSION

An explanation was made about the aspects of the nature of strategic planning which included the definition of some terms, the strategic management process and the relationship between strategic planning and strategic management. In the next section of chapter three a discussion of the models of strategic planning in education and approaches of consensual strategic planning that would promote stakeholder involvement was presented. In the proceeding paragraphs, an exploration of the issues related to stakeholder involvement in strategic planning which contained the rationale for stakeholder involvement, prerequisites for stakeholder involvement and identification of stakeholders, was presented. The chapter was concluded by an examination of the value and shortcomings of the selected stakeholders with regard to their involvement in a strategic plan in education.

On the whole, a discussion of the effects of HIV and AIDS on the demand for and supply of education was submitted in chapter two. In chapter three the aspects that can enhance the involvement of stakeholders in strategic planning were considered. An explanation of the empirical research will be given in the following chapter The explanation will include research questions, the rationale for using quantitative and qualitative research methods, hypotheses, and the questionnaire and the interview as research tools. Measures that will ensure trustworthiness in the qualitative component and ethical measures will also be highlighted. Details of identifying the target population for this study and methods of sampling from the population will also be discussed. Finally, issues related to dispatching of questionnaires, methods of data analysis, pilot study, and follow-up strategies will be examined.

CHAPTER FOUR

RESEARCH DESIGN

4.1 INTRODUCTION

In the previous chapters the effects of HIV and AIDS on the management of secondary education in Botswana were investigated through the study of relevant literature. Furthermore, aspects of stakeholder involvement in the process of strategic planning were explored. The literature study indicated that the following aspects are important issues that require further empirical investigation with regard to the DSE strategic plan in Botswana:

- The effectiveness of the current DSE strategic plan in helping the management of secondary education to cope with the effects of HIV and AIDS in Botswana; and
- How and in what way the current strategic plan can be improved in order to improve the management of the secondary education system with a view to coping with the effects of HIV and AIDS.

The above issues are important because the literature study concluded that many well intentioned strategic plans have been undermined by lack of or poor involvement of stakeholders. It is therefore critical to examine the implementation of the current strategic plan and determine how it can be improved.

In this chapter, the research design to investigate the above-mentioned issues is explained. The design is a mixed methods design involving two phases, namely, a quantitative phase followed by a qualitative phase. The data collection techniques during these two phases are explained in detail. Ways to ensure reliability, validity and trustworthiness as well as ethical research are also addressed.

The empirical inquiry took into consideration several literature sources and involved various participants. In this endeavour, three ethical measures were observed.

4.2 ETHICAL MEASURES

The following ethical measures were considered to ensure ethical and legal compliance in conducting this research (University of Pittsburgh, accessed 03/08/2003):

- Informed consent

The Botswana Ministry of Education gave consent to the researcher to conduct his research (see Appendix A). Consent to conduct research in individual schools was sought from school-heads (see Appendix B.) In addition, each participating teacher also gave his/her written permission for participation in the research (see Appendix C).

- Privacy, anonymity and confidentiality

The researcher maintained the appropriate anonymity and confidentiality of all participants and any classified information. For example, the questionnaire did not ask for information that could be traced to particular participants or schools.

- Plagiarism

The researcher strove to cite or acknowledge the work of others through citation in the text and inclusion of a list of the sources used.

In essence, this chapter deals with the design of the empirical investigation. A mixed methods approach was followed. Thus, both quantitative and qualitative data collection methods were used as indicated.

4.3   MIXED METHODS APPROACH

The objectives of this study would better be realised by employing a mixed-methods, triangulation design. This implies the use of quantitative and qualitative research methods. According to Polit and Beck (accessed 10/07/2003), many noteworthy advantages of combining various types of data in

an investigation exist. For example, combining quantitative and qualitative methods of research in this study were intended to realise the following benefits:

- Complementarity: the two methods are complementary in that they represent words and numbers, the two fundamental languages of human communication. Quantitative data have strengths such as generalisability, precision and control over extraneous variables. However, this method fails to yield insights into complex situations. On the other hand, qualitative method has strengths in its flexibility and its potential to yield insights into the true nature of complex phenomena;

- Enhanced theoretical insights: The world in which we live is complex and multidimensional. Qualitative and quantitative researches constitute alternative ways of viewing and interpreting this complex world. These alternatives reflect and reveal different aspects of reality. Blending the two methods in a single study (also known as triangulation) can lead into insights on these multiple aspects that might be unattainable without such integration;

- Enhanced validity: When a researcher's findings are supported by multiple and complementary types of data, the validity of the results is enhanced; and

- Creating new frontiers: Researchers sometimes find that data from the two methods are inconsistent with each other. This lack of congruity - when it happens in the same study - can help the researcher to rethink the constructs under investigation and possibly stimulate new research questions.

The next discussion focuses on the quantitative method of research which is one of the two approaches used in this study.

4.4 QUANTITATIVE PHASE

This section dwells on how the quantitative phases progressed and it begins with the research questions and the hypotheses.

4.4.1 Research questions and hypotheses

Based on the aims in Chapter one and the literature study in Chapters two and three, the two aims for the empirical study as mentioned in the introduction above were identified. In this regard the following research questions (RQ) and hypotheses (Ho) were formulated for the empirical investigation:

Note: In some instances the use of *and* is avoided in order not to confuse analysis, for example, HIV/AIDS instead of the conventional HIV and AIDS used elsewhere in the study.

(1) Research question and null-hypothesis 1

RQ: What are the perceptions of different groups of teachers on the effectiveness of the DSE strategies to *cope* with the effects of HIV/AIDS on teachers and learners?

Ho: There is no significant difference between groups of teachers' perceptions regarding the effectiveness of the DSE strategies to *cope* with the effects of HIV/AIDS on teachers and learners.

The different groups are: gender, qualifications, post level, experience and involvement in HIV/AIDS activities in school.

(2) Research question and null-hypothesis 2

RQ: What are the perceptions of different groups of secondary school teachers on the effectiveness of the strategies to *care* for the HIV/AIDS infected/affected teachers and learners?

Ho: There is no significant difference between different groups of secondary school teachers' perceptions regarding the effectiveness of the strategies to *care* for the HIV/AIDS infected/affected teachers and learners.

The different groups are: gender, qualifications, post level, experience and involvement in HIV/AIDS activities in school.

(3) Research question and null-hypothesis 3

RQ: What are the perceptions of different groups of secondary school teachers on the effectiveness of the strategic plan to implement strategies to *prevent* the spread of HIV amongst the teachers and learners?

Ho: There is no significant difference between different groups of secondary school teachers' perceptions regarding the effectiveness of the strategic plan to implement strategies to *prevent* the spread of HIV amongst the teachers and learners.

The different groups are: gender, qualifications, post level, experience and involvement in HIV/AIDS activities in school.

(4) Research question and null-hypothesis 4

RQ: What are the perceptions of different groups of teachers on the extent that the DSE strategic plan could be improved by increased *involvement of internal stakeholders*?

Ho: There is no significant difference between different groups of teachers on the extent that the DSE strategic plan could be improved by increased *involvement of internal stakeholders*.

The different groups are: gender, qualifications, post level, experience and involvement in HIV/AIDS activities in school.

(5) Research question and null-hypothesis 5

RQ: What are the perceptions of different groups of secondary school teachers on the extent that the DSE strategic plan can be improved by expanded *involvement of external stakeholders*?

Ho: There is no significant difference between different groups of secondary school
      teachers on the extent that the DSE strategic plan can be improved by expanded
      involvement of external stakeholders.

The different groups are: gender, qualifications, post level, experience and involvement in
HIV/AIDS activities in school.

(6) Research question and null-hypothesis 6

RQ: What are the perceptions of different groups of secondary school teachers regarding
       their views on the need for the involvement of selected external stakeholders?

Ho: There is no significant difference between different groups of secondary school
      teachers regarding their views on the need for the involvement of selected external
      stakeholders.

The different groups are: gender, qualifications, post level, experience and involvement in
HIV/AIDS activities in school.

In the survey, the frequencies and percentages of teachers' responses on questionnaire items that
focus on the above mentioned, were calculated.

4.4.2 Research design

In the quantitative phase of the research, a survey design was used. This means that the researcher
selected a sample of secondary school teachers from the larger population of teachers in Botswana
and administered a questionnaire to collect information on the variables of interest mentioned in
4.4.1.

4.4.3   The questionnaire as data collection instrument

The questionnaire was important in this study because it allowed the researcher to:

- investigate teachers' perceptions on the effectiveness of the current strategic plan in helping the DSE to cope with managing the effects of HIV and AIDS in Botswana;
- examine how the current strategic plan can be improved by expanding the stakeholder base to help in the management of the secondary education system to cope with the effects of HIV and AIDS; and
- use the findings of the questionnaire to design a model strategy that will involve willing and capable key stakeholders in managing the effects of HIV and AIDS on secondary education in Botswana.

The researcher was aware of the limitations of the questionnaire: it offered no opportunity to correct misunderstandings, to probe, or offer explanation or help. The questionnaire was, however, preferred because of its many advantages: it facilitated contact with respondents who are widely dispersed and it was the most flexible of tools in collecting information (Saunders, Lewis & Thornhill, 2003: 340-350).

The questionnaire comprised five sections (see Appendix C):

Section A: This section included the biographical data of the respondents. These characteristics included: gender, qualifications, level of post, experience and involvement in HIV/AIDS activities in school. Five questions were included in this section.

Section B: It sought information on how the sampled secondary schools are coping with the effects of HIV and AIDS and the kind of care schools provide to the infected and affected teachers and learners. It also explored on the type of strategies the sampled secondary schools have put in place to help prevent the spread of HIV amongst teachers and learners. Forty-three questions were included in this section.

Section C: It enquired about the perceptions of the sampled secondary school teachers concerning the involvement of *internal* stakeholders in the process of their schools' strategic plans. This section comprised four questions.

Section D: It explored the perceptions of the sampled secondary school teachers regarding the involvement of certain *external* stakeholders and how they view the issue of inducement-contribution exchanges. Twenty-five questions were included in the section.

Section E: It sought information about the relationship between teachers and parents/guardians and communities around schools. There were four questions in this section.

In the design of the survey instrument, issues of reliability and validity cannot be overlooked. The following section explains how this study addressed these issues.

4.4.4   Reliability and validity

Reliability

To ensure the accuracy of the measurement, the researcher made certain that:

- instructions for administering the questionnaires were clear (Herzog, 1996: 100); and
- a pilot study was done and lessons from it were incorporated to improve the final questionnaire (Reliability and validity, accessed 11/10/2003).

The reliability of the scaled items of the questionnaire was determined by the Cronbach alpha reliability coefficient, which was 0.8307. This indicates the high reliability of the questionnaire.

Validity

To realise a high degree of validity this study ensured that (Tuckman, 1994: 183-184; Gay, Mills & Airasian, 2006: 134-135):

- a broad and exhaustive search of the literature was done to minimise the threat to validity caused by inadequate data collection. This addressed the content validity of the questionnaire;

- the questionnaire was given to the researcher's promoter, joint promoter and a research specialist to ensure that the final instrument was appropriate and measured what it was supposed to measure. Thus, face validity was addressed; and

- the following potential mistakes were avoided in the construction of the questionnaire (Herzog, 1996: 116):

  * negative wording of items;
  * inclusion of items that assume something about the respondent's opinion or behaviour; and
  *sensitive material unless essential. If essential, it was placed late in the questionnaire to avoid biasing respondents.

Although a researcher is careful when designing a survey instrument, certain problems beyond the scrutiny of the researcher may compromise its reliability and validity. A pilot study may resolve such problems.

4.4.5 Pilot study

To enhance the validity and reliability of the questionnaire the researcher conducted a pilot study to find out (McMillan & Schumacher, 2001: 267, 307):

- whether the respondents interpreted the questions as intended by the researcher;
- whether respondents were uncomfortable with certain words or statements; and
- how long the questionnaire would take to complete.

The questionnaire was given to the researcher's promoters and then pre-tested using a sample of eight teachers. In order to enable the pilot study respondents to comment on the questionnaire, they were asked the following questions (McMillan & Schumacher, 2001: 267; Bell, 1999: 128):

- How long did it take you to complete the questionnaire?
- Were the instructions clear?
- Were any of the questions unclear? If so, which and why?

- Did you object to answering any of the questions?
- In your opinion, has any major topic been omitted?
- Was the layout of the questionnaire clear and attractive?
- Any further comments?

The responses and comments from the pilot study were analysed and the observations that could improve the reliability and validity of the questionnaire were incorporated. After this exercise the final questionnaire was compiled. The following changes were made to the questionnaire:

- An open-ended question meant to solicit suggestions of other external stakeholders was removed because 50% of the respondents did not attempt to answer it and those who did answer it did not supply meaningful responses; and
- After analysing the questionnaires, the researcher noted that most respondents responded *Unsure* to some statements. The researcher met again with some of the respondents to find out why they were unsure about what had seemed straightforward questions. It was established that the wording of the statements was sensitive. Adjustments were made to make them less so. The following statements in Appendix D are the improved versions: 6, 8, 32, 33, 41, 42, and 79.

The experiences from the pilot study were seriously considered because they came from a group that had similar characteristics to the actual sample described in the following paragraph.

4.4.6 Population and sample

Careful selection of the population and sampling procedures are of paramount importance and become critical as factors in the success of the study (Gay, *et al,* 2006: 109-110). This advice was considered when dealing with the following aspects:

- Population

There are approximately 250 government-owned secondary schools in Botswana (Botswana Telecommunications Directory, 2006: 8-14).

- Sample

Due to financial, time and other constraints, it was more feasible to employ a *non-probability* sampling strategy, which includes c*onvenience* sampling. This strategy allowed the researcher to engage subjects who were accessible due to their geographic location. In this regard, the researcher selected nine secondary schools in which the teachers completed the questionnaires. Hence, 110 secondary school teachers in the North East District of Botswana were involved.

Although statistically speaking, the sample may not be representative and therefore not generalisable, McMillan and Schumacher (2001: 175) believe that findings derived from such samples can be generalised as long as the characteristics of the subjects appear representative of the larger population. These authors add that it is incumbent upon the researcher to describe the subjects carefully to show how their characteristics are representative of the larger population.

Gay *et al* (2006: 109-110) concur that sample size depends largely on the degree to which the sample population approximates the qualities and characteristics of the general population. If the population is markedly heterogeneous, a larger sample will be needed than if the population is homogenous. The population in secondary schools can be described as fairly homogeneous in that the majority of the teachers in secondary schools are holders of a diploma or degree in education and are Batswana.

4.4.7 Data collection procedures

The researcher visited nine secondary schools in the North East District. The researcher submitted a letter to school-heads asking for permission to conduct research in their schools which would involve teachers for about 20 minutes (see Appendix B). It was only after permission was granted that the researcher visited a school.

At each school visited, the researcher invited as many teachers as possible to respond to the questionnaire. Each teacher was given a letter (see Appendix C) which invited them to take part in the research. The letter also explained that they were free to withdraw from taking part and assured them that their identity would not be revealed. The researcher waited for the teachers to complete the questionnaire. In total, 110 questionnaires were completed. The letter inviting teachers to

respond to the questionnaire created problems as many teachers exercised their freedom not to take part in the survey. Others questioned why they were required to sign the letter if their identity would remain anonymous.

4.4.8 Analysis of the quantitative data

Descriptive and inferential analyses were employed in order to answer the research questions and test the null-hypotheses posed in the study. The statistics included the calculation of frequencies and percentages, as well as t-tests and Analysis of Variance (ANOVA).

Section 4.4 explained the details of how the quantitative phase of the study was conducted. The next section discusses the details of how the qualitative phase was developed.

4.5 QUALITATIVE PHASE

The following section indicates the aspects considered in this phase.

4.5.1 Research questions

The main research question is: How can the involvement of internal and external stakeholders be improved?

4.5.2 Research design and sampling

The survey results of the quantitative phase were complemented by means of interview data. In this way, the usefulness of a survey to determine the perceptions of many teachers was complemented by descriptions of the voices of specific groups, namely internal and external stakeholders. A qualitative phase gave depth to the study, since it shed more light on the issue under investigation. The qualitative design used in this research project adopted a phenomenological *stance*. This design was selected to allow the researcher to determine the essence of the phenomenon of internal and external stakeholder involvement in HIV and AIDS strategic plans. The data collection method was

interviews. The participants were selected from the same area where the quantitative investigation took place.

There were three sets of interviews: for the internal stakeholders; for the semi-internal stakeholder and for the external stakeholders (see Appendix E):

▪ Internal stakeholders

Interviews for the internal stakeholders involved one HIV and AIDS officer in the Ministry of Education and two secondary school managers. The involvement of these persons was important because they came from the same department of the Ministry of Education as the sample involved in the quantitative research. The researcher considered them to be capable of understanding the interview questions and providing meaningful responses which would reflect the views of the teachers fairly.

▪ External stakeholders

These participants comprised persons who ordinarily would have little association with issues of HIV and AIDS in schools. However, it is believed that, if involved, they could make a significant contribution to efforts of mitigating the effects of HIV and AIDS on secondary education in Botswana. This group consisted of one representative from each of the following:

   o The mass media;
   o A faith-based organisation; and
   o A women's organisation.

▪ Semi-internal stakeholder

A chairperson of a PTA was interviewed to find out the role of the PTA in dealing with the effects of HIV and AIDS on secondary education and what role it can play in the DSE HIV and AIDS strategic plan. The characteristics of the PTA belong to both the internal and external stakeholder categories. For example, the PTA works closely with school managers and supports school programmes. For this reason, it acquires the internal stakeholder character. In part, the PTA

represents the interests of the parents/guardians and receives its mandates from them. Is this case, the PTA acts an external stakeholder.

The quantitative survey took place in the North East District. The researcher considered it logical that external stakeholders should come from the same area so that the responses of the respondents in the quantitative and qualitative phases of the research reflect the same environment. This arrangement allowed the researcher to follow-up issues raised in the quantitative phase.

The sampling of the interviewees was by purposive sampling method. In this method the researcher chose interviewees he thought were rich in information important to the research (Cohen & Manion, 1995: 89).

A semi-structured interview method was used. This method allowed the researcher to prepare interview guides that consisted of sets of questions. The guides also allowed the researcher to generate his own questions to develop interesting areas of inquiry during the interviews (Oka & Shaw, accessed 07/07/2003). The researcher interviewed each respondent individually.

Venues and a time for interviews were set largely for the convenience of the participants. Sessions were audio-taped mechanically with permission of participants. The recordings were later transcribed verbatim by the researcher. The researcher also took as much notes as possible as a back-up measure in case of tape-recorder failure. In cases where permission was not granted, extensive notes were taken.

4.5.3 The interview and interview schedule

The term research interview has been defined as "a two-person conversation initiated by the interviewer for the specific purpose of obtaining research-relevant information, and focused by him on content specified by research objectives" (Cohen & Manion, 1995: 271).

The interviews for the internal and external stakeholders used *open-ended* questions and they were comprised as follows (see Appendix E):

- School managers answered ten initial questions regarding internal stakeholders and five questions regarding external stakeholders;

- The HIV and AIDS officer answered seven initial questions regarding internal stakeholders and six initial questions regarding external stakeholders; and

- External stakeholders answered six initial questions.

(Note: the above questions were considered initial to distinguish them from the follow-up questions.)

These questions allowed the researcher to obtain more depth about certain issues which arose from the quantitative phase. The above questions constituted the interview schedule (see Appendix E).

4.5.4 Trustworthiness

The criteria for judging qualitative research comprises credibility, dependability and confirmability (Trochim, accessed 07/06/2003). The researcher adopted these criteria:

- Credibility: According to Lincoln and Guba in Erlandson *et al* (1993: 29-30) a central question for any inquiry relates to the degree of confidence in the 'truth' that the findings of research has for the subjects with which - and the content within which - the research was carried out. Therefore, credibility needs to be established with the individuals and groups who supplied data for the research. The researcher established the credibility of the research by engaging triangulation (looking at quantitative data from the interview perspective to find out if there is convergence between the two sets of information);

- Dependability: It is parallel to reliability and likewise concerned with the stability of the data over time (Crawford, Leybourne & Arnott, accessed 07/07/2003). The qualitative researcher believes that observed instability of data may be attributed not only to error but also to reality shifts. Thus, the quest is not for invariance but for "trackable variance". To provide for a check on dependability, the researcher produced and availed an 'audit trail' for possible external checks to be conducted on the processes by which the study was conducted. The audit trail included (Erlandson *et al,* 1993: 34):

- process notes: day-to-day activities, methodical notes, decision-making procedures; and

- materials relating to intentions and reactions: experiences with interviewees.

▪ Confirmability: Trochim (accessed 07/06/203); Crawford *et al* (accessed 07/07/2003) and Erlandson *et al* (1993: 34) state that the term refers to the degree to which the results can be confirmed or corroborated by others. The researcher used two strategies to enhance confirmability:

- he produced a "confirmability audit' (similar to the audit trail) to enable anyone to audit and determine if the conclusions, interpretations and recommendations can be traced to their sources and if they are supported by the inquiry; and

- the researcher actively searched for and described negative instances that contradict prior observations, especially with regard to the results.

After the study, the researcher conducted a data audit that examined the data collection and analysis procedures and made judgments about the potential for biases or distortion (Trochim, accessed 07/06/2003).

Other measures to ensure trustworthiness of the interview component included the following:

▪ The use of a audiotape enabled the researcher to listen to it as many times as necessary to capture fully what respondents said; and

▪ The researcher was neat in appearance and pleasant in demeanour in order to control the effects of personal reactivity (where an interviewee is uncomfortable because of the appearance of the interviewer).

4.5.5 Analysis of the qualitative data

Data from interviews were analysed by means of the steps listed (Mouton, 2001: 197-198):

▪ The interview recordings were transcribed verbatim;

- The researcher put into one category all the material from all the interview-participants who gave similar responses or addressed similar themes;
- The researcher then compared material within categories to look for variations and nuances in meaning; and
- The researcher also compared material across categories to discover connections between themes.

The aim was to integrate themes and concepts into a theory that offers an accurate, detailed and subtle interpretation of the research arena.

4.6 SUMMARY

This chapter contained an outline of the research methodology. The chapter described the quantitative as well as the qualitative phases of the research. The rationale for using qualitative and quantitative methods of research was explained. The researcher discussed the questionnaire and the interview as research tools that were used in the two phases of this study. In the following chapter, the researcher will present the results and a discussion of the results.

CHAPTER 5

RESULTS AND DISCUSSION

5.1 INTRODUCTION

As indicated in section 1.5, this study aimed to:

- find out through a literature review the nature of the HIV and AIDS effects on the management of secondary education in Botswana;
- investigate teachers' views of the teachers and school principals regarding the effectiveness of the current DSE strategic plan in helping secondary education management cope with the effects of the HIV and AIDS in Botswana;
- examine how and in what way the current strategic plan can be improved to assist the management of the secondary education system cope with the effects of HIV and AIDS;
- design a model strategy that will involve willing and capable key stakeholders in mitigating the effects of HIV and AIDS in the DSE; and
- make recommendations based on the findings of the research.

To reach some of the above mentioned aims, a mixed method (quantitative as well as qualitative) approach was followed. This included the use of questionnaires as well as interviews to gather data. In this chapter the results of the data analysis of both phases will be presented and discussed.

5.2 ANALYSIS OF THE RESULTS FROM THE QUANTITATIVE PHASE

A number of hypotheses were stated (see section 4.4.1) and tested. All the hypotheses focused on different groups of teachers. The groups differed in terms of gender, qualifications, experience, level of post and personal involvement in HIV and AIDS activities at school. The hypotheses were tested for the groups by means of t-tests (to determine if there were significant differences between two average scores) and Analysis of Variance (ANOVA) (to determine if there were significant differences between more than two average scores). In some cases, where significant differences

between more than two average scores were observed, Tukey's post hoc tests were performed to determine the differences.

The following section presents results of the survey study which includes biographical data, teacher perceptions and hypotheses testing of the HIV and AIDS strategies. The presentation of teacher perceptions and the related hypotheses testing deals with the following aspects:

- Coping with the effects of HIV and AIDS;
- Caring for the HIV and AIDS infected/affected teachers and learners;
- Preventing the spread of HIV;
- Involvement of internal stakeholders in the HIV and AIDS related issues;
- Involvement of external stakeholders in the HIV and AIDS related issues; and
- Factors that can influence an HIV and AIDS strategic plan.

5.2.1 Biographical data

Table 5.1 is an exposition of the biographical data of the 109 respondents.

Table 5.1 Biographical data of the respondents

Variable	Frequency (f)	Percentage (%)
Gender:		
Male	55	49.5
Female	54	48.6
Qualifications:		
Master's degree	5	4.5
Bachelor's degree	43	38.7
Teaching diploma	58	52.3
Teaching certificate	0	0
Other	2	1.8
Experience:		
Less than 1 yr	7	6.3

1-5 yrs	35	31.5
6-10 yrs	31	27.9
More than 10 yrs	36	32.4
Post level:		
Principal	3	2.7
Deputy principal	2	1.8
Dept head	8	7.2
Snr teacher	45	40.5
Teacher	46	41.5
Other	5	4.5
Involvement in AIDS activities:		
Yes	62	55.9
No	43	38.7

The percentages of the males and females were relatively equal (49.5% for males and 48.6% for females). No purposeful effort was made to strike a balance between male and female respondents.

Regarding qualifications of respondents, the majority (52.3%) have a teaching diploma. This may be due to the fact that the majority of secondary schools in Botswana are junior secondary schools and a teaching diploma is a minimum requirement to teach in those schools. Bachelor's degree holders were the second largest group (at 38.7%). There are fewer senior secondary schools than junior secondary schools and a Bachelor's degree is a minimum requirement to teach in senior secondary schools.

Only 6.3% of the teachers had less than one year teaching experience. The other percentages of teachers with more than one year experience (1-5yrs = 31.5%; 6-10yrs = 27.9%; and >10yrs = 32.4%) are similar.

Of the respondents, 40.5% and 41.5% were at post level of senior teacher or teacher respectively. It is thus clear that there is a large group of senior teachers in secondary schools in Botswana. This may partly be explained by the parallel-progression system which now enables teachers to be promoted at similar pace as their counterparts in other sections of the public service.

It is unusual that a high percentage (38.7%) of teachers is not involved in school activities related to HIV and AIDS. Considering the magnitude of the problem, one would expect a larger percentage (55.9%) to be involved.

5.2.2 Coping with the effects of HIV and AIDS

The following discussion considers the perceptions of the sampled teachers with regard to how teachers and learners are coping with the effects of HIV and AIDS. A null-hypothesis was tested regarding the perceptions of different groups of teachers' concerning the effectiveness of the DSE strategies which teachers and learners use to cope with the effects of HIV and AIDS.

5.2.2.1 The perceptions of the whole group of teachers on coping with the effects of HIV and AIDS

Regarding teachers' views on coping, the results appear in Table 5.2.

Table 5.2   **Percentages of responses on items that focus on c*oping* with the effects of HIV and AIDS**

Item	%Def. disagree/ Disagree	%Unsure	%Agree/ Def. agree
6. Absenteeism of teachers in my school is a serious Concern	**69.3**	12.6	17.1
7. A strategy to minimise the effects of absenteeism amongst teachers is in place in my school	28.8	22.5	**46.8**
8. Deceased teachers are quickly replaced in my school	29.7	**45**	16.2
9. My school has the authority to appoint temporary Teachers	**67.5**	19.8	10.8
10. A strategy to minimise the effects of absenteeism amongst learners is in place in my school	20.7	9.9	**67.5**
11. A strategy is available in my school to educate learners			

to cope with the effects of illness in their families	23.4	15.3	**60.3**
12. A strategy is available in my school to educate learners to cope with the effects of death in their families	25.2	21.6	**51.3**

The results in Table 5.2 reveal that in general terms teachers think that the effectiveness of strategies of coping with the effects of HIV and AIDS in secondary schools is sound. For example, the majority of respondents (69.3%) disagreed that absenteeism of teachers in their schools was a serious concern and 67.5% agreed that strategies to minimise the effects of absenteeism amongst learners are in place in their schools. However, there are three cases which need clarification:

- Although the majority of teachers (67.5%) observed that there are strategies to minimise absenteeism amongst learners, less than half (46.8%) agreed that there are similar strategies for teachers. In addition, 22.5% are unsure about this issue. It seems strategies focus more on learners than teachers;

- With regard to the statement "Deceased teachers are quickly replaced in my school" only 16.2% agreed and 45% were unsure. This is unusual. Another explanation might be that they have not yet experienced a need for replacing teachers; and

- Over a quarter of teachers (25.2%) disagreed that strategies were available to educate learners to cope with the effects of death in their families and 21.6% were unsure. This is a concern because schools should impart life skills to learners to cope with traumatic experiences.

The literature review highlighted that some authorities believe that teachers in Sub-Saharan Africa, including Botswana, experience a high prevalence rate of HIV infection which usually translates into high morbidity rates and high absenteeism rates amongst teachers (see section 2.3.1). In fact, earlier studies done in Botswana have demonstrated that absenteeism is a problem in Botswana secondary schools (see section 2.3.2). Although HIV and AIDS cannot be singled out as the major cause of absenteeism, authorities believe that there is a close relationship between the high prevalence rate of HIV and high rates of poor health which leads to high rates of absenteeism. Medical experts have established that HIV usually develops into AIDS (see sections 2.2.2 & 2.2.3). This means that teachers and learners who contract HIV may eventually suffer from AIDS and die.

To the contrary, this study indicates that absenteeism amongst teachers is not a serious concern (see Table 5.2). Two reasons may explain the inconsistency between the study findings and the literature review:

- Previous studies of HIV infection and prevalence rates amongst teachers in Botswana might have been unreliable and/or invalid. In other words, HIV prevalence rates may be lower than the stated statistics and they, therefore, do not result in worrying proportions of absenteeism; and
- HIV prevalence rates may indeed be high and a consistent consequence would be high rates of poor health and absenteeism from work. The inconsistency of low absenteeism rates among the teachers may be explained by the availability of ARV therapy to teachers (see section 2.4.1.2). The therapy improves the immunity of HIV-infected persons and enables them to live healthier and longer lives. When such persons experience better health, they will consequently be able to work without absenting themselves on health grounds.

Isaksen *et al* (2002: 42) concur with the above finding and add that there is little robust evidence to suggest that teachers have a HIV prevalence rate higher than that of the general population.

Forty-five percent of the respondents also indicated that they were unsure whether deceased teachers were replaced quickly (see Table 5.2). Perhaps these teachers are unsure because they do not experience as many deaths. The logical order is that high HIV prevalence rates should result in high mortality rates. It seems that the availability of ARVs to teachers has improved the health of teachers and only an insignificant number of teachers die. Another possible explanation may be that it is not the responsibility of individual teachers to keep a record of colleagues' deaths and replacements. For this reason they may not be sure of such details.

This discussion indicates that teacher groups, put together, tended to agree that coping strategies were in place. The following section describes perceptions of the different groups of teachers.

5.2.2.2 Null-hypothesis 1

Ho1: There is no significant difference between different groups of teachers' perceptions regarding the effectiveness of the DSE strategies to *cope* with the effects of HIV/AIDS on teachers and learners.

The hypothesis was tested by means of a t-test and ANOVA. The results of groups that differ significantly are presented in Table 5.3

Table 5.3   Means and significance of differences of male and female teachers' perceptions of effectiveness of strategies to *cope* with the effects of HIV and AIDS

Gender	N	Mean	Standard Deviation	t	Df	Significance
Male	55	**2.7728**	0.60042	3.280	107	P<0.01
Female	54	**3.1247**	0.51551			

Table 5.3 shows significant differences between the two genders. The mean of females ($\bar{x}$ = 3.1247) is significantly higher than the mean of males ($\bar{x}$ = 2.7728). Since the majority of teachers generally agree with the effectiveness of the measures to cope with the effects of HIV and AIDS (see Table 5.2), the data in Table 5.3 indicates that females are significantly more likely to agree that the strategies are effective compared to males (p-value<0.01). This shows that the null-hypothesis for gender can be rejected at the 1% level. For all the other groups based on qualifications, experience, post level and personal involvement in HIV and AIDS activities at school, the significances were greater than 0.05 so that the null-hypotheses could not be rejected.

The overall view of four different groups of teachers is that schools are coping with the effects of HIV and AIDS on the teachers and learners (see Table 5.2).

The following may explain the anomaly between male and female perceptions:

- Females are likely to score higher absenteeism rates than males because, as traditional care givers in most families in Botswana, they will not only be absent for their own illness but also for the illness of other members of the family (see section 3.6.2). Women may therefore underreport their absenteeism in order not to portray themselves as part of the problem;

- Bennell *et al* (2002: 94) observe that mortality rates amongst male teachers are three times higher than female teachers. Female teachers may therefore use this as indication of success in coping with the effects of HIV and AIDS; and

- According to Women and HIV/AIDS (accessed 03/03/2001) men are less sensitive than women. In other words, men (naturally or culturally) have a less caring nature than women. This means that men may not be sensitive enough to notice how the HIV and AIDS coping strategies are functioning. The fact that all the teacher groups believe that the coping strategies are working well could indicate a problem with the observation of the male teachers.

5.2.3 Caring for the HIV and AIDS infected/affected teachers and learners

The next sections include the perceptions of the sampled teachers on DSE strategies of caring for the infected/affected. A null-hypothesis was tested regarding the perceptions of different groups of teachers concerning the effectiveness of the DSE strategies to care for the HIV and AIDS infected/affected teachers and learners.

5.2.3.1 The perceptions of the whole group of teachers on caring for the HIV and AIDS infected/affected

An overview of teachers' responses to the degree of caring for the HIV and AIDS infected/affected teachers and learners is presented in Table 5.4.

Table 5.4   **Teachers' perceptions of DSE strategies of *caring* for the HIV and AIDS infected/affected teachers and learners**

Item	%Def. disagree/ Disagree	%Unsure	%Agree/ Def. agree
13. A strategy to deal with any form of discrimination against HIV/AIDS infected/affected teachers is in place in my school	34.2	27.9	**36.9**
14. Support services, such as counselling, for the HIV/AIDS infected/affected teachers are available in my school	**44.1**	19.8	33.3
15. Teachers who are HIV/AIDS infected/affected are given less work in my school	**45**	39.6	14.4
16. In my school qualified personnel are available to assist teachers suffering from emotional stress	**54.9**	24.3	19.8
17. A strategy is in place in my school to assist ill teachers to have access to medical care	**48.6**	24.3	24.3
18. Requests for transfers from my school on health grounds are granted	16.2	**50.5**	30.6
19. Support services, such as counselling, for the HIV/AIDS infected/affected learners are available in my school	24.3	17.1	**55.8**
20. A strategy to encourage orphaned children to attend school is in place in my school	9	13.5	**74.7**
21. A strategy to protect female learners from sexual abuse is in place in my school	14.4	27	**55.8**
22. My school has a strategy to educate male learners about the rights of females	28.8	27.9	**39.6**
23. A strategy to deal with any form of discrimination amongst learners is in place in my school	21.6	18	**57.6**
24. My school keeps a register of needy learners, such as orphans	3.6	1.8	**91.9**
25. My school has a strategy of supporting needy learners	11.7	9.9	**75.6**
26. My school has a strategy of minimising learner withdrawal	14.4	12.6	**70.2**
27. In my school qualified personnel are available to assist traumatised learners	27	12.6	**57.6**

Of the 15 items in Table 5.4, respondents agreed with eight items as judged by their more than 50% response rate (see items 19-21, 23-27). It must be observed that all eight items refer to learners. For

example, 74.7% agreed that there is a strategy to encourage orphaned children to attend school, 91.9% agreed that their schools keep registers of needy learners and 75.6% agreed that their schools have strategies of supporting needy learners.

There is a less clear picture with regard to responses to statements referring to teachers. For instance, over a third of the teachers (34.2%) disagreed that there was a strategy to deal with any form of discrimination against HIV and AIDS infected/affected teachers. Regarding the same statement 36.9% agreed and 27.9% were unsure. A similar situation appears in the following: more than two-fifth (44.1%) disagreed that support services for the HIV and AIDS infected/affected teachers are in place in their schools. One-third (33.3%) disagreed and under one-fifth (19.8%) were unsure about the statement.

The literature study mentions several psycho-social needs of **teachers**, which the education system needs to address, such as managing sickness and absenteeism, and imparting skills of coping with stress. The education system needs to care for its teaching corps so that suffering is reduced and teachers can concentrate on education provision (see section 2.3). For example, the findings of the quantitative research suggest that there is inadequate care provided for teachers' personal health (see Table 5.4, items 16, 17).

This situation counteracts what the DSE strategic plan (2002-2006, KRA 3 in section 3.5.5) stipulates: personnel will be trained to offer support to infected and affected individuals. The lack of adequate care may be ascribed to a possible state of lack of capacity to implement the strategies.

The empirical study shows that the available counsellors provide services to only learners (see Table 5.4). This may be because the counsellor-teachers are trained to counsel only learners. In addition, the teachers needing counselling services may not be comfortable with discussing their personal problems with counsellors who are their co-workers. The ideal situation would be to introduce counsellors from outside the school to protect sensitive information given by the counselees.

Table 5.4 reveals that teachers are deeply divided in their views on some items. For example, 34.2% agreed and 36.9% disagreed that a strategy to deal with discrimination is in place. The virtual split in respondents' views raises the question of whether strategies to deal with the welfare of teachers

are available or not. If the strategies are in place, perhaps they are not functioning satisfactorily and as a result some teachers do not observe any positive results. It is also surprising that a large group of teachers (27.9% and 19.8% in Table 5.4) are unsure about the existence or non-existence of the above strategies and services in their schools. This may be indicative of possible indifference that some teachers may have towards HIV and AIDS-related issues. This view makes sense when we recall that nearly two-fifth of the sampled teachers (38.7%) were not involved in HIV and AIDS activities in their schools (see Table 5.1).

Further examination of Table 5.4 indicates significant differences between the care for teachers and care for **learners**. As opposed to teachers' interests, which were neglected, respondents felt that the interests of learners were adequately cared for. For example, 44.1% of the sampled teachers disagreed that support services for the HIV and AIDS infected/affected teachers were available whilst 55.8% indicated similar services were available for the learners. The perceptions of the respondents suggest that the DSE seems to provide more resources to meet the psycho-social needs of learners than of teachers.

This observation suggests that concerns such as lack of qualified counsellors, discrimination, sexual abuse and human rights have been addressed. In spite of this achievement one could question the extent to which these concerns are addressed if one considers the education system in Botswana. Most of the secondary schools in Botswana operate a dual system: boarding and day system. This system allows a limited number of learners to stay in school hostels and the rest return to their homes every afternoon after school activities (also called day-scholars). Some of the implications of this system are:

- learners who stay in boarding are under the full charge of the school authorities, who have full responsibility to care for them. This includes protecting OVC from sexual abuse, abrogation of civil rights and high-risk situations (see section 2.6.1.1); and
- learners who are day-scholars can only benefit from school support during the period they are in school. In other words, when they leave school premises they are exposed to a less protected environment with all its attendant dangers, such as rape and other forms of child abuse.

Currently, there is no indication that the system of day schooling will be abolished. This state of affairs begs for strategies to extend the protection of the OVC and other learners to their homes. Technically, the authority of schools is limited within the school boundaries but there should be a way of protecting these learners even at their homes. One way may be for the school to establish cooperation with certain external stakeholders such as community leaders and faith organisations to establish strategies that will ensure safety of the OVC and other learners who are day-scholars (see sections 2.6.1.1 & 2.6.1.2). This aspect will be explored in the qualitative phase.

According to the perceptions of all the groups of teachers, strategies currently in place tend to focus more on the care for learners than of teachers. The next section indicates any significant difference between different groups of teachers.

5.2.3.2 Null hypothesis 2

HO2: There is no significant difference between different groups of secondary school teachers' perceptions regarding the effectiveness of the strategies to *care* for the HIV/AIDS infected/affected teachers and learners.

The hypothesis was tested by means of a t-test and ANOVA. The results of groups that differ significantly appear in Table 5.5.

Table 5.5   Means and significance of differences of perceptions of teachers (who were involved/not involved in HIV and AIDS activities at school) concerning the effectiveness of strategies to *care* for the HIV and AIDS infected/affected

Involved	N	Mean	Standard Deviation	t	df	Significance
Yes	62	**3.4792**	0.771767	2.827	103	P<0.01
No	43	**3.0795**	0.70493			

The null-hypothesis was rejected on the 1%-level for teachers who were involved/not involved with HIV and AIDS issues at school. Those who were involved differed significantly from the others in

their perceptions regarding strategies to *care* for the HIV and AIDS infected/affected teachers and learners.

The two means ($\bar{x}$ = 3.4792 and $\bar{x}$ = 3.0795) in Table 5.5, indicate that those teachers who were personally involved with HIV and AIDS issues at their schools were more inclined to confirm that there were strategies in place to care for the HIV and AIDS infected/affected at the schools. This group tended to answer "agree" on the items that focused on *caring*, such as that there were strategies for support services (e.g. counselling) for teachers and learners, assistance for ill teachers or orphaned learners, strategies to minimise discrimination, and sexual abuse at their school. For all the other groups the significances were greater than 0.05 so that the null-hypotheses could not be rejected.

The agreement is with regard to the groups based on gender, qualifications, experience and post level.

Although all internal stakeholders should be involved, it seems that some teachers can decide whether to be involved or not or an authority can decide who should be involved or not (see section 3.5.3). If this is the case, it means that those who choose to be involved do so out of genuine interest/concern for the cause. Therefore, the view that strategies for caring are in place as perceived by the internal stakeholders who were involved should be taken seriously. These stakeholders have been involved in the implementation of such strategies and it is logical that they would have better insight into the state of affairs than those who were not involved. The perceptions of those who were not involved are unlikely to have been based on facts.

5.2.4 Preventing the spread of HIV

The following paragraphs discuss the perceptions of the sampled teachers with regard to how they consider issues related to the prevention of the spread of HIV. A null-hypothesis was tested regarding the perceptions of different groups of teachers concerning the effectiveness of the DSE strategies to prevent the spread of HIV among teachers and learners.

5.2.4.1 The perceptions of the whole group of teachers on preventing the spread of HIV

Table 5.6 is an overview of the responses of teachers that focus on preventing the spread of HIV amongst teachers and learners.

Table 5.6   Percentages of responses on items that focus on *prevention* of the spread of HIV

Item	%Def. disagree/ Disagree	%Unsure	%Agree/ Def. agree
28. Married couples who are employed in the Department of Secondary Education are assigned to same/close work stations so that they can live together	**45.9**	18.9	33.3
29. My school has a strategy to promote HIV/AIDS awareness amongst teachers	29.7	10.8	**57.6**
30. In my school, condoms are easily accessible to teachers who need them	34.2	3.6	**60.3**
31. A strategy of encouraging *abstinence from sex/ faithfulness to one sex partner* is in place in my school	**45**	25.2	27.9
32. My school has a strategy to educate teachers about cultural/ religious practices that may contribute to the spread of HIV amongst teachers	**51.3**	27	19.8
33. A strategy that educates teachers about the abuse of female teachers in my school is in place	**59.4**	28.8	9.9
34. A strategy that promotes respect for women's rights in my school is in place	**54**	24.3	19.8
35. A strategy to impart life skills to teachers in my school is in place	**45.9**	21.6	29.7
36. A strategy to impart life skills to learners is in place in my school	13.5	4.5	**78.4**
37. Peer education is promoted to raise HIV/AIDS awareness amongst learners in my school	13.5	9.9	**70.2**
38. HIV/AIDS awareness content has been infused Into the subjects I teach in my school	20.7	4.5	**72**
39. In my school, condoms are easily accessible to learners	**76.6**	17.1	2.7
40. A strategy that encourages abstinence from sex is in place in my school	23.4	15.3	**58.5**
41. My school has a strategy to educate learners about cultural/ religious practices that may contribute to			

the spread of HIV amongst learners	**29.7**	**26.1**	**41.4**
42. A strategy that educates learners about the abuse of females is in place in my school	**29.7**	**33.3**	**33.3**
43. A strategy that promotes respect for the rights of females is in place in my school	**30.6**	**30.6**	**35.1**
44. My school has a strategy that prohibits the use of pornographic material in school	**28.8**	**24.3**	**43.2**
45. My school has a strategy to minimize exchange of body fluids, such as blood	**29.7**	**28.8**	**37.8**
46. My initial teacher training included information on the prevention of HIV	**53.1**	0.9	43.2
47. My in-service training included information on the prevention of HIV	36.9	1.8	**56.7**
48. My upgrading courses included information on the prevention of HIV	**45**	6.3	**45**

Table 5.6 indicates that 60.3% of the teachers agreed that condoms are easily accessible to teachers but over three-quarters of the teachers (76.6%) disagreed that condoms are easily accessible to learners. Condoms are said to be the 'first line of defence' against the spread of HIV. It therefore appears that learners are denied access to condoms in the majority of schools.

This selective provision of condoms suggests that school managers and teachers probably subscribe to a view that adolescents should or do not engage in sex. Denying learners at secondary school level access to condoms would, however, not stop them from sexual experimentation. As indicated in section 2.6.3.4, a more prudent course of action would be to avail condoms to learners at secondary school level.

Respondents are almost equally divided between the three response categories (disagree, unsure, agree) in five items referring to learners concerning: cultural/religious practices that contribute to the spread of HIV, educating learners about the abuse of females, promoting the rights of females, prohibition of pornographic materials and minimising exchange of body fluids (see Table 5.6, items 41-45). For similar items referring to teachers, respondents achieved a slight majority of around 50% on the "disagree" response. These items also scored above 20% of unsure responses except for the one about the exchange of body fluids (see items 32-34). The interpretation of the unsure responses may be that the teachers have not heard of such strategies in their schools and this implies that their schools do not have such strategies.

Table 5.6 also reveals that respondents were unable to agree decisively (scored < 50% in each of the three response categories) on nine of the 21 items. In addition, respondents registered high percentages (>20%) of unsure response in ten of the 21 items. Out of the 21 items respondents were able to agree decisively (scored > 50% in one of the three response categories) on 12 of the items.

Some teachers disagreed with nine items that strategies to prevent the spread of HIV amongst teachers are in place or are working (see Table 5.6, items 28, 31-35, 39, 46, 48). On the other hand, the respondents agreed that strategies to prevent the spread of HIV amongst learners are in place according to 11 items (see Table 5.6, items 36-38, 40, 41, 44, 46-48).

The survey findings are not categorical in the sense that more than 20% of the respondents chose "unsure" (see items 31-35 & 41-45). This researcher considers "unsure" responses of above 20% to be significant and that such statistics deserve an explanation. The statistics are significant because, in a way, they may represent a degree of detachment of respondents from what is happening in their work environment. For example, it is unusual that 24.3% of the teachers would not know for sure whether a strategy discouraging pornographic materials is in place or not (see Table 5.6). The spirit of disinterest (detachment) as manifested by a large number of teachers who are not involved in HIV and AIDS activities seems to explain this kind of behaviour (see Table 5.1).

There were items whose scores were almost evenly distributed between the responses "disagree' and "agree" or between the three responses (see items 31, 35, 41-48). This scenario seems to suggest that a substantial number of teachers may not be fully aware of the various HIV and AIDS-related activities that may be taking place in their schools or there are no such activities at all. If this is the case, questions may be raised about whether the DSE strategic plan has reached such schools and whether the school management has started to implement it.

Respondents seem to be concerned about the seeming absence of prevention strategies to deal with some of the major problems affecting women. For example, 51.3% disagreed that there are strategies to educate teachers about negative cultural/religious practices; 59.4% disagreed that strategies to educate teachers about abuse of female teachers are in place; 54% disagreed that strategies to promote respect for women's rights are in place (see Table 5.6, items 32-34). It is generally accepted that the rights of females should be protected and this largely concerns males

because they are said to often violate female rights. The fact that respondents indicated strategies are absent suggests that some people are not keen enough to promote female rights. In view of certain social-cultural practices and beliefs, it is understandable why some males would not support female empowerment through the advancement of women's rights. It appears that quiet resistance to the promotion of women's rights remains a problem in empowering women to oppose male dominance over their lives, in particular with regard to dictating terms in sexual relationships (see section 1.2.1).

In the literature review a few obstacles to stopping the spread of HIV were identified, such as a lack of strategies to promote behaviour change (see section 2.4.3). The following discussion will explore how this problem is dealt with in secondary schools.

In relative terms, a higher percentage of respondents disagreed that strategies that would promote change of behaviour amongst teachers were in place (see Table 5.6, items 31-35). The literature study stressed that teachers also need to change their behaviour (see section 2.4.3.2). Lack of emphasis on changing teacher behaviour may be a problem of value judgment on the part of those in authority. Some people in authority may have decided that learners deserved more resources and emphasis on behaviour change than teachers. Teachers may be considered responsible enough to take care of themselves unlike learners who are inexperienced and need constant guidance in managing their sexual lives. An adage, such as "Youths are the leaders of tomorrow", may place disproportionate value on the youth and overshadow the value of teachers. However, neglecting HIV prevention strategies for teachers can undermine the provision of education and the quality of education.

In Table 5.6 (see items 36-38 & 40) emphasis on changing learner behaviour is demonstrated in the high scores of agreement that:

- strategies to promote life skills are in place;
- peer education is promoted;
- HIV and AIDS awareness content is infused into certain subjects; and
- abstinence from sex is encouraged.

It is understandable that learners should receive more resources because of their future value and their large numbers (compared to the teacher population) and every effort must be made in order to help them reach their potential. However, HIV prevention strategies for teachers should also be supported adequately so that the provision of education is not interrupted.

In general, the teachers tended to state that strategies to prevent the spread of HIV amongst the teachers were absent, while similar strategies were in place to prevent the spread of HIV amongst the learners. In the following section, a hypothesis was tested to determine any significant difference between the different groups of teachers with regard to their perceptions on prevention strategies.

5.2.4.2 Null-hypothesis 3

Ho3: There is no significant difference between different groups of secondary school teachers' perceptions regarding the effectiveness of the strategic plan to implement strategies to **_prevent_** the spread of HIV amongst the teachers and learners.

T-tests and ANOVA were used to test the hypotheses. The results of groups with significant differences appear in Tables 5.7 and 5.8.

**Table 5.7   Means and significance of differences of male and female teachers'
                  perceptions of effectiveness of HIV _prevention_ strategies**

Gender	N	Mean	Standard Deviation	t	df	Significance
Male	55	**2.9397**	0.74545	-2.127	106	$P<0.05$
Female	53	**3.2239**	0.63648			

Significant differences were found (on the 5%-level of significance) in two instances as indicated by Tables 5.7 and 5.8.

Table 5.7 indicates that the mean of the females ($\bar{x}$ = 3.2239) is significantly higher than that of the males ($\bar{x}$ = 2.9397). This shows that the females, in contrast to the males, tended to agree with the questionnaire items that focused on prevention strategies.

These items asked if: married couples could live together; their schools had strategies to promote HIV and AIDS awareness; condoms were available at school; abstinence for learners was encouraged; and pornography was prohibited (see Table 5.6).

The null-hypothesis was rejected on the 5% level for male and female teachers. For all the other groups the significance was greater than 0.05 so that the null-hypothesis could not be rejected.

Sections 2.3.4 and 3.5.6 show problems which women in many parts of the world encounter. In Botswana females are perceived to have a lower status than males. As a consequence, men often violate women's rights. The fact that females agreed that strategies to prevent the spread of HIV are in place may represent the correct observation of the reality in a school environment. In other words, victimization of women in the wider society is not reflected by female teachers in secondary schools. Perhaps the relatively high education of the female teachers and their independence in terms of financial support may explain why they see preventive strategies as working for women too.

Some current practices and beliefs tend to encourage men to have multiple sexual partners, a practice known to spread HIV. Some of the strategies in Table 5.6 are intended to discourage such permissive attitudes. However, some men may view these strategies as robbing them of their rights. If they perceive them in this manner, they may wish to present a negative picture of the strategies. In other words, they will not want to give credibility to the strategies because doing so will be to condone violation of their 'rights'.

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Table 5.8   Means and significance of differences of the perceptions of teachers (who were involved/not involved in HIV and AIDS activities at school) concerning the effectiveness of HIV *prevention* strategies

Involved	N	Mean	Standard deviation	t	df	Significance
Yes	62	**3.2071**	0.74124	2.438	102	P<0.05
No	42	**2.8674**	0.62620			

Significant differences were found (on the 5%-level of significance) as indicated by Table 5.8. Table 5.8 indicates that the mean of those teachers who are involved with HIV and AIDS activities ($\bar{x}$ = 3.2071) is significantly higher than that of the others ($\bar{x}$ = 2.8674). This indicates that the teachers who are personally involved with HIV prevention at their schools also tended to agree with the items that focused on prevention strategies.

These items asked if: married couples could live together; their schools had strategies to promote HIV and AIDS awareness; condoms were available at school; abstinence for learners was encouraged; and pornography was prohibited, among others (see Table 5.6).

The null-hypothesis was rejected on the 5% level for teachers who were involved/not involved with HIV and AIDS activities in schools. For all the other groups the significance was greater than 0.05 so the null-hypothesis could not be rejected.

The views of the teachers who were involved with HIV and AIDS activities in schools indicated that they agreed that various strategies to prevent the spread of HIV are in place (see Table 5.8). The rationale for stakeholder involvement is to promote greater stakeholder commitment to the organisation and improved efficiency (see section 3.5.1). By implication, every secondary school teacher should be involved in HIV and AIDS issues in one way or another. Contrary to expectations, the research reveals a large number of teachers (38.7% in Table 5.1) who were not involved. As mentioned earlier (see section 5.3.2), the perceptions (of those who were involved) that preventive strategies were in place can be accepted because those teachers involved have insight and knowledge as opposed to those who were not involved.

The groups based on gender, qualifications, experience and post level had significances greater than 0.05 so that the null hypothesis could not be rejected. This implies that the four groups tend to have similar perceptions regarding the current strategies to prevent the spread of HIV amongst teachers and learners.

5.2.5 Involvement of internal stakeholders in the HIV and AIDS-related issues

The first section examines the perceptions of the sample teachers with regard to issues related to the involvement of internal stakeholders in the DSE HIV and AIDS strategic plan. The second section discusses the testing of a null-hypothesis concerning improved involvement of internal stakeholders.

5.2.5.1 The perceptions of the whole group of teachers on the involvement of *internal* stakeholders in the HIV and AIDS strategic plan.

Table 5.9 and the ensuing discussion focus on what teachers expressed with regard to involvement of internal stakeholders in the HIV and AIDS strategic plan.

Table 5.9 **Percentages of responses on items that focus on involvement of *internal* stakeholders in the HIV and AIDS strategic plan**

Item	%Def. disagree/ Disagree	%Unsure	%Agree/ Def. agree
49. Opportunity was provided to all the teachers in my school to participate in the designing of a strategic plan to deal with the effects of HIV/AIDS	**53.1**	15.3	29.7
50. The support staff in my school is involved in the activities of a strategic plan to deal with the effects of HIV/AIDS	**44.1**	20.7	33.3
51. The leadership in my school provides adequate resources for a strategic plan to deal with the effects of HIV/AIDS	**39.6**	26.1	32.4
52. The leadership in my school consults teachers on major decisions concerning a strategic plan to deal with the effects of HIV/AIDS	**43.2**	17.1	37.8

According to Table 5.9, a slightly higher number of respondents disagreed with each of the items. For instance, they disagreed that: opportunity was provided to teachers to participate in designing their strategic plan (53.1%); support staff were involved (44.1%); school leadership provided adequate resources for a strategic plan (39.6%); and the school leadership consulted with teachers on a plan to deal with HIV and AIDS (43.2%). The overall picture is that the majority of the respondents believe that internal stakeholders are not adequately and meaningfully involved in issues of HIV and AIDS strategic planning.

The literature review emphasised the need for meaningfully involving internal stakeholders. In the case of secondary schools, such stakeholders are the teachers, learners and support staff in the school (see section 3.5.3). The fact that the sampled teachers (internal stakeholders) feel that they are not meaningfully involved should be cause for concern. The external stakeholders' involvement largely depends on the sound foundation of internal stakeholder involvement and commitment to the programmes of the school.

Poor involvement of teachers and learners in secondary schools may be a consequence of several factors, such as:

- Internal stakeholders may have developed apathy to the subject of HIV and AIDS. If this is the case, the teachers will tend to avoid the subject by not getting involved in anything to do with it. In trying to exonerate themselves, such persons may apportion blame to school management as the cause of their non-involvement in HIV and AIDS-related activities. Some people may feel that the subject has been overemphasised and they no longer want to hear about it; and
- Management styles that exclude teachers from decision-making processes may alienate teachers from school activities. This view is highlighted by 43.2 % of the teachers (see Table 5.9) who reveal that their principal did not consult them on major decisions, such as strategies to deal with HIV and AIDS in schools.

It should be mentioned that the above are teacher perceptions. The study has not established the degree of learner involvement in the secondary school's HIV and AIDS strategic plan because it was not the concern of this study.

In summary, the perceptions of the teachers, as a group, indicate that they are not meaningfully involved in the planning or implementation of the strategies to mitigate the effects of HIV and AIDS in secondary education.   The next paragraph indicates if there is any significant difference in perceptions between different groups of teachers regarding improving the involvement of internal stakeholders.

5.2.5.2 Null-hypothesis 4

Ho4: There is no significant difference between different groups of teachers on the extent that the DSE strategic plan could be improved by increased involvement of *internal* stakeholders.

No significant differences were found between different groups regarding their views on the involvement of internal stakeholders. In this case, the null-hypothesis could not be rejected. All the different groups regarding gender, qualifications, experience, post level and involvement in HIV and AIDS activities in schools were in agreement on the involvement of various internal stakeholders with regard to the items in the questionnaire (see Table 5.9).

The general direction of responses in the table indicated disagreement with the items. For example, 53.1 % of the respondents disagreed that opportunity was provided to all teachers in their schools to participate in the designing of a strategic plan to deal with the effects of HIV and AIDS.   In addition, 43.2 % of the teachers disagreed that their school leadership consulted them on major decisions concerning a strategic plan to deal with the effects of HIV and AIDS. In other words, collectively the above groups tended to disagree with the items.

The involvement of internal stakeholders is important in many ways. They form the foundation on which external stakeholder involvement can be built. Without the involvement and commitment of the internal stakeholders, the DSE strategic plan may be doomed for failure. Recklies (accessed 14/09/2004) calls them the most important stakeholders with the highest influence on strategic planning of an organisation (see section 3.5.3). This fact was recognised by all the five groups of teachers (based on gender, qualifications, experience, post level and involvement in HIV and AIDS activities at school).

5.2.6 Involvement of external stakeholders in the HIV and AIDS-related issues

The following paragraphs include examination of the perceptions of a group of teachers concerning the involvement of external stakeholders in the HIV and AIDS strategic plan.
A null-hypothesis was tested regarding the perceptions of different groups of teachers concerning:

- the extent that the DSE strategic plan can be improved by expanded involvement of external stakeholders; and
- their views on the need for the involvement of selected external stakeholders.

5.2.6.1 The perceptions of the whole group of teachers on the involvement of external
         stakeholders in the HIV and AIDS-related issues

Table 5.10 which shows perceptions of previous involvement and proposed involvement of certain selected stakeholders. Table 5.11 shows views concerning past level of involvement and ideal extent of involvement of stakeholders.

Table 5.10   Perceptions of teachers on the involvement of external stakeholders in the HIV and AIDS strategic plan

	Previous involvement of certain selected stakeholders			Proposed involvement of certain selected stakeholders		
	Yes (%)	No (%)	Don't know (%)	Def. Disagree/ Disagree (%)	Unsure (%)	Agree/ Def. Agree (%)
53. Women's rganisations	6.3	**55.9**	35.1	18	10.8	**68.4**
54. Parents/guardians	26.1	**48.6**	23.4	13.5	9	**74.7**
55. Local communities	19.8	**41.4**	36.9	13.5	12.6	**71.1**
56. Mass media	30.6	**42.3**	25.2	9	16.2	**72**

57. Cultural and faith based organisations	**37.8**	28.8	31.5	11.7	13.5	**72**
58. NGOs	**37.8**	27.9	31.5	12.6	12.6	**72**

Note: This table fuses items 53-58 and 64-69 of the questionnaire.

Table 5.10 shows that the majority of respondents said "No" to whether there was previous involvement of external stakeholders such as, women's organizations (55.9%), parents/guardians (48.6%), local communities (41.4%) and mass media (42.3%). Close to two-fifth of the respondents (37.8%) believed that there was previous involvement of cultural and faith-based organisations and NGOs. The seemingly high percentage of 37.8 percent is undercut by the high percentage of "No" (28.8% and 27.9% respectively) and "Don't know" (31.5% for both). The overall picture (confirmed by the low percentages in the "Yes" column in Table 5.10) shows that there was minimal previous involvement of the stated external stakeholders.

The literature study demonstrated that internal stakeholders of an organisation may not have all the skills and resources to perform all the tasks that are important. To complement what they already have, the organization should seek help from other organisations and individuals (external stakeholders) who may have the required skills and resources (see sections 1.2.2 & 3.5.3).

A similar situation exists in Botswana secondary schools. Schools are engaged in various HIV and AIDS-related activities and they may not have all the necessary skills and resources to run the activities successfully. For this reason, a few selected external stakeholders were considered essential for the success of a HIV and AIDS strategic plan in secondary schools (see section 3.5.3).

Because of their potential value to schools, it was expected that schools would have involved these selected external stakeholders for some time. To the contrary, Table 5.10 indicates low previous involvement of these external stakeholders. On the other hand, respondents were unanimous in agreeing that the selected stakeholders should be involved in strategies of dealing with the effects of HIV and AIDS (see high percentages in the "agree" column in Table 5.10). The contrast between what respondents believe should be happening (involving the selected stakeholders) and what has actually been happening raises the following questions:

- Why have the external stakeholders not been meaningfully involved? and
- What could be done to improve the involvement of external stakeholders?

These questions are addressed in the next sections and in the findings of the interviews.

Teachers' views on the involvement of external stakeholders appear in Table 5.11.

Table 5.11 **Percentages of responses on items that focus on *past* level of involvement and *ideal extent* of involvement of external stakeholders**

Item	%Def. disagree/ Disagree	%Unsure	%Agree/ Def. agree
59. The involvement of external stakeholder(s) benefited my school	20.7	37.8	**39.6**
60. My school invited the stakeholders to help the school	18	21.6	**58.6**
61. External stakeholders offered to help the school	22.5	**37.8**	36
62. My school actively supported the activities of the external stakeholders	18	33.3	**46.8**
63. The leadership of my school consulted with teachers about which external stakeholders should be invited	29.7	32.4	**36**
70. External stakeholders should be directly involved from the first stages of a strategic plan to deal with the effects of HIV/AIDS	18	13.5	**65.7**
71. External stakeholders should be involved only in the implementation stages of a strategic plan to deal with the effects of HIV/AIDS	**58.5**	14.4	24.3
72. External stakeholders should be **only informed** about the decisions taken concerning a strategic plan to deal with the effects of HIV/AIDS	**69.3**	18	9.9

Table 5.11 shows that 39.6% of the respondents agree that the involvement of the external stakeholders benefited their schools. It is also noteworthy that a substantial percentage of the respondents (37.8%) were not sure about whether their schools had benefited or not. A large number of teachers (58.6%) agreed that their schools had invited the external stakeholders to help. Respondents were deeply divided on whether external stakeholders volunteered to help the schools

or not. Close to two-fifth of the respondents (37.8%) were unsure and 36 % agreed that they had offered to help. A significant portion of the teachers (46.8%) agreed that their schools supported the external stakeholders in their HIV and AIDS-related activities in the school. Teachers were also deeply divided on whether the school leadership had consulted them or not about which stakeholders should be involved. Thirty-six percent agreed, 32.4% were unsure and 29.7% disagreed.

The statistics suggest that there is an unsatisfactory level of consultation with teachers. Usually school managers who are in the habit of making unilateral decisions lose the support of their staff because such practices make the teachers feel neglected and unimportant. Teachers may even undermine the manager's decisions to stress their own importance. In this kind of dysfunctional environment, it will be difficult for the managers to win the support of external stakeholders in mitigating the effects of HIV and AIDS on the school.

Managers who believe in certain practices, such as autocratic management, (see item 63 in Table 5.11) tend to display such practices in similar circumstances. In other words, it is likely that such managers may want to exercise their power by controlling the involvement of external stakeholders. Table 5.11 shows that 65.7% of the teachers believe that external stakeholders should be directly involved at all the stages of a strategic plan. Meaningful involvement of the external stakeholders may be successful if the school managers adopt participatory management practices. Current indications (see item 52 in Tables 5.9 and item 63 in Table 5.11) suggest that such involvement of the external stakeholders may be resisted by some school managers.

Table 5.11 also seeks to find out about previous involvement of the external stakeholders mentioned in Table 5.10 with regard to specific aspects. For example, only 39.6% of the teachers felt that previous involvement of the indicated external stakeholders benefited their schools and 37.8% were unsure. This result tallies well with low previous involvement of stakeholders reflected in Table 5.10.

It would be helpful to determine reasons for the low previous involvement of external stakeholders. Two statements in Table 5.11 are useful. Over half of the respondents (58.6%) agreed that their schools had invited the stakeholders to help. Only 22.5% of the respondents indicated that external stakeholders had volunteered to help their schools. It therefore seems that the majority of external

stakeholders help only if they are invited. Moreover, if schools invite stakeholders to help them, they must actively support them. Indeed, this was the case as indicated in Table 5.11 where 46.8% agreed that their schools supported the stakeholders they had invited. These observations suggest that low previous involvement might have been a result of not inviting the stakeholders.

In Table 5.11, 65.7% of the respondents agreed that external stakeholders should be involved in the strategic planning process at all the stages. Accordingly it makes sense that 58.5% of respondents disagreed that external stakeholders should be involved only in the implementation stages and 69.3% disagree that external stakeholders should only be informed about the decisions taken.

The quantitative survey did not examine the perspectives of external stakeholders. The interview findings refer to this and the issue of external stakeholders' readiness to help secondary schools. In this discussion the teachers:

- indicated that most of the selected external stakeholders were not involved in the HIV and AIDS strategic plan;
- agreed that all of the selected stakeholders should be involved in HIV and AIDS-related strategies;
- stated that the past level of involvement of external stakeholders was reasonable; and
- indicated that they preferred that external stakeholders to be involved at all the stages of the strategic plan.

Two hypotheses were tested to find out if there were any significant differences in perceptions between the different groups of teachers on issues of improving the involvement of external stakeholders.

5.2.6.2 Null-hypothesis 5

Ho5: There is no significant difference between different groups of secondary school teachers on the *extent* that the DSE strategic plan can be improved by *expanded* involvement of *external* stakeholders.

The hypothesis was tested by means of Analysis of Variance. Tables 5.12 and 5.13 illustrate the results where significant differences were found.

Table 5.12   Means and significance of differences in perceptions of teachers (with different years of experience) regarding the expanded involvement of external stakeholders

Years of experience	N	Mean	Standard deviation	F-value	df	Significance
Less than 1	7	**2.5435**	1.10585			
1-5	35	3.1643	0.46994			
6-10	31	**3.2426**	0.60960			
10+	36	**3.2729**	0.54211	3.161	3	P<0.05

Table 5.12 indicates significant differences on the 5% level. Post hoc Tukey tests revealed that there were significant differences between the views of those teachers that were least experienced (< 1 year) and teachers of two other groups, namely those with six to ten years (p = .027) and more than 10 years (p = .017) of experience. In other words, the least experienced teachers differed significantly from those who had five years or more teaching experience. The higher means of the more experienced teachers (see Table 5.12) indicate that the more experienced teachers reacted more positively on the items that asked if involvement of external stakeholders benefited the school; if the school leadership discussed with external stakeholders their involvement at school; and if external stakeholders offered to help the school (see Table 5.11).

The null-hypothesis was rejected on the 5% level for the least experienced and the more experienced teachers. The null-hypothesis shows that there is a significant difference between the perceptions of teachers with least experience (< 1 year) and those with most experience (> 6 years). Teachers with least experience tended to disagree and teachers with the most experience agreed that expanded involvement of external stakeholders can improve the strategic plan (see Tables 5.10 & 5.11).

The more experienced teachers probably observed how difficult it is to implement the strategic plan without support from external stakeholders. They may have realised that external stakeholders

could possess the resources and skills which they lack. For example, the mass media has the means of broadcasting messages and influencing communities; faith-based organisations have skills to use the Holy Scriptures to influence behaviour change. In addition, Mosweu (in Mmegi, 26/03/2004) highlights the problem of teachers acting as counsellors of learners who view teachers negatively in this role (see section 2.6.2.1).   Under certain circumstances, schools can turn to external stakeholders to do what teachers cannot manage.

The less experienced teachers probably have not had enough time to see how the strategies are being implemented and what problems are being experienced. For this reason, they may not be in a position to appreciate the need for expanded involvement of external stakeholders.

Table 5.13   **Means and significance of differences of teacher perceptions who were involved/not involved with HIV and AIDS at school regarding the expanded involvement of external stakeholders**

Involved	N	Mean	Standard Deviation	t	df	Significance
Yes No	62 43	**3.3819** **2.9922**	0.45618 .61474	3.536	72.887	P<0.01

The null-hypothesis was also rejected on the 1% level for teachers who were involved/not involved with HIV and AIDS activities in schools.

Table 5.13 shows that the mean of those educators who were involved with HIV and AIDS activities at school are significantly higher than those of the others. This indicates that the teachers who were personally involved with HIV and AIDS activities at their schools tended to agree with the items that focused on involvement of external stakeholders.

Table 5.13 also indicates that there is a significant difference between the views of the teachers who were involved in HIV and AIDS activities and those who were not involved. The teachers who were involved tended to agree that past involvement of the selected external stakeholders produced useful results. The teachers who were not involved believed that past involvement did not produce positive

results. For the other groups there were no significant differences; thus, the null-hypothesis may not be rejected for these groups.

The study also found significant differences between perceptions of teachers who were involved/not involved with HIV and AIDS activities regarding expanded involvement of external stakeholders in the DSE strategic plan. Teachers who were involved tended to agree that external stakeholders, such as the media and women's organisations, should be involved. Teachers who were involved were probably in a better position to assess the success of the implementation of the strategies. Based on that experience, they now believed that expanded involvement of external stakeholders would be a worthwhile exercise and realised that key stakeholders were not yet meaningfully involved in the DSE strategies of mitigating the effects of HIV and AIDS on secondary education in Botswana. On the other hand, those who disagreed with expanded involvement of external stakeholders said so even when their knowledge of how strategies were implemented was questionable because they were not involved.

There were no significant differences between perceptions of teachers based on gender, qualifications and post level. In other words, these groups of teachers had similar views regarding external stakeholder involvement (see section 3.5.1).

5.2.6.3 Null-hypothesis 6

Ho6: There is no significant difference between different groups of secondary school teachers regarding their views on the need for the involvement of **selected external** stakeholders.

These external stakeholders are:
Women's organisations;
Parents/guardians;
The local community;
Cultural and faith-based organisations;
NGOs; and
The mass media.

The hypothesis was tested by means of ANOVA and it included;

- parents/guardians and the local community; and
- cultural and faith-based organisations.

(a)Parents/guardians and the local community

The results appear in Table 5.14.

Table 5.14   Means and significance of differences of perceptions of teachers (with different qualifications) regarding the involvement of parents/guardians and the local community

Qualifications	N	Mean	SD	df	F	Significance
Parents:						
M-degree	5	2.8000	0.44721	3	4.659	P<0.01
B-degree	41	**2.9024**	0.43617			
Diploma	58	**2.3966**	0.83644			
Other	2	3.000	0.0000			
Community:						
M-degree	5	2.8000	0.44721	3	3.272	P<0.05
B-degree	41	**2.8293**	0.49510			
Diploma	58	**2.4138**	0.81724			
Other	2	3.000	0.0000			

Significant differences were found between teachers with different levels of qualifications regarding their views on the involvement of parents and the community.

Table 5.14 indicates the following:

Tukey's post hoc test revealed that the significant differences in both instances were

between teachers who had Bachelor's degrees and those who held teaching diplomas (p = 0.003 and 0.020 respectively). The group with diplomas was significantly more negative than teachers with degrees with regard to the involvement of parents and the community. This is indicated by the lower means of the group with diplomas in both instances ($\bar{x}$ =2.3966 and $\bar{x}$ =2.4138). This shows that these teachers did not want parents or local communities (as headed by *dikgosana* or *dikgosi*) to be involved in dealing with the effects of HIV and AIDS in schools.

As opposed to teachers with diplomas, Table 5.14 indicates that teachers with Bachelor degrees tended to agree more with the involvement of parents and the community. The null-hypothesis was thus rejected on the 1% level (for teachers with different qualifications) regarding their views on the involvement of parents and on the 5% level regarding their views on the involvement of the local community.

For the other groups (women's organisations, mass media, cultural and faith-based organisations and NGOs) the significances were greater than 0.05 which means that the null-hypothesis could not be rejected. Table 5.10 will give greater light on the views on the involvement of external stakeholders.

Recent theory about school management encourages participatory management (see section 1.2.2). Therefore, a trained teacher should be able to appreciate the involvement of key stakeholders such as the parents and the local communities in the management of schools. For any school to function properly it needs the partnership of the parents/guardians of the learner and the whole community in which it is located (see section 3.5.3). However, some teachers to not appreciate the involvement of these external stakeholders. The fact that diploma teachers tended to disagree with the involvement of parents/guardians and the local community as opposed to Bachelor's degree teachers suggested that their differences lie in their training. The possible reasons for disagreeing with this popular practice may be the following:

- It is unlikely that diploma teachers fail to appreciate the involvement of parents/guardians and the local community. Diploma teachers may be uncomfortable with the involvement of

these stakeholders because some community members may hold higher qualifications than a diploma; and

▪ Personal experience of this researcher in teaching student-teachers indicates that Education Administration as a course is taught in the second term of the third year of a three-year diploma course. Education Administration takes half of the term (five weeks); the other half is taken up by Sociology of Education. A study of the course outline reveals that learners are basically introduced to principles of administration largely because of time constraints. Thus, there is little time to teach details of democratic leadership styles such as participatory management or stakeholder involvement. This may result in low appreciation of stakeholder involvement and may explain why diploma teachers shy away from the involvement of parents/guardians and local communities.

Educators from different post levels also differed significantly (on the 5%-level) regarding their views on the involvement of cultural and faith-based groups as shown by Table 5.15.

(b)   Cultural and faith-based organisations

Table 5.15 shows the perceptions of teachers of different post levels.

Table 5.15   Means and significance of differences in perceptions of teachers of different post levels concerning the involvement of cultural and faith-based organisations

Post level	N	Mean	SD	df	F	Significance
Principal	3	**1.6667**	1.15470	5	2.512	P<0.05
Dep. Principal	2	2.5000	0.70711			
Dept head	7	**3.000**	0.00000			
Snr teacher	45	2.7778	0.55958			
Teacher	45	2.5111	0.72663			
Other	5	2.6000	0.89443			

Table 5.15 indicates significant differences between educators from various post levels. Tukey's post hoc test revealed that the significant difference was between the principal and the department

head. The means of these two groups were 1.6667 and 3.000 as indicated by Table 5.15. This demonstrates that department heads were significantly more positive than principals that cultural and faith-based groups needed to be involved in dealing with the effects of HIV and AIDS on teachers and learners. Principals tended not to want them involved. The null-hypothesis was rejected on the 5% level for the different levels of qualifications regarding the views of the principal and the department head. The following points may explain the differences in opinion between the principals and the department heads:

- In many schools a significant number of learners live at home. These learners are in constant contact with their parents and cultural and faith-based practices in their villages. Some of these practices are said to violate human rights (women's rights in particular) and promote sexist attitudes which encourage male behaviour that enhances the spread of HIV (see section 3.6). It can therefore be understood that the school principals, who are responsible for the welfare of all the learners, should feel uncomfortable with the involvement of cultural and faith-based organisations perceived to engage in practices that violate human rights and promote the spread of HIV;

- In many societies cultural leaders acquire such positions by inheritance and not by a certain level of education. Consequently, many cultural leaders are illiterate. This state of affairs creates a barrier between such leaders and school principals. School principals would prefer cultural leaders who are educated to act as stakeholders and this may explain why school principals were reluctant to involve cultural organisations; and

- Some faith-based organisations are reported to prohibit the use of condoms as a preventive measure against the spread of HIV. The use of condoms is largely recognised as a reasonably effective way of preventing HIV transmission (see section 2.6.3.4). This implies that some school principals who appreciate the benefits of condom use and other methods/practices may prefer not to involve stakeholders who oppose such methods.

(c) Other external stakeholders

There was no significant difference found regarding women's organisations, NGOs and the mass media.

5.2.7 Factors that can influence an HIV and AIDS strategic plan

The ensuing paragraph examines the perceptions of the sampled teachers regarding factors that can influence a DSE strategic plan to deal with the effects of HIV and AIDS on secondary education. For example, successful involvement of external stakeholders may depend on the resolution of inducement-contribution exchanges (see section 3.5.4.1). Furthermore, external stakeholder involvement may also depend on the credibility of teachers (see section 2.6.1.1). This section examines teacher perceptions with regard to inducement-contribution exchanges and credibility of the teachers.

(a) Inducement-contribution exchanges

Table 5.16 shows the views of teachers in connection with rewarding external stakeholders as a way of inducing them to be involved in HIV and AIDS-related issues.

Table 5.16   Percentages of responses on items that focus on *rewarding* external stakeholders for their involvement in HIV and AIDS strategic planning

Item	%Def. disagree/ Disagree	%Unsure	%Agree/ Def. agree
73. establish if a particular external stakeholder expects to be rewarded	32.4	21.6	**43.2**
74. reach agreement with a particular external stakeholder on how they can be rewarded	36.9	19.8	**40.5**
75. reject the idea of rewards because it has limited resources	27.8	24.3	**35.1**
76. reward external stakeholders as appreciation for their involvement	**39.6**	18	38.7
77. reward external stakeholders to encourage them to help again in future	**45**	12.6	39.6

Table 5.16 reveals no single statement on which more than 50 % of respondents agreed indicating how deeply divided views are on the issue of rewarding external stakeholders. Many (43.2%)

agreed to firstly establish if a particular stakeholder expects a reward. More than two-fifths (40.5%) agreed to negotiate with a stakeholder. Nearly two-fifths (39.6%) also disagreed with rewarding external stakeholders as token of appreciation. Forty-five percent disagreed about rewarding stakeholders as encouragement to help in future. In three of the five statements, respondents disagreed with the idea of rewarding external stakeholders (see Table 5.16, items 75-77).

It should be appreciated that getting involved in a secondary school strategic plan may not be the main concern of many external stakeholders. It may be necessary to offer incentives to attract their involvement (see sections 1.2.2 & 3.5.4.1). Some external stakeholders may be sympathetic to the urgency and gravity of the problem of HIV and AIDS in schools. Such stakeholders may volunteer to help and may not demand rewards. Other stakeholders may have the means to help but they need to be invited. Such stakeholders may demand rewards for the time and resources used on a school activity and to minimise losses of time incurred (cost recovery).

The quantitative research shows that teachers tend to believe that it is unnecessary to reward external stakeholders (see Table 5.16, items 75-77). Although teachers may not like the idea of rewarding external stakeholders, they should consider their views. If external stakeholders demand rewards, school managers should negotiate with them in order to work out mutually acceptable conditions for involving them. To understand the perspectives of the external stakeholders concerning the issue of rewards, the interviews included questions on the matter.

(b) Credibility of the teachers

Table 5.17 presents teachers' views on the credibility of the teachers as viewed by the parents/guardians/local community.

Table 5.17   Percentages of responses on items that focus on the *credibility* of teachers as viewed by the parents/guardians/local community

Item	%Def. disagree/ Disagree	%Unsure	%Agree/ Def. agree
78. Parents/guardians are concerned about teacher-learner sexual relationships in my school	**42.3**	16.2	39.6
79. My school experiences teacher-learner sexual Relationships	**56.7**	27.9	13.5
80. My school informs parents/guardians about what is taught to their children concerning HIV/AIDS	**42.3**	27	28.8
81. My school has a strategy of involving the local community in the school's HIV/AIDS issues.	31.5	24.3	**42.3**

Table 5.17 reveals that 42.3% of the sampled teachers disagreed that parents/guardians were concerned about teacher-learner sexual relationships in their schools and they strongly disagreed (56.7%) that their schools experienced teacher-learner sexual relationships.   For the same statements, 39.6% agreed that parents/guardians were concerned and only 13.5% agreed that their schools experienced teacher-learner sexual relationships. Table 5.17 also revealed that 42.3% of the respondents felt that schools did not inform parents/guardians about what was taught to their children concerning HIV and AIDS. Regarding the involvement of local communities, 42.3% agreed that they were involved in HIV and AIDS issues (see Table 5.17). This view seems to contradict 41.4% who observed there was little previous involvement of local communities (see Table 5.10). The statistics suggest that the credibility of the teacher may, in the view of a substantial number of parents/guardians, still be questionable.

The literature review highlighted that teacher credibility may be affected by many causes, including teacher-learner sexual relationships and poor rapport between teachers and external stakeholders (see section 3.6). The discussion below considers these causes in view of the empirical findings.

▪ **Teacher-learner sexual relationships**

Some teachers may engage in sexual relationships with learners. This behaviour has negative implications not only for the teacher but, in a more extensive manner, for the girls. For a girl learner, a sexual relationship with someone entrusted with a position of parent (*in-loco parentis*) may be traumatic. For this reason such a practice is condemned and discouraged in education systems, including Botswana (Teaching Service: Chapter 62:01, sections 8 and 21). In spite of the efforts to stop the practice and enhance teacher credibility, the survey indicated that the credibility of the teachers may still be questionable. For instance, Table 5.17 shows that a considerable number of parents/guardians/local community (39.6%) are still concerned about teacher-learner sexual relationships. The majority of teachers disagreed that parents/guardians are concerned about teacher-learner sexual relationships. Bennell *et al* (2002: 51-52) point out that teachers seldom agree to statements that suggest that they are guilty of engaging in such relationships. When similar questions were posed to learners in Botswana, Malawi and Uganda, the responses indicated overwhelmingly that such relationships take place. This suggests that the responses of teachers in this regard should not be taken seriously. Professional ethics do not allow teacher-learner sexual relationships and school managers should enforce these ethics. If the external stakeholders see an uncompromising stance on the issue, they will develop greater respect for the teachers.

▪ **Poor rapport between teachers and external stakeholders**

Parents/guardians/local community are some of the most important stakeholders as far as the operations of a school are concerned. They are stakeholders in that they provide learners to the schools and they are deeply interested in what the school does with them. Furthermore, they have the capacity to support the school through financial, material and personal labour contributions (see section 3.6.2).

Important as this group of stakeholders may be, Table 5.17 shows that 42.3% of the teachers disagree that their schools should inform parents/guardians/local community about what is taught to their children concerning HIV and AIDS. However, parents/guardians/local community should be consulted about important issues that concern them. Teaching learners HIV and AIDS content, some of which may conflict with faith and cultural norms, should be an important issue deserving

parent/guardian/local community consent. Lack of consultation with these stakeholders demonstrates lack of transparency, undermines stakeholder cooperation, fuels mistrust and undermines the credibility of the schools and the teachers among parents/guardians/local community and the wider community of external stakeholders.

The following teacher perceptions were established:

➢ Rewarding external stakeholders for their contribution in HIV and AIDS activities was unacceptable;
➢ Teacher-learner sexual relationships were not a concern in the sampled schools; and
➢ There was poor rapport between teachers and external stakeholders.

The next section presents results of the qualitative study and a stakeholder involvement model.

5.3 RESULTS OF THE QUALITATIVE PHASE

The qualitative phase is a continuation of the efforts to achieve the aims of the study with regard to:

▪ clarifying issues related to the effectiveness of the DSE strategic plan with regard to mitigating the effects of HIV and AIDS among the learners and teachers;
▪ exploring ways of improving the involvement of internal stakeholders in the DSE HIV and AIDS strategic plan; and
▪ examining ways of meaningfully involving external stakeholders in the DSE HIV and AIDS strategic plan which is meant to mitigate the effects of HIV and AIDS in secondary education in Botswana.

The results of the quantitative study suggested that, according to teachers, the strategic plan to mitigate the effects of HIV and AIDS (regarding coping, caring and preventing) was more effective for learners than for the teachers themselves (see sections 5.2.2.1, 5.2.3.1 & 5.2.4.1). However, these results must be treated with caution for two reasons:

- Learners were not part of the study. For this reason, their perceptions on the matter are unknown and therefore the picture of the effectiveness of the strategic plan cannot be deemed complete; and

- The views of the teachers that the strategic plan was not effective with regard to their concerns may be a fair reflection. It may also be an exaggeration in order to make a case for even greater attention. In other words, it is possible that the strategies adequately address the concerns of the teachers but they want to exhaust whatever can be offered.

Due to these reasons, it was important to explore perceptions about the learners and teachers in order to reach a deeper understanding of the effectiveness of the current DSE strategic plan and examine how it could be improved. In this connection the following section presents the findings of the qualitative study.

5.3.1 FINDINGS

The interview transcripts were analysed, and categories and subcategories identified.
Table 5.18 reflects the categories and subcategories identified from the perceptions of interviewees regarding stakeholder involvement in HIV and AIDS related issues. This is followed by a presentation and a discussion of the findings.

Table 5.18   Perceptions of the interviewees regarding internal and external stakeholder involvement in HIV and AIDS-related issues

CATEGORIES	SUB-CATEGORIES
1. Care for the teachers and learners	
2. HIV prevention	(1) Successes and obstacles in HIV prevention in schools (2) The capacity of semi-internal and external stakeholders to deal with child abuse (3) Choice between sex abstinence and condom use (4) Difficulty of changing cultural/religious beliefs/practices (5) Inadequacy of resources for HIV and AIDS prevention plans
3. Stakeholder involvement	(1) Status of external stakeholder involvement in secondary schools (2) Readiness of the internal and external stakeholders to work together (3) Apprehension about involving external stakeholders

4. Inducement-contribution exchanges	(1) Views of the internal and external stakeholders on the inducement-contribution exchanges (2) Need for rewarding contributors
5.Credibility of Teachers	(1) Teacher-learner sexual relationships (2) School-community relationship
6. Variations in stakeholder capacity to help schools	

The following discussion is an elaboration of the identified categories and subcategories.

5.3.1.1 Care for the teachers and learners

The school managers in the sample were unanimous in their view that sick teachers were given less work on condition that it was a recommendation from health service providers. They also stated that there was no discrimination against female teachers in their schools. This view was also shared by the HIV and AIDS officer. This is in accordance with what school managers are supposed to do (see sections 2.3.4, 2.4.1.1, 2.4.1.2, 2.4.2 & 5.2.3.1).

The managers also agreed that counselling services in the schools were meant for the learners only. Teachers who needed such services were referred to other service providers outside the school. The view was contradicted by the HIV and AIDS officer who said:

> *In schools there is a counselling room in every school where the teacher counsellor sits and offers counselling. Who counsels who is a personal choice and therefore, if the teachers do not utilise the services in the school it is out of their choice because no counsellor would turn away a client.*

According to the qualitative study, teachers are adequately cared for regarding psychological support. This contradicts the quantitative findings: that teachers who are affected and infected are not properly cared for (regarding having access to counselling services, medical care, and workload when they are unwell) (see section 5.2.3.1). It is surprising that respondents from the same cohort would hold such opposing views.

According to the participant from the PTA, although the PTA is currently not involved, it has the potential to care for the needy and HIV positive learners, such as providing clothes and groceries. The participant, however, expressed concern about the large number of such learners. She states; "They are many. The needy and the HIV positive children, they are many" (see section 1.2.1). With the current involvement of the PTA, one wonders whether the PTA can develop capacity to assist such large numbers of infected and affected learners.

5.3.1.2 HIV prevention

The section will include the following views: Successes and obstacles in HIV prevention in schools; the capacity of semi-internal and external stakeholders to deal with child abuse; sex abstinence and condom use; cultural/religious beliefs; and resources for HIV and AIDS prevention (see Table 5.18).

(1) Successes and obstacles in HIV prevention in schools

With regard to HIV prevention programs, the school managers believed that lack of parental guidance, lack of insight into the seriousness of the HIV and AIDS problem and faulty perceptions of the causes and prevention strategies of HIV were some of the problems that undermined prevention efforts. One participant stated:

> *It is the students we still have a lot of problems with. A lot of our students are orphans. If they are not orphans then the parents stay elsewhere, either at the lands or at the cattle post. So they stay alone at home most of the time. So such students when you talk of ways of preventing the spread of HIV, because there is no backup at home, to them it is like any other lesson which they are taught at school. They take it very lightly, like a joke. Even this morning a teacher was talking to them about it at assembly, some of them were laughing. It is their perception of the whole issue which is a problem.*

According to the assessment of the school managers, the understanding of the teachers with regard to HIV prevention was thorough. However, this may not necessarily translate to behaviour change that would reduce HIV transmission.

With regard to poor learner understanding of the issues of HIV and AIDS, the school managers proposed that HIV and AIDS and sex education should start at home from an early age. They also recommended that, in addition to the home, various organisations, such as churches, which the children attend, should teach about HIV and AIDS.

The views of the school managers suggest that the efforts of the school alone may not be adequate. They subscribe to the view of the MoE that a multi-sectoral approach may produce better results (see section 1.2.1) to prevent the spread of HIV and AIDS.

Contrary to the views of the school managers, the HIV and AIDS officer was fairly satisfied with the achievement of the HIV prevention strategies amongst the learners and teachers. The officer explained that this is not the effort of the MoE alone, but of other ministries and stakeholders as well. Among other strategies, the MoE runs a twice-weekly television show called Talk-Back. The programme is intended to build capacity in teachers to manage HIV and AIDS issues in schools in a more meaningful manner.

Upon reflection, the officer expressed two concerns:

- Teachers were not fully utilising the Talk-Back show due to various reasons. One of the reasons was that it was aired at a time when teachers were in class; and
- Lack of support from the school managers because they did not have the required skills in the management of HIV and AIDS-related issues in secondary schools. As a result, the MoE was preparing a manual to equip the school managers.

Lack of parental guidance to learners mentioned earlier may be symptomatic of the general reluctance of the local community in getting involved in HIV and AIDS activities in schools. Two reasons were cited for low local community involvement:

- o Lack of a strong Parent-Teachers Association (PTA) mainly because it does not have the mandate of the majority of the parents as the PTA is usually handpicked by the school manager. The manager does this on account of poor parent attendance of PTA meetings; and

o Lack of incentives to attract the local community to get involved in school activities (see sections 1.2.2, 3.5.4.1 & 5.2.7). One participant commented: "If you don't feed them, they don't come. If they know there is going to be feeding, that's when they come in large numbers towards feeding time".

(2) The capacity of semi-internal and external stakeholders to deal with child abuse.

Reluctance of the local community to be involved in the PTA seems to have far-reaching consequences for the management of schools in general and for the prevention of HIV. For instance, the PTA chairperson admitted that there were many incidences of child abuse, in particular sexual abuse (see section 5.2.4.1). When asked how the PTA could minimise the problem, the chairperson stated:

I don't know whether the PTA can minimise (the problem) because those children are abused by their uncles, brothers, even their fathers. So we don't know what to do about the issue.

Concerning child-abuse, participants of the faith-based organization stated that they could hold workshops to educate community leaders about this unacceptable practice. The member of the women's organisation believes that child abuse and rape cannot be resolved without establishing the causes of such behaviour. The organisation indicated that they would be willing to be part of the process to investigate the sources of such problems to counteract the practice. Presently, the mass media present HIV and AIDS programmes to the general population (see section 5.2.6.1) and do not have programmes that specifically target secondary school learners. However, the mass media indicated that they have the capacity to develop relevant programmes for learners and to educate communities about child abuse issues. The following quote elaborates the point:

We can educate the parents as well as the teenagers on how to safeguard themselves and how to conduct themselves. Basically it's all about education, we can educate through the newspapers.

The qualitative study showed that participants were of the opinion that child abuse is common in the home environment. Perpetrators may not only be abusing their own children but also the orphans who depend on their support. It is hoped that the community leaders would address these issues.

Hopefully, the PTA, a body representing parents/guardians of the learners, would assume responsibility to address rape and other forms of child-abuse. This issue should be within their capacity to deal with (see section 5.2.4.1) with the support of teachers and other internal stakeholders.

Parents/guardians, through the PTA, should be actively involved in promoting the welfare of the learners at home. Such involvement could form the basis for a community structure which could be a catalyst for more external stakeholder involvement to promote learner welfare at home and thus reduce learner exposure to HIV. The PTA should champion this cause.

(3) Choice between sex abstinence and condom use

Participants from the faith-based organisation mentioned that they were involved in HIV prevention programmes in secondary schools. In this regard, they run the programmes of Abstinence and Pledge 25. The Abstinence programme trains the learners to manage their sexual desires through self-control and equips them with life skills, such as assertiveness, negotiating and decision-making. This programme tallies well with what schools are doing, such as not providing condoms, discouraging learners from engaging in sex and teaching life skills so that they are able to manage their lives (see sections 2.6.1.1 & 5.2.4.1). The Pledge 25 programme also challenges learners to pledge to donate safe blood 25 times in their lifetime. The pledge to donate blood is a personal challenge to remain uninfected by HIV.

According to participants, the organisation faces two major threats to realising its objectives:

  o Some people do not believe that abstinence is possible. A participant elaborates the point:

> *It's like we are the only organisation or we are among the few organisations that are saying to the youth, "Abstain". Most of them are saying if it's not possible do this or use a condom. We are preaching abstinence. So that is challenge to us because not many organisations are saying that to the youth and then this makes the youth to believe that abstinence is not possible because only a few people will tell them "Abstain".*

- A lack of transport: the organisation has one vehicle and staff cannot visit different schools at the same time.

The issue of abstinence is also supported by many other stakeholders. They disagree that condoms should be available in schools so that learners have easy access to them. One school manager commented:

> *We insist on abstinence, not on the use of condoms. If we make condoms accessible to the students, we will be negating our insistence on abstinence.*

The participant from the PTA held a similar view that schools should encourage abstinence. She explained: "I think by giving the children condoms we are encouraging them to have sex." She further explains why encouraging abstinence is better than condom promotion:

> *Even though they are given condoms, it's still the same because they just take the condoms and put them aside and then have sex without condoms.*

The evidence of condom non-use is the many drop-outs due to pregnancy. Learners do not use condoms even though they are available in clinics, shops and other outlets.

Within the internal stakeholder sample, there was some inconsistency: the school managers indicated that promoting abstinence alone was the MoE policy while the HIV and AIDS officer declined to comment on the issue. The fact that many schools do not provide condoms to learners suggests adherence to the MoE policy.

The above views should be seen against the background of the sexual impulsiveness and experimentation among the youth (see sections 2.6.3.4 & 5.2.4.1). The attractiveness of abstinence as an option for many can be questioned. Conversely, promiscuity will lead to continued high HIV infection rates among the youth in secondary education.

(4) Difficulty of changing cultural/religious beliefs/practices

In many communities, a school is an institution which must adjust to the surrounding culture. In some contexts, schools are linked to religious organisations. Thus, communities and religious organisations are powerful social structures whose practices cannot be easily broken especially by teachers who are perceived as outsiders. Frequently, schools are powerless to change certain cultural/religious beliefs/practices, such as sexual intercourse with a virgin can cure sexually transmitted diseases. One participant explained that it is difficult to question cultural/religious beliefs because members of the community ask what right you have to question their practices: "Especially if you are a teacher and you come from another community (see section 5.2.4.1). It might be perceived as looking down on the culture of that community". As a result, teachers seldom comment on cultural/religious beliefs/practices. In terms of HIV prevention strategies, they preach the message of behaviour change with care since they do not want to transgress social boundaries. This is an unfortunate as it retards efforts to curb the spread of HIV.

(5) Inadequacy of resources for HIV and AIDS strategic plan

Schools may develop brilliant strategic plans to mitigate the effects of HIV and AIDS by means of education but without resources, they cannot be realised (see sections 2.3.5 & 2.4.1.5). In this connection, the school managers were unanimous about inadequate resources to implement the HIV and AIDS strategic plan. In elaborating their views, one manager said there was no teacher trained as a specialist in the area of HIV and AIDS. This is unfortunate because a school needs at least one teacher who is qualified to deal with HIV and AIDS-related problems (see section 2.4.3.2). Another manager stated:

> *There are limited resources in terms of finance. There isn't any vote or any money which*
> *government allocates to schools to specifically use for HIV and AIDS activities. Hence, the*

school depends on a small vote, a small amount of money which is not specifically geared towards HIV and AIDS. It is used for all other non-teaching activities, out of school activities and it's very little. Very, very little.

The HIV and AIDS officer had a different view on the availability of resources. She believed that schools had enough resources to implement the HIV and AIDS strategic plan. When the school managers' view was communicated to the officer, she reasoned that schools may not get enough resources if they do not include estimates for HIV and AIDS activities in their annual budgets.

5.3.1.3 Stakeholder involvement

This discussion examines the status of external stakeholder involvement in secondary schools, readiness of the internal and external stakeholders to work together, and apprehension about involving external stakeholders (see Table 5.18).

    (1) Status of external stakeholder involvement in secondary schools

The school managers agreed that there were no external stakeholders currently involved in their schools' HIV and AIDS projects/programmes (see section 5.2.6.1). This view differs with that of the HIV and AIDS officer. The officer commented:

Yes, …we have several [stakeholders] *working with our schools. However, there is concentration in the urban areas as opposed to the schools in the hard-to-reach places.*

The officer's wish for improvement was stated as follows:

They [stakeholders involved in HIV and AIDS programmes] could spread their wings to the remote areas. That is what we are looking for as improvement. Because that is where we have most of the vulnerable learners. In other words, they don't have as much information as those in cities.

According to the officer, these external stakeholders are involved in various areas, such as blood donation and peer-counselling. The officer admitted that these stakeholders were not involved in the planning process but only at the implementation stage. Regarding support provided by the external stakeholders, the officer stated: "It's situational. It will be dictated by what they need".

It must be mentioned that the schools the researcher visited were in the peri-urban areas (about 30 km from the city and accessible on tarred roads). The explanation that external stakeholders did not visit schools because they were hard to reach may not be valid. However, some rural schools are indeed difficult to reach.

The view of the school managers (little external stakeholder involvement) is in accordance with what was reflected in the quantitative study (see section 5.2.6.1). Only a limited number of schools benefit from external stakeholder involvement.

(2) Readiness of the internal and external stakeholders to work together

The school managers indicated that they did not have a problem with working with parents or cultural/faith-based organisations. In this connection one participant said:

> *I would make good use of them [external stakeholders] because if it's a cultural organisation they are better placed to get through to the members of the school community than when it comes from the teachers.*

In fact, they did not have a problem with the involvement of external stakeholders at any stage of strategic planning (stages before and during implementation) provided there was a common understanding about how to approach learners and what their role should be. Even the external stakeholders, such as the mass media, women's organisations and faith-based organisations, emphasised that it was important that they should be involved in the strategic planning process from the beginning. This is encouraged by the consensual model and by what some experts consider to be a prerequisite for meaningful stakeholder involvement (see sections 3.3.2 & 3.5.2). One participant highlighted the importance of being involved from the planning stage:

The ideal situation will be to be involved from the beginning because you find that maybe the school might need some information that we have that they would like us to assist them in relation to what they are planning.

The readiness of the internal and external stakeholders to work together may indicate disapproval of the current practices which involves stakeholders at implementation level only. One participant said the current practice is that internal stakeholders design the strategic plan without the involvement of external stakeholders and "…involve us at the implementation stage".

(3) Apprehension about involving external stakeholders

One of the school managers expressed fear that there might be differences between teachers and religious and cultural organisations in their beliefs of how HIV is caused and prevented. This may therefore be a source of conflict.

The HIV and AIDS officer also had misgivings about involving external stakeholders at all stages. She doubted if it was practicable. When asked if she would have a problem if it were practicable, she responded: "I have no comment. It needs unpacking. It needs dissecting".

The above indicates that some people are uncomfortable with external stakeholder involvement at all stages. Certainly, involving them may not be as easy as involving internal stakeholders. However, benefits of such involvement include: ownership of ideas and increased stakeholder commitment to the organisation (see section 3.5.1).

5.3.1.4 Inducement-contribution exchanges

Two aspects are discussed in this paragraph: views of the internal and external stakeholders on inducement-contribution exchanges and need for rewarding contributors (see Table 5.18).

(1) Views of the internal and external stakeholders on inducement-contribution exchanges

The issue of inducement-contribution exchanges was explored. School managers believed it was inappropriate to induce external stakeholders as a way of encouraging them to get involved in the

HIV and AIDS strategic plan (see sections 1.2.2, 3.5.2, 3.5.4.1 & 5.2.7). They felt that doing so may contravene government regulations.

The mass media and the faith-based organisations do not expect any rewards from schools. In this connection, one participant explained her views:

> *No, we are not expecting any reward because we said our mandate is to assist, to save the community and as a non-profit making organisation we are not expecting any reward. All that we want is just to build partnerships with the schools so that we can, together, assist the students. A reward we are expecting is just a good relationship with them.*

According to the HIV and AIDS officer, the external stakeholders currently involved in the HIV and AIDS programmes are not rewarded. When asked about a hypothetical situation where a stakeholder asked to be induced, the officer declined to answer and referred the researcher to the Chief Education Officer.

   (2) Need for rewarding contributors

The participant from the women's organisation initially had a different view about rewards. In her own words she said:

> *The number of hours we are spending at that school, we would need some form of cost recovery of some sort, depending on exactly what we are doing.*

When asked to explain what she meant by cost recovery, she added:

> *I will have to be given money probably for transport, lunch or whatever it is. Maybe, I may also distribute some material, then it means I should be rewarded for the material I have used.*

When further asked what the members of an organisation would do if a school was unable to reward them, she explained; "Well, it's not like a life and death thing. The most important thing is we are

helping the students so they are in a position to help themselves". The need for inducing stakeholders was also expressed by the PTA chairperson who proposed that the school should provide something, such as refreshments, to induce parents/guardians and the general local community to attend school activities.

From the above discussion it is clear that some external stakeholders may expect to be rewarded. In this regard many experts emphasise that there must be links between actions and benefits to the stakeholders (see section 3.5.2). Phillips (in Stakeholder, accessed 09/09/2007) asserts that stakeholders should be treated fairly as a matter of ethical requirement. Fairness derives from the notion of reciprocity and holds that obligations accrue to stakeholders in proportion to their contribution. In other words, an organisation must reciprocate the contribution of the stakeholders. Acknowledging this reality would provide strategic planning managers with the opportunity to establish stakeholder expectations and negotiate with them if they expect to be rewarded. This step would hopefully improve the number of stakeholders that commit to the strategic plan.

5.3.1.5 Credibility of teachers

The credibility of teachers is discussed from the perspective of teacher-learner sexual relationships and school-community relationships (see Table 5.18).

   (1) Teacher-learner sexual relationships

School managers indicated that teacher-learner sexual relationships were not a problem in their schools. The participant from the PTA was also satisfied with the relationship between teachers and learners. She had never heard any rumour concerning the issue to concern the PTA (see section 5.2.7). However, the HIV and AIDS officer declined to comment on the issue. Moreover, on Teachers' Day in Botswana, an official from a teachers' union warned teachers about refraining from sexual relationships with their students (Botswana Television [BTV] News Broadcast, 8 June 2007). This suggests such relationships do exist. If this is the case, then teacher credibility is bound to be low and such practices would enhance the spread of HIV.

(2) School-community relationships

The research indicated different participant views on school-community (teacher-parent) relationships. One school manager stated:

We are always extending our invitations [to communities]. *We are always getting to them where we can. We try to get to them as much as we can. But when we call them to school to discuss education matters, education of their children, conduct of their children, they don't come.*

Another school manager indirectly admitted that the school may not be doing enough to improve the relationship between the school and the community. The participant's view is reflected in the following quotation:

Maybe as a school we should also attend meetings convened by the community leaders. Maybe this could shift the mindset of the community.

For some reason, the HIV and AIDS officer declined to comment on this subject and referred the researcher to the Chief Education Officer. The PTA chairperson observed that the PTA and the school enjoyed high levels of cooperation. She stated: "Our relationship is good because when we have something to talk to the teachers, we go to school to talk to them. When they have something to talk to us, they call us" (see section 5.2.7).

It would appear that the school managers have different expectations of the role and performance of the PTA. The two partners should resolve this issue so that the PTA can function as a meaningful partner regarding the HIV and AIDS strategic plan and other concerns.

5.3.1.6 Variations in stakeholder capacity to help schools

The next section explores the extent to which external stakeholders can help schools in HIV and AIDS related activities so that school expectations are not exaggerated (see Table 5.18).

Two participants indicated that they had the capacity to help more schools. The mass media explained that their approach so far has been to engage in programmes that involve the whole population in general. The participant added that if the need arose, they could focus on secondary schools by starting awareness groups or drama groups in schools. The member of the women's organisation expressed readiness to be involved in schools' HIV and AIDS programmes if invited. The organisation has skills to help the infected/non-infected change their sexual behaviour, to help learners who are in crisis due to loss of beloved ones and provide ongoing counselling. However, the organisation must be approached.

The third participant from the faith-based organisation cited lack of transport as a limitation to expanding services. She felt that what they were doing at the moment was sufficient: "…looking at our capacity currently, I think what we are doing is enough."

It is clear that some external stakeholders have a greater capacity to expand their assistance than others. Both groups of stakeholders (the mass media and faith-based organisations) need to be involved in the HIV and AIDS strategic plan in order to facilitate the achievement of its objectives.

5.3.2 Conclusion of the mixed methods approach study

The following are conclusions from the mixed methods approach study (quantitative and qualitative):

- The quantitative research results (see sections 5.2.2.1, 5.2.3.1 & 5.2.4.1) indicated that the DSE strategic plan was largely effective with regard to mitigating the effects of HIV and AIDS amongst the learners and was less effective amongst the teachers according to the teachers who participated in the study. In contrast, the participants of the qualitative study showed that the strategic plan was quite effective amongst the teachers and less effective amongst the learners (see sections 5.2.4, 5.3.1.1 & 5.3.1.2).

  The above mentioned opposing views on the level of effectiveness of the current DSE strategic plan may be an indication that its success is undermined by certain limitations. In other words, HIV and AIDS remains a problem among the teachers and learners to a greater or lesser extent. It has been established that internal and certain external stakeholders have

been involved in the current strategic plan (see sections 5.2.5, 5.3.1.1 & 5.3.1.4). It can thus be deduced that the limited effectiveness of the strategic plan may be a consequence of shortcomings in the *manner* of involvement and/or *quality* of external stakeholders. In fact, the quantitative study shows that there was low external stakeholder involvement in terms of including *key* stakeholders and involving them *at all levels* of the strategic plan (see section 5.2.6.1). For instance, some external stakeholders who are considered critical for the effectiveness of a school strategic plan, (see sections 3.5.3 & 5.2.6.1) are not included in the current strategic plan. In the qualitative study, the school managers indicated that there were *no* external stakeholders in their schools. On the other hand, the HIV and AIDS officer and the external stakeholders interviewed stated that they were involved with *some* of the schools (see section 5.3.1.3). From the study, it can be concluded that external stakeholder involvement could be improved.

▪ The internal and external stakeholders both maintained that it is important to work together to meaningfully mitigate the effects of HIV and AIDS on secondary education (see sections 5.3.1.3, 5.2.6.1 & 6.5 which indicates how the stakeholders can work together).

The study also revealed the following concerns which should be resolved for the DSE strategic plan to succeed:

▪ Schools do not have the capacity to address the issues of cultural/religious beliefs/practices that may undermine the strategies of preventing the spread of HIV;
▪ Schools do not have enough resources to implement the HIV and AIDS strategic plan;
▪ The stance taken by schools not to reward external stakeholders for their contribution may discourage certain key stakeholders from participating in HIV and AIDS-related programmes; and
▪ The PTAs do not seem to have the capacity to fulfill their responsibilities (dealing with child abuse, promoting parent participation in school activities) in their communities.

5.4   SUMMARY

The chapter presented the findings that emerged from the quantitative and qualitative study. In the quantitative study six null hypotheses were analysed. In addition, the perceptions of teachers about different HIV and AIDS strategies were discussed with regard to coping with the effects of HIV and AIDS, caring for the infected/affected, and preventing the spread of HIV amongst the teachers and learners. Other aspects that were included were the perceptions of the involvement of internal and external stakeholders in the HIV and AIDS related issues. Finally, the analysis considered teacher perceptions about factors that can influence a DSE HIV and AIDS strategic plan.

The qualitative component of the study explored the perceptions of the internal and external stakeholders with regard to issues, such as, perceptions on HIV prevention, care for the teachers and learners, and readiness of the internal and external stakeholders to work together.

The following chapter will include the conclusions, stakeholder involvement model, and recommendations. Limitations of the study will also be highlighted.

CHAPTER 6

LIMITATIONS, FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

6.1   INTRODUCTION

The DSE in Botswana has a strategic plan which has been used by secondary schools as a basis for developing their own strategic plans to deal with the effects of HIV and AIDS. Early observations indicated that the strategic plan had certain limitations and that it would be enhanced by improving the involvement of the internal and external stakeholders.   The following key research question was formulated: How can the involvement of all willing and capable stakeholders in strategic planning help in dealing with the effects of HIV and AIDS on the management of secondary education in Botswana? To address this question, the study endeavoured to (see section 1.5):

- determine through a literature review the nature of the HIV and AIDS effects on the management of secondary education in Botswana;
- investigate the effectiveness of the current DSE strategic plan in helping secondary education management cope with the effects of HIV and AIDS in Botswana;
- examine how and in what ways the current strategic plan can be improved to help in the management of the secondary education system to cope with the effects of HIV and AIDS; and
- design a model strategy that will involve willing and capable key stakeholders in mitigating the effects of HIV and AIDS in the DSE.

The study adopted a mixed methods approach (see sections 1.7.1 & 4.3). For the quantitative component of the study, the following hypotheses were formulated:

Ho 1: There is no significant difference between groups of teachers' perceptions
     regarding the effectiveness of the DSE strategies to *cope* with the effects of HIV and AIDS
     on teachers and learners.

Ho 2: There is no significant difference between different groups of secondary school

teachers' perceptions regarding the effectiveness of the strategies to *care* for the HIV and AIDS infected/affected teachers and learners.

Ho 3: There is no significant difference between different groups of secondary school teachers' perceptions regarding the effectiveness of the strategic plan to implement strategies to *prevent* the spread of HIV amongst teachers and learners.

Ho 4: There is no significant difference between different groups of teachers on the extent that the DSE strategic plan could be improved by increased involvement of internal stakeholders.

Ho 5: There is no significant difference between different groups of secondary school teachers on the extent that the DSE strategic plan can be improved by expanded involvement of *external* stakeholders.

Ho 6: There is no significant difference between groups of secondary school teachers regarding their views on the need for the involvement of *selected external* stakeholders.

In the qualitative component of the study interviews were conducted with three internal, one semi-internal and three external stakeholders (see sections 1.7.2.2 & 4.5). The aim of the interviews was to follow up and cross check certain issues that emanated from the quantitative study.

Accordingly, this chapter presents the findings and conclusions drawn from the empirical investigation and literature study. It then makes key recommendations based on the study.

6.2   LIMITATIONS OF THE STUDY

The following are some of the limitations of the study:

- The sample of schools was selected purposively and were located in one region. Therefore, the sample does not fully represent the population of teachers in Botswana in terms of their perceptions on various aspects of HIV and AIDS;
- Due to lack of resources and time, the researcher was unable to include additional HIV and AIDS officers which would have yielded further information;
- The sample of external stakeholders was chosen purposively and, therefore, their views do not represent all other external stakeholders; and

- The subject of HIV and AIDS is sometimes stigmatised. It is possible that some responses in the quantitative and qualitative studies were influenced by the negative perceptions attached to the epidemic.

6.3   FINDINGS OF THE RESEARCH

After analysing the literature and the results of the quantitative and qualitative components of the study, the following findings emanated:

(a) The prevalence of HIV and AIDS-related illness and deaths are high in Botswana and the situation is also reflected in secondary education which comprises teachers and learners (see sections 1.1 & 1.2.1);

(b) Secondary education in Botswana has been affected in two major ways:

- The **supply of education** has been negatively affected through increased mortality and morbidity, increased absenteeism and other factors related to HIV and AIDS which affect education-related personnel (see section 2.3), and
- The **demand for education** has been reduced due to growing numbers of orphaned and vulnerable children (OVC) as a consequence of parent/guardian mortality and morbidity related to HIV and AIDS (see section 2.5);

(c) In addition to medical and other interventions, an education management approach is required to mitigate the effects of HIV and AIDS on secondary education in Botswana (see sections 1.2.1 & 1.2.2);

(d) According to sections 5.2.2.1, 5.2.3.1 and 5.2.4.1 and hypotheses 1, 2 and 3 (see sections 5.2.2.2, 5.2.3.2, 5.2.4.2), the strategies of coping, caring and preventing have been effective in mitigating the effects of HIV and AIDS on the DSE;

(e) Internal stakeholders of the DSE are not meaningfully involved in strategic planning (see section 5.2.5.1);

(f) According to hypothesis 4, *increased* involvement of internal stakeholders can improve the DSE strategic plan (see section 5.2.5.2);

(g) Most of the *selected* external stakeholders were not involved in the DSE HIV and AIDS strategic plan. There is need that these *selected* external stakeholders should be involved *at all stages* of the HIV and AIDS strategic plan (see sections 3.5.5, 5.2.6.1, 5.2.6.3 & hypothesis 6);

(h) According to hypothesis 5, the DSE strategic plan can be improved by *expanded* involvement of external stakeholders (see section 5.2.6.2); and

(i) It is critical to pay attention to the issues of *inducement-contribution exchanges* and *teacher credibility* because they can negatively affect the strategic plan if they are ignored (see sections 3.5.4 & 5.2.7).

The above findings indicate that;
> a. the management of secondary education in Botswana has been negatively affected by HIV and AIDS; and
> b.   the success of the current DSE HIV and AIDS strategic plan has been undermined by several factors. One such factor is the extent of external stakeholder involvement in the HIV and AIDS strategic planning process.

In order to improve the effectiveness of the DSE HIV and AIDS strategic plan, there is need to work out a strategy. In this regard, the following section presents a model that may promote meaningful involvement of the external stakeholders at all stages of the strategic plan.

6.4   THE STAKEHOLDER INVOLVEMENT MODEL

The model depicted in figure 6.1 is based on the model as adapted from Bryson (1988: 50-51; 1995: 24-25; 2004: 33) and Hunger and Wheelen (2001: 5-10) in section 3.2.4. This model serves to addresses the main question of the study (see section 1.3).

The model is a reflection of the best practices learned from both the literature and empirical research. It is a given fact that by virtue of being employees of government, internal stakeholders have to be involved in the HIV and AIDS strategic plan. The same cannot be said about the external stakeholders. External stakeholders have a choice not to be involved. For this reason this model places more emphasis on ways that can promote greater external stakeholder involvement as a way of

improving the current DSE HIV and AIDS strategic plan in Botswana. The model is partly based on the following assumptions:

- Willing and capable external stakeholders can be identified and invited to be involved;
- The MoE/DSE management capacity will be able to assume more responsibility for coordinating and synchronising what the internal and external stakeholders can do; and
- Adequate financial resources will be available to support additional expenses that may arise as a result of external stakeholder involvement.

Figure 6.1: Stakeholder involvement model

STEP 1: Organisational Mandate

External stakeholders (externals) invited and inducted by internals. Volunteers are welcome.

*By **internal** stakeholders (internals)*

STEP 2: Mission

By internals & externals

STEP 3: Environmental Scan

School   Semi-school   Outside school

By internals   *By internals & externals*   *By internals &externals*

SWOT analysis   SWOT analysis   SWOT analysis

STEP 4: Identification of Strategic Issues

By internals & externals

Caring   Coping   Preventing

STEP 5: Identification of Strategic Objectives   *By internals & externals*

Strategic Objectives   Strategic Objectives

By internals & externals

STEP 6: Strategy Formulation

Strengths-Opportunities   Weaknesses-Threats

By internals & externals

STEP 7: Strategic Plan

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6.4.1   Description of the model

Figure 6.1 is a representation of a model of involving external stakeholders in an HIV and AIDS strategic plan. The model is a culmination of what the researcher learned from literature, quantitative and qualitative studies. The model comprises seven steps which will now be described.

STEP 1: Organisational mandate

The internal stakeholders (DSE) will identify and clarify the nature and meaning of what the MoE expects them to do or not to do. This may entail that the DSE should read the relevant legislation, ordinances and articles (Bryson, 2004: 97, 99).

STEP 2: Mission

The DSE mission in part states: *We exist to provide responsive quality secondary education to the nation through partnership---to produce knowledgeable, responsible and enterprising citizens.* This implies that external stakeholders can be involved. The managers in the DSE, as the key decision-makers, should at this point identify willing and capable external stakeholders. Such external stakeholders should be invited (Bryson, 2004: 35). Stakeholders who volunteer without inducement should be welcome. The DSE/school managers should negotiate terms of involvement of those who expect inducement. This step entails some preliminary stakeholder analysis. A workshop could introduce the group to the process of strategic planning and what would be expected of them.

STEP 3: Environmental scan

In this study the environmental scan is based on the literature review and the quantitative and qualitative research. Under real circumstances, an environmental scan would be managed by managers from the DSE. They should facilitate internal and external stakeholder involvement in a brainstorm by using the stakeholder management approach or the 'get-everybody-in-the same-room' approach or both.

The internal stakeholders should focus on the SWOT analysis of the DSE. The external stakeholders would not be in the position to be involved in the SWOT analysis of the internal stakeholders because they lack detailed knowledge of the DSE.

With regard to scanning the external environment (outside school), both the external and internal stakeholders should be involved. They should agree on weaknesses/threats (limitations) or strengths/opportunities (strategies) in relation to the components of the strategic plan.

The internal and semi-internal stakeholders (PTA) should scan the SWOT analysis in the school and outside the school environments simultaneously because the PTA functions within both environments.

The literature and quantitative and qualitative studies indicated that it is important that key external stakeholders are invited to take part in the HIV and AIDS strategic plan. The results of the interviews demonstrated that some external stakeholders may volunteer to be involved in the HIV and AIDS strategic plan. In order to synchronise the efforts of the external and internal stakeholders, the external stakeholders need to be inducted. Induction would help them to appreciate why their involvement is important and how they can complement the internal stakeholders.

STEP 4: Identification of strategic issues

In this study the strategic issues were derived from the literature review. Under real circumstances, identification of strategic issues would be managed by DSE managers who should engage both internal and external stakeholders in a brainstorming session using the stakeholder management approach or the 'get-everybody-in-the same-room' approach or both. Literature sources considered the following strategic issues as important:

- How can secondary schools *cope* with the effects of HIV and AIDS on teachers and learners?
- How can secondary schools *care* for the teachers and learners who are infected or affected by HIV and AIDS?
- How can secondary schools *prevent* the spread of HIV amongst teachers and learners?

STEP 5: Identification of strategic objectives

In this study, the strategic objectives were derived from the literature review and the findings of the quantitative and qualitative research. Under real circumstances, identification of strategic objectives would be a process that would be managed by DSE managers which would entail involving internal and external stakeholders. The process would involve brainstorming about strategic objectives by using the stakeholder management approach or the 'get-everybody-in-the same-room' approach or both.

Strategic objectives are categorised under coping, caring and prevention.

Since there is so much overlap between strategic objectives related to coping and caring aspects, they should be combined. For example, it is not easy to tell whether providing counselling services is a coping or caring mechanism.

The following can be regarded as some of the strategic objectives:

Table 6.1: Strategic objectives

TEACHERS	LEARNERS
COPING:	**COPING:**
-employ retired or locally available teachers -involve broadcasting houses for the presentation of some lessons -provide more education to promote human rights (reduce discrimination etc) -assign lighter load to sick teachers -monitor abuse of compassionate leave -develop support groups of stress problems -promote HIV and AIDS education for employees and families -deploy married or co-habiting couples to same/close stations -provide for a qualified counsellor	-teach them life skills -develop strategies of zero tolerance to sexual abuse, abrogation of human rights in school and at home. -provide for a qualified counsellor to deal with trauma and other concerns. -provide more education to promote human rights. -involve external stakeholders to cater for the OVC
CARE:	**CARE:**
-develop support structures for members during grief, stress, physical needs etc. -some are covered under coping.	-teach them how to care for HIV and AIDS people. -some are covered under coping

PREVENTION:	PREVENTION:
-develop strategies to provide basic facts about HIV and AIDS, safety precautions, condom use and human rights issues. -equip teachers to openly teach about HIV prevention. -provide prevention and life skills training. -develop strategies to reduce practices that promote gender violence and sexual abuse.	-promote peer teaching of HIV and AIDS issues in school. -develop strategies to reduce practices that promote gender violence and sexual abuse. -teach them how to cope with death and illness in the family. -teach them about their rights and responsibilities. -teach life skills to influence behaviour change. -promote condom availability and use.

STEP 6: Strategy formulation

This is a very critical stage where internal and external stakeholders must be involved in determining activities that will achieve strategic objectives. The DSE managers may consider using the following as suitable approaches for involving the internal and external stakeholders in various strategic objectives: the stakeholder management approach, the 'get-everybody-in-the-same-room' approach and the strategic issue management approach.

For this study, critical activities are informed by the literature review and the quantitative and qualitative research. Under real circumstances, critical activities would be determined by the internal and external stakeholders.

STEP 7: Strategic plan

Capable representatives of the internal and external stakeholders should design the strategies and find ways of fusing them with the current DSE strategic plan.

6.4.2 Integration of the model with management theory

This stakeholder involvement model (see Figure 6.1) is grounded in the theories of Human Relations and Consensual Model. (These theories overlap so much that, for purpose of this discussion, the term Human Relations Theory will be used). The Human Relations Theory was propounded by Mary Parker Follett and later supported by Elton Mayo and Chester Barnard who recognised the

importance of human factors in managing an organisation (Haralambos & Holborn, 1995: 297). Recently, there have been other theories which have developed from Human Relations Theory, such as the Stakeholder Theory (Haralambos & Holborn, 1995: 297; Stakeholder; accessed 09/09/2007). The relationship between the Stakeholder Theory and the Human Relations Theory lies in the principle of ethical treatment of stakeholders. Phillips (in Stakeholder; accessed 09/09/2007) calls it the principle of stakeholder fairness. Ethical treatment of stakeholders is an all encompassing term referring to how an organisation relates with its stakeholders and this may include the following issues:

- Are they allowed to participate in decision-making and implementation in a meaningful way?
- Are they rewarded meaningfully for their contribution?

These are important issues which the stakeholder involvement model (see Figure 6.1) aimed to address. For example, the model involves the external stakeholders in Step 2 (see Figure 6.1 & section 6.4.1) so that they are able to participate in decision-making from the early stages of the strategic planning. Furthermore, the external stakeholders would have negotiated with the DSE/school managers regarding the issue of rewards.

This stakeholder involvement model attempts to include ethical treatment of stakeholders for two reasons:

- To improve the performance of the DSE HIV and AIDS strategic plan; and
- It is ethically desirable.

Although the findings of study showed that the current DSE strategic plan is effective with respect to coping, caring and preventing, need for greater internal and external stakeholder involvement was also expressed. The expectations of the internal and external stakeholders to be involved in the management of secondary education are in line with Human Relations Theory and Consensual Model, in general, and Stakeholder Theory, in particular.

6.5 CONTRIBUTION OF THE RESEARCH RESULTS

The findings of study are expected to make the following contributions to the general body of knowledge concerning the topic, the system of secondary education in Botswana and non-profit organisations:

- The management of secondary education in Botswana is expected to be enhanced by the engagement of the stakeholder involvement model in terms of greater effectiveness and efficiency. It is hoped that the ultimate effect of employing this model is that the negative effects of HIV and AIDS on the supply of and demand for education in Botswana secondary education will be mitigated;
- Similar institutions may adopt/adapt the model to deal with management problems;
- The fear that involving external stakeholders is not feasible will be allayed, hence creating broader stakeholder involvement and benefiting from a bigger resource; and
- It will set the stage for further exploration on the issue of inducement-contribution exchanges in non-profit organisations and in organisations that have limited resources or limited control over resources.

6.6 RECOMMENDATIONS

In order to meaningfully mitigate the effects of HIV and AIDS in secondary education in Botswana, the following strategies involving the internal and the *selected* external stakeholders are recommended.

6.6.1 Strategies involving the internal and the selected external stakeholders as indicated by the literature

This section explains how the school/education managers can build on the strengths and mitigate the weaknesses related to the involvement of the selected external stakeholders. These stakeholders are crucial to the DSE HIV and AIDS strategic plan because the literature shows they are capable of making a meaningful contribution to mitigating the effects of HIV and AIDS in the DSE. For the

stakeholders to make meaningful contributions, certain hindrances should be dealt with (see section 3.6). The following paragraphs present suggestions of how such problems can be eliminated.

a. Local community

School managers should involve local leadership structures to address unacceptable practices such as the male superiority syndrome, human rights violations and risky sexual behaviour so that learners will eventually see that these practices are unacceptable in their own communities. In collaboration with the local communities, the school managers should explore the concerns of the communities with regard to teacher conduct with the aim of reaching some common understanding. In addition, they should discuss ways of winning the interest of the local community with regard to getting involved in school activities without expecting inducement (see section 3.6.1).

b. Cultural and faith-based organisations

School managers should involve cultural and faith-based organisations in formulating strategies to address the low social status of women, risky sexual behaviour, human rights issues, Tswana medical beliefs and language and permissive attitudes (see section 3.6.1).

c. Women's organisations

School managers should involve women's organisations in developing strategies to educate learners about human and women's rights, and how female learners, in particular, can improve their self-esteem (see section 3.6.1).

d. The mass media

Education managers should negotiate with the mass media to give prominence to the issues of HIV and AIDS with specific reference to secondary school learners. Furthermore, the mass media should do this in a manner that will involve the learners and the educators in developing programmes and presenting and evaluating the programmes (see section 3.6.1).

e. Non-governmental organisations

The DSE/School managers should invite NGOs and persuade them to support HIV and AIDS strategies with finance, materials, personnel and expertise. The DSE should also negotiate with the NGOs to coordinate and synchronise their HIV and AIDS activities in secondary schools to avoid duplication (see section 3.6.1).

f. Parents/guardians

School managers should organise parent sexuality/HIV and AIDS education to educate the parents about the need to take interest in the sexuality/HIV and AIDS issues of their children. In addition, they should organise forums so that parents can communicate with their children on sexuality issues.

6.6.2   Strategies involving the internal, semi-internal and the selected external stakeholders as shown by the results of the quantitative and qualitative study

The quantitative and qualitative study indicated strategies of how the stakeholders may deal with limitations for the effective management of their schools with regard to a HIV and AIDS strategic plan. The following section includes strategies that would assist to mitigate the effects of HIV and AIDS in secondary education in Botswana.

(1) External stakeholder involvement and inducement-contribution exchanges

It was indicated that external stakeholder involvement could be improved. School managers should involve the selected external stakeholders, establish other key external stakeholders and involve them at all levels of strategic planning to improve the effectiveness of the DSE HIV and AIDS strategic plan (see sections 5.2.6.1 & 5.2.6.2). It was also observed that the external stakeholders who are currently involved tend to concentrate in urban centres. The DSE should persuade them to extend their help to rural schools (see section 5.3.1.3).

The involvement of some external stakeholders in the DSE HIV and AIDS strategic plan is dependent on the promise of rewards. The study indicated that some external stakeholders can be

involved without expecting inducement (see section 5.2.7). Those who expect to be induced pose a problem for the DSE because the government regulations do not permit using funds for such activities. School managers should explore non-monetary ways of inducing external stakeholders (see section 5.3.1.4). The school managers can involve external stakeholders who do not expect rewards and those who will accept non-monetary or token rewards for caring for the infected/affected learners and teachers and for HIV prevention strategies. The semi-internal stakeholders (PTA) should also be involved.

(2) Caring for the infected/affected learners and teachers

School managers should develop strategies to work more closely with the PTA so that it becomes a vehicle for educating parents about the need to provide guidance to their children on HIV prevention. Although section 5.3.1.2 indicated that PTAs are generally weak because members are usually handpicked by the principal, the school principal in collaboration with the PTA and community leaders should work out ways of holding legitimate elections to constitute a PTA committee. Legitimacy of the PTA and cooperation from the school management may be an important starting point for greater cooperation from the parents/guardians in particular and the local community in general. When the local community views the PTA as a legitimate representative of their interests, the school management can then work through the PTA to reach parents/guardians to educate parents about child abuse (see section 5.3.1.2). In Botswana the social welfare system is the government's vehicle to support the destitute; however, the government cannot assist everyone at all times and in all aspects. Where government support is deficient, the PTA could fill the gap. The PTA could care for the infected/affected learners by giving them material and psychological support (see section 5.3.1.1). In this regard, the PTA, with the support of the school, can identify external stakeholders, such as NGOs and private businesses, who can care for the learners.

In order to continue winning the support of the local community, the school managers should ensure that the school conducts itself in a manner that promotes unity. In this respect, the school management should attend functions organised by local communities as a way of supporting the PTA in building bridges between them. Furthermore, the school managers should develop strategies to remind teachers of professional conduct and thus win the respect of the community (see section 5.2.7) Once the support of the community leaders is won, the PTA will find it easier to work with

the community and the school may benefit much in terms of achieving their strategic objectives related to HIV and AIDS (see section 5.3.1.5).

Teachers are also infected and affected by HIV and AIDS. The perception that they can fend for themselves draws away attention from teachers' needs. In some schools teachers had no access to a counsellor (see sections 5.2.3.1 & 5.3.1.1). School managers should establish clear guidelines for teachers to access counselling services. This could be a topic on the Talk-Back TV programme and school managers should arrange for teachers to view the programme which informs about teaching learners about HIV prevention, protection from HIV and how to access counselling services (see section 5.3.1.2).

Teachers raised a concern that they were not involved in decision-making about issues related to HIV and AIDS (see sections 5.2.5.1 & 5.3.1.2). The DSE should intensify its efforts in training school managers in participatory management skills so that they can effectively involve teachers in strategies of caring for the learners and teachers.

(3) HIV prevention amongst the learners and teachers

The study indicates that, in spite of the HIV prevention campaign, some learners remain indifferent (see section 5.3.1.2). Schools should conduct school-based research to determine the causes for this and suggest better ways of raising learner awareness and responsibility.

The policy of the government of Botswana is that condoms should not be made available to learners on school premises (see section 5.3.1.2). The school managers should equip their teachers with skills to promote abstinence from premarital sex.

Although HIV prevention strategies for the learners and teachers are effective, the DSE/school managers should continue with the strategies of promoting HIV and AIDS awareness and respect for human rights (see section 5.2.4.1).

It was indicated that certain cultural and religious practices may encourage the spread of HIV. It was also recognised that certain organisations have much influence among members (see section

5.2.6.3). Together with these organisations, school managers should discuss ways of using their influence to discourage practices that promote the spread of HIV among learners at school and at home (see section 5.3.1.2).

In addition to dealing with cultural and religious practices, school managers should release learners in time to travel home before dark to minimise the danger of rape on the way. They can also develop strategies to promote sexual abstinence among the learners in secondary schools (see section 5.3.1.2).

According to the PTA chairperson, there are many needy learners in schools. In addition to school counsellors, the school managers should equip female teachers to support counsellors in dealing with traumatised/abused learners. Their caring nature would be valuable to needy learners (see section 5.2.2.2). Women teachers should also educate girls about sexual harassment.

Schools have very limited resources to implement their HIV and AIDS strategic plans (see sections 5.2.5.1 & 5.3.1.2). The schools and the PTA should embark on fund-raising campaigns specifically for HIV and AIDS-related activities in the schools.

6.6.3 Adoption of the stakeholder involvement model

It is recommended that the stakeholder involvement model be adopted because it has the potential to make a meaningful contribution to the management of the DSE or other similar institutions in Botswana and elsewhere. The following aspects of the model are some of its major strengths:

- It informs internal stakeholders about the feasibility and the need to involve certain key external stakeholders in the DSE HIV and AIDS strategic plan;
- It is flexible enough to involve a large number of external stakeholders as may be deemed necessary;
- It enables the external stakeholders to be involved at all stages of the strategic plan. Such involvement has several benefits, such as promoting ownership of the strategic plan (see section 3.5.1);

- The environmental scan will be more meaningful as it is based on the participation of internal stakeholders and external and semi-internal stakeholders. In particular, the SWOT analysis will be more useful than if done by only the internal stakeholders;

- The model promotes democratic practices in the DSE, such as collective decision-making. For example, the involvement of the stakeholders through the stakeholder management approach and the 'get-everybody-in-same-room' approach would promote such practices;

- The model indicates that the issue of inducement-contribution exchanges should be dealt with in Step 2. Dealing with this issue at this stage clarifies the terms of external stakeholder involvement and avoids later tensions; and

- It enables the DSE or similar institutions to benefit from external stakeholder resources.

6.7 SUGGESTIONS FOR FUTURE RESEARCH

- In this study teacher participants provided information about learners. Future studies should allow learners to articulate their perspectives on HIV and AIDS-related issues;

- The issue of inducement-contribution exchanges should be studied because it may be a major influence in determining stakeholder cooperation and commitment; and

- On certain issues the HIV and AIDS officer declined to comment or contradicted the school managers. Further research could include more HIV and AIDS officers to explore the operation of the DSE HIV and AIDS strategic plan.

6.8 CLOSING REMARKS

This study investigated the impact of HIV and AIDS on the supply of and demand for education. It has been established that education has been negatively affected in terms of poor productivity due to poor health among teachers which is often terminal. Learners are also affected by poor health and lack of support as a result of parents suffering from HIV-related illnesses and death.

The study further revealed that the effectiveness of the DSE strategic plan was probably compromised by low external stakeholder involvement. To improve the effectiveness of the strategic plan, key external stakeholders should be involved in all the stages of the strategic plan. In this connection, a stakeholder involvement strategic plan model was designed.

The above model answers the question: How can the involvement of all willing and capable key stakeholders in strategic planning help in dealing with the effects of HIV and AIDS on the management of secondary education in Botswana? The DSE and other similar institutions could adopt or adapt this model to improve the effectiveness of their strategic plans. Moreover, the model complies with democratic practices of management and thus it is hoped that it will have a wide use and appeal.

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APPENDIX A

RESEARCH PERMIT LETTER

APPENDIX B

REQUEST FOR RESEARCH PERMISSION FROM SCHOOL-HEADS

To: The School-Head
From: Victor Mgomezulu
Dear Sir/Madam

RESEARCH WITH THE UNIVERSITY OF SOUTH AFRICA

I kindly request your permission and support to conduct research in your school. The intention is to gather information about the involvement of various stakeholders in the HIV and AIDS strategic planning of the Department of Secondary Education. This is the focus of a thesis I am currently undertaking with UNISA for the fulfilment of the requirements for DEd in Educational Management.

I would like to engage you as head of the school and as many teachers from your school as possible. Teachers will not be coerced into participation and the participating teacher may withdraw from the study at any time.

Participants will be given a questionnaire to answer and it is anticipated to take about 30 minutes.

The research is in no way intended to question your management style. The focus is on general practices with specific regard to strategies of mitigating the effects of HIV and AIDS in secondary education.

Please rest assured that the information collected will be used for academic purposes only and will be used with highest confidentiality. In this connection, no names are required.
My study promoters and their contact phone/fax numbers are as follows: Professor A.G.Kruger, (phone 00-27-12-429-4593) and Mrs Orr (00-27-12-993-2613.

My own contact particular are as follows:
Victor Y. Mgomezulu
Tonota College of Education
Private Bag T3
Tonota
Phone: 2485050 or 71237229

I have secured permission from the Ministry of Education to conduct research in the secondary schools of Botswana.

I appreciate your attention to this matter.

Yours sincerely
Victor Y. Mgomezulu

===

Consent of school to participate

\-- \---------------------------------------
(Authorising signature) Date

APPENDIX C

REQUEST FOR TEACHER COOPERATION TO PARTICIPATE IN RESEARCH

<u>Letter to teachers requesting participation</u>

I hereby authorize Mr Victor Mgomezulu, a student at the University of South Africa, to involve me in the study titled: *Stakeholder involvement in strategic planning: A strategy to mitigate the effects of HIV and AIDS on secondary education in Botswana.*

Mr Mgomezulu has explained to me and I do understand what the study is about and what I am required to do. I do understand that I have the right to withdraw from the study at any time.

I understand that Mr Mgomezulu can be reached at Tonota College of Education, Private Bag T3, Tonota. Phone: 71237229.

------------------------------------ ------------------------------------
(Participant's signature) Date

QUANTITATIVE QUESTIONNAIRE

QUESTIONNAIRE

This questionnaire seeks information on the effects of HIV/AIDS on the management of the secondary education system. It also seeks information on the role that different stakeholders can play in mitigating the effects of HIV/AIDS on secondary education.

The data gathered from this questionnaire is for research purposes only. Information supplied will be treated in **strict confidentiality** and personal details will be kept **anonymous**.

- *Please follow the instructions carefully.*
- *Respond to all the questions.*

Instructions: Please circle the appropriate number on the questionnaire

SECTION A: PERSONAL DETAILS

1. Your gender:

Male	1
Female	2

2. Teaching/educational qualification:

Master's degree	1
Bachelor's degree	2
Teaching Diploma	3
Teaching Certificate	4
Other	5

3. Experience in current employment:

Less than one year	1
1-5 years	2
5-10 years	3
More than 10 years	4

4. Level of post:

School-head(Principal)	1
Deputy school-head	2
Head of department	3
Senior teacher	4
Teacher	5
Other	6

For office use only

☐ ☐ ☐ V1

V2

V3

V4

V5

5. Personal involvement in HIV/AIDS activities in my school: V6
               Involved   1
               Not involved   2

SECTION B: CURRENT PERCEPTIONS OF WHAT IS DONE IN SCHOOLS WITH REGARD TO THE IMPLEMENTATION OF THE HIV/AIDS STRATEGIC PLAN

Please indicate the extent to which you **agree** or **disagree** with each statement listed below by circling the number that reflects your view according to the following scale:

DD= Definitely Disagree   **D= Disagree**   **U=Unsure**   **A= Agree**   **DA= Definitely Agree**

COPING WITH THE EFFECTS OF HIV/AIDS

Items referring to *teachers*	DD	D	U	A	DA	
6. Absenteeism of teachers in my school is a serious concern.	1	2	3	4	5	V7
7. A strategy to minimise the effects of absenteeism amongst teachers is in place in my school.	1	2	3	4	5	V8
8. Deceased teachers are quickly replaced in my school.	1	2	3	4	5	V9
9. My school has the authority to appoint temporary teachers.	1	2	3	4	5	V10
10. A strategy to minimise the effects of absenteeism amongst learners is in place in my school.	1	2	3	4	5	V11
11. A strategy is available in my school to educate learners to cope with the effects of illness in their families.	1	2	3	4	5	V12
12. A strategy is available in my school to educate learners to cope with the effects of death in their families.	1	2	3	4	5	V13

DD= Definitely Disagree   **D= Disagree**   **U=Unsure**   **A= Agree**   **DA= Definitely Agree**

CARING FOR THE HIV /AIDS INFECTED AND AFFECTED

Items referring to *teachers*	DD	D	U	A	DA	
13. A strategy to deal with any form of discrimination against HIV/AIDS infected/affected teachers is in place in my school.	1	2	3	4	5	V14
14. Support services, such as counseling, for the HIV/AIDS infected/affected teachers are available in my school.	1	2	3	4	5	V15
15. Teachers who are HIV/AIDS infected/affected are given less work in my school.	1	2	3	4	5	V16
16. In my school qualified personnel are available to assist teachers suffering from emotional stress.	1	2	3	4	5	V17
17. A strategy is in place in my school to assist ill teachers to have access to medical care.	1	2	3	4	5	V18
18. Requests for transfers from my school on health grounds are granted.	1	2	3	4	5	V19
19. Support services, such as counseling, for the HIV/AIDS infected/affected learners are available in my school.	1	2	3	4	5	V20

20. A strategy to encourage orphaned children to attend school is in place in my school.	1	2	3	4	5	V21
21. A strategy to protect female learners from sexual abuse is in place in my school.	1	2	3	4	5	V22
22. My school has a strategy to educate male learners about the rights of females.	1	2	3	4	5	V23
23. A strategy to deal with any form of discrimination amongst learners is in place in my school.	1	2	3	4	5	V24
24. My school keeps a register of needy learners, such as orphans.	1	2	3	4	5	V25
25. My school has a strategy of supporting needy learners.	1	2	3	4	5	V26
26. My school has a strategy of minimizing learner withdrawal.	1	2	3	4	5	V27
27. In my school qualified personnel are available to assist traumatized learners.	1	2	3	4	5	V28

DD= Definitely Disagree **D= Disagree** **U=Unsure** **A= Agree** **DA= Definitely Agree**

PREVENTION OF THE SPREAD OF HIV

Items referring to *teachers*	DD	D	U	A	DA	
28. Married couples who are employed in the Department of Secondary Education are assigned to same/close work stations so that they can live together.	1	2	3	4	5	V29
29. My school has a strategy to promote HIV/AIDS awareness amongst teachers.	1	2	3	4	5	V30
30. In my school, condoms are easily accessible to teachers who need them.	1	2	3	4	5	V31
31. A strategy of encouraging *abstinence from sex/faithfulness to one sex partner* is in place in my school.	1	2	3	4	5	V32
32. My school has a strategy to educate teachers about cultural/ religious practices that may contribute to the spread of HIV amongst teachers.	1	2	3	4	5	V33
33. A strategy that educates teachers about the abuse of female teachers in my school is in place.	1	2	3	4	5	V34
34. A strategy that promotes respect for women's rights in my school is in place.	1	2	3	4	5	V35
35. A strategy to impart lifeskills to teachers in my school is in place	1	2	3	4	5	V36

DD= Definitely Disagree **D= Disagree** **U=Unsure** **A= Agree** **DA= Definitely Agree**

Items referring to *learners*	DD	D	U	A	DA	
36. A strategy to impart lifeskills to learners is in place in my school.	1	2	3	4	5	V37
37. Peer education is promoted to raise HIV/AIDS awareness amongst learners in my school.	1	2	3	4	5	V38
38. HIV/AIDS awareness content has been infused into the subjects I teach in my school.	1	2	3	4	5	V39

39. In my school, condoms are easily accessible to learners	1	2	3	4	5	V40
40. A strategy that encourages abstinence from sex is in place in my school.	1	2	3	4	5	V41
41. My school has a strategy to educate learners about cultural/ religious practices that may contribute to the spread of HIV amongst learners.	1	2	3	4	5	V42
42. A strategy that educates learners about the abuse of females is in place in my school.	1	2	3	4	5	V43
43. A strategy that promotes respect for the rights of females is in place in my school.	1	2	3	4	5	V44
44. My school has a strategy that prohibits the use of pornographic material in school.	1	2	3	4	5	V45
45. My school has a strategy to minimize exchange of body fluids, such as blood.	1	2	3	4	5	V46
46. My initial teacher training included information on the prevention of HIV.	1	2	3	4	5	V47
47. My in-service training included information on the prevention of HIV.	1	2	3	4	5	V48
48. My upgrading courses included information on the prevention of HIV.	1	2	3	4	5	V49

SECTION C: PERCEPTIONS OF THE INVOLVEMENT OF *INTERNAL* STAKEHOLDERS IN THE HIV AND AIDS STRATEGIC PLAN OF THE DEPARTMENT OF SECONDARY EDUCATION FOR MITIGATING THE EFFECTS OF HIV/AIDS

DD= Definitely Disagree   **D= Disagree**   **U=Unsure**   **A= Agree**   **DA= Definitely Agree**

Items referring to *teachers*	DD	D	U	A	DA	
49. Opportunity was provided to all the teachers in my school to participate in the designing of a strategic plan to deal with the effects of HIV/AIDS.	1	2	3	4	5	V50
50. The support staff in my school is involved in the activities of a strategic plan to deal with the effects of HIV/AIDS.	1	2	3	4	5	V51
51. The leadership in my school provides adequate resources for a strategic plan to deal with the effects of HIV/AIDS.	1	2	3	4	5	V52
52. The leadership in my school consults teachers on major decisions concerning a strategic plan to deal with the effects of HIV/AIDS.	1	2	3	4	5	V53

SECTION D: PERCEPTIONS OF THE INVOLVEMENT OF *EXTERNAL* STAKEHOLDERS IN THE HIV AND AIDS STRATEGIC PLAN OF THE DEPARTMENT OF SECONDARY EDUCATION FOR MITIGATING THE EFFECTS OF HIV/AIDS

Please indicate if the following organizations have ever been involved in HIV/AIDS- related issues in your school:

Please circle the number that represents your response

	Yes	No	I don't know	
53. Women organizations	1	2	3	V54
54. Parents/guardians	1	2	3	V55
55. Local communities (as headed by dikgosi or dikgosana)	1	2	3	V56
56. Mass media	1	2	3	V57
57. Cultural and faith-based organisations	1	2	3	V58
58. NGOs	1	2	3	V59

To what extent do you agree/disagree with the following statements regarding past involvement of the above (items 53-58) stakeholders in your school. Please use the following scale:

DD= Definitely Disagree   D= Disagree   U=Unsure   A= Agree   DA= Definitely Agree

	DD	D	U	A	DA	
59. The involvement of external stakeholder(s) benefited my school.	1	2	3	4	5	V60
60. My school invited the stakeholders to help the school.	1	2	3	4	5	V61
61. External stakeholders offered to help the school.	1	2	3	4	5	V62
62. My school actively supported the activities of the external stakeholders.	1	2	3	4	5	V63
63. The leadership of my school consulted with teachers about which external stakeholders should be invited.	1	2	3	4	5	V64

To what extent do you **agree/disagree** that the involvement of the following stakeholders may be important in dealing with the effects of HIV/AIDS in your school? Please use the following scale:

DD= Definitely Disagree   D= Disagree   U=Unsure   A= Agree   DA= Definitely Agree

	DD	D	U	A	DA	
64. Women organizations	1	2	3	4	5	V65
65. Parents/guardians	1	2	3	4	5	V66
66. Local communities (as headed by dikgosi or dikgosana)	1	2	3	4	5	V67
67. Mass media	1	2	3	4	5	V68
68. Cultural and faith-based organisations	1	2	3	4	5	V69
69. NGOs	1	2	3	4	5	V70

Please indicate the extent to which you **agree/disagree** with the following statements which refer to degree of involvement in strategic planning by external stakeholders. Please use the following scale:

DD= Definitely Disagree   D= Disagree   U=Unsure   A= Agree   DA= Definitely Agree

External stakeholders should be:

	DD	D	U	A	DA	
70. directly involved from the first stages of a strategic plan to deal with the effects of HIV/AIDS.	1	2	3	4	5	V71
71. involved only in the implementation stages of a strategic plan to deal with the effects of HIV/AIDS.	1	2	3	4	5	V72
72. only informed about the decisions taken concerning a strategic plan to deal with the effects of HIV/AIDS.	1	2	3	4	5	V73

Please indicate the extent to which you **agree/disagree** with the following statements concerning rewarding external stakeholders for their involvement in strategic planning. Please use the following scale:

DD= Definitely Disagree   D= Disagree   U=Unsure   A= Agree   DA= Definitely Agree

The school should:

	DD	D	U	A	DA	
73. establish if a particular external stakeholder expects to be rewarded.	1	2	3	4	5	V74
74. reach agreement with a particular external stakeholder on how they can be rewarded.	1	2	3	4	5	V75
75. reject the idea of rewards because it has limited resources	1	2	3	4	5	V76
76. reward external stakeholders as appreciation for their involvement.	1	2	3	4	5	V77
77. reward external stakeholders to encourage them to help again in future.	1	2	3	4	5	V78

SECTION E: PERCEPTIONS ABOUT THE RELATIONSHIP BETWEEN TEACHERS AND PARENTS/GUARDIANS/LOCAL COMMUNITY

Please indicate the extent to which you **agree/disagree** with the following statements which refer to the credibility of teachers. Please use the following scale:

DD= Definitely Disagree   D= Disagree   U=Unsure   A= Agree   DA= Definitely Agree

	DD	D	U	A	DA	
78. Parents/guardians are concerned about teacher-learner sexual relationships in my school.	1	2	3	4	5	V79
79. My school experiences teacher-learner sexual relationships.	1	2	3	4	5	V80
80. My school informs parents/guardians about what is taught to their children concerning HIV/AIDS.	1	2	3	4	5	V81
81. My school has a strategy of involving the local community in the school's HIV/AIDS issues.	1	2	3	4	5	V82

I thank you for participating in this research

APPENDIX E

INTERVIEW SCHEDULE

I intend to interview around the Francistown area where I did the survey study.

A: INTERNAL STAKEHOLDERS

I intend to interview three officers: the manager of a senior secondary school, the manager of a Junior Secondary School and the HIV and AIDS officer in the DSE at the regional office in Francistown.

I intend to ask them the following questions which follow up the results of the questionnaire survey. By making this follow up on issues that are still unclear, the results of the questionnaire will be better understood and may therefore be implemented in the envisaged strategic plan for the improved involvement of internal and external stakeholders.

PART 1: REGARDING *INTERNAL* STAKEHOLDERS

TO BE ANSWERED BY THE SCHOOL MANAGERS

1. There is a feeling amongst teachers that they are not adequately ***cared*** for. For instance, there is no counseling services for teachers in schools, sick teachers are not given less work, there are no strategies to fight discrimination of female teachers etc. Please comment on how schools can improve care for the teachers.
2. Comment on your school's HIV ***prevention*** program(s): What problems have you faced? What do you suggest to solve the problems?
3. Comment on the involvement of your local community in HIV and AIDS related activities? What problems do you experience? How do you think the problems could be solved?

4. Experience shows that many day scholars face problems of rape, child abuse etc in their home environments. Comment on what schools could do to address this problem.

5. Credibility of teachers seems to be questioned by parents/guardians/local community with regard to teacher/learner sexual relationships. Please comment on how credibility can be improved.

6. Credibility of teachers seems to be questioned by parents/guardians/local community with regard to school-community relations. Please comment on how credibility can be improved.

7. Research findings revealed that there were no strategies in secondary schools to educate teachers about: bad cultural/religious practices, abuse of female teachers and respecting women's rights. Please comment on these observations.

8. Teachers also stated that schools did not avail condoms to learners. Comment why this is so.

9. Teachers felt that they were rarely involved in decision-making processes related to HIV and AIDS issues. What is your comment on this observation?

10. Your school is expected to implement the HIV and AIDS strategic plan. Comment on the resources available for this task.

TO BE ANSWERED BY AN HIV AND AIDS OFFICER

1. There is a feeling amongst teachers that they are not adequately ***cared*** for. For instance, they say that there is no counseling service for teachers in schools; sick teachers are not given less work; there are no strategies to fight discrimination of female teachers etc. Please comment on how the DSE can help schools to improve care for the teachers).

2. Please comment on how the DSE's HIV ***prevention*** program has performed. What problems have you faced? What do you suggest to solve the problems.

3. Experience shows that many day-scholars face problems of rape, child abuse etc in their home environments. Please comment on what the DSE could do to assist schools to minimize this problem.

4. Credibility of teachers seems to be questioned by parents/guardians/local community with regard to teacher/learner sexual relationships. Please comment on how credibility can be improved.

5. Credibility of teachers seems to be questioned by parents/guardians/local community with regard to school-community communication/relations. Please comment on how credibility can be improved.

6. Research revealed that schools did not avail condoms to learners. Please comment on this observation.

7. Schools are expected to implement the HIV and AIDS strategic plan. Please comment on the resources schools have to do this task.

PART 2: REGARDING *EXTERNAL* STAKEHOLDERS
TO BE ANSWERED BY THE SCHOOL MANAGERS

1. Do you have any external stakeholders currently involved in your school's HIV and AIDS projects/programs. If yes: (a) Who are they? (b) In what *aspects* are/have they been involved? (c) At what *stages*? (d) What kind of support do you give them?

2. How could the involvement of external stakeholders be improved?

3. A survey revealed that principals were uncomfortable with the involvement of parents and cultural/religious organizations in HIV and AIDS-related activities in schools. What could be the reason for this?

4. A Survey also revealed that teachers want stakeholders to be involved at all stages of strategic planning (Planning-implementation). What are your views on this?

5. Some people/organizations will only help a school if they themselves could benefit from the interaction. Please comment on how your school could satisfy this expectation.

TO BE ANSWERED BY AN HIV AND AIDS OFFICER

1. Do you receive any reports of external stakeholders being involved in school's HIV and AIDS projects/programs? How pleased are you with the level of involvement? (Justify your answer.)

2. In which *aspects* are/have they been involved? At what *stages*? What kind of support does the DSE give them?

3. How can the involvement of external stakeholders be improved?

4. A survey revealed that principals were uncomfortable with the involvement of parents and cultural/religious organizations in HIV and AIDS-related activities in schools. In your view, what do you think are the problems of involving these groups?

5. A Survey revealed that teachers want external stakeholders to be involved at all stages of strategic planning (Planning-implementation). What are your views on this?

6. Some people/organizations will only help if they themselves could benefit from this. Please comment on how the DSE could satisfy this expectation.

B: EXTERNAL STAKEHOLDERS

I intend to interview an information-rich participant from each of the following:

- Mass media (The voice)
- Faith-based organization (Our Lady of the Desert)
- Women organization (Emang Basadi)

I will ask the following questions:

1. Is your organization involved in HIV and AIDS activities in secondary school around Francistown? If yes: (a) In what activities are you involved? (b) What problems have you experienced? What are your views on the cooperation with schools?

2. How could you best be involved and at which stages?

3. Do you have the capacity to help more secondary schools? If yes, what has prevented you?

4. Experience shows that many day scholars face problems of rape, child abuse etc in their home environments. Please comment on what your organisation could do to minimize this.

5. In what other ways could you help schools?

6. Tell me to what extent you expect to be rewarded for helping a school.

C. SEMI-INTERNAL STAKEHOLDERS

- Parent-teacher association (PTA)

1. Comment on how the PTA is involved in the HIV and AIDS activities in your school.

2. In what other ways can the PTA help in coping with the effects of HIV and AIDS amongst /caring for the HIV and AIDS affected/infected learners?

3. In what other ways can the PTA help in preventing the spread of HIV amongst learners?

4. Experience shows that many day-scholars face problems of rape, child-abuse etc in their home environments. Please comment on what the PTA could do to minimise this.

5. Please comment on the issue of teacher-learner sexual relationships in your school.

6. Please comment on the cooperation of the PTA and the school.

APPENDIX F

SAMPLE OF INTERVIEWS

School manager interviews

Question 1: There is a feeling amongst teachers that they are not adequately _cared_ for. For instance, there is no counseling services for teachers in schools, sick teachers are not given less work, there are no strategies to fight discrimination of female teachers etc. Please comment on how schools can improve care for the teachers.

Response: First, is the sick that they are not given less loads. I don't think that is true. Here in this school we have some sick people who we have reduced their loads to even below what senior teacher ones are having because we are aware of their health condition. So that is not true. Again, if there is no record that a teacher is not well then we cannot reduce the load. It is only when we have record that this person is not well and please give him or her a lighter load then we definitely reduce the load. And as f counseling, counseling is done by professionals. So if you are lay person you can only advise. If you attempt counseling you might do more harm than good. So we refer them to professionals when need be. Then discrimination of female teachers, I am not aware of such. In as far as I am concerned in my observation I this school teachers are treated the same regardless of sex or gender. We don't see gender we see a teacher.

Follow-up-question: What about this issue of counseling: I take it that there are some qualified teacher counselors in the school. Am I right?

Response: These are guidance and counseling teachers. They are trained specifically to do counseling for students. And my belief is that it is a little different when you come to adults. The way you would address adults. It has to be different but where there is need to advise then we do ask those in the guidance department to give some guidance, give some advice. Yaah! We don't just through them into the wild.

Question 2: Comment on your school's HIV _prevention_ program(s): What problems have you faced? What do you suggest to solve the problems?

Response: First, it is the way students and other members of the school community perceive HIV/AIDS issue. We have two different levels of understanding of the problem. The teachers have got adequate knowledge, that's my assumption. So when you implement whatever program affects them there isn't much problem. It is the students we still have a lot of problems. A lot of our students are orphans. If they are not orphans then the parents stay elsewhere. Either at the lands or at the cattle post. So they stay alone at home most of the time. So such students when you talk of ways of preventing the spread of HIV/AIDS because there s no backup at home, to them it is like any other lesson which they are taught in school. They take it very lightly, like a joke. Even this morning a teacher was talking to them about it at assembly some of them were laughing. It is their perception of the whole issue which is a problem. Their understanding though some of them are affected but many of them still think it is somebody else's problem. It is not their problem.

Follow-up-question: So what can you suggest would be the solution to the problem?

Response: It must start at home. It must start at home. It must start in the churches. The organisations which involve children as early as possible. Just like when the children are at home the family would impart the norms of that family. Their expectations of that family. If they could start teaching HIV/AIDS sex education right at an early age. You know in a family where a child does something which is outside their expectation you say to them this is not what we do in this family. This is what we do. We do this and that. So they grow up knowing the expectations of their family members or parents. And if that can be done with HIV/AIDS, the better.

Question 3: Comment on the involvement of your school community in HIV and AIDS related activities? What problems do you experience? How do you think the problems could be solved?

Response: We have activities within the school, the holidays when it is national activities like AIDS Day, National AIDS Day we also have activities in school in forms of drama, songs or any other activities, poems which involve students. We also have talks in school either by members of the school community or we invite people from outside to come and talk to the members of the school community, not just the students but all members of the school community. But we have

been having more school activities geared towards the students than the other members of the community.

Follow-up-question: What problems do you experience in this involving the school community? What problems do you face?

Response: With the students it is those problems of perception which I mentioned earlier on. And the other members of the school community which you can divide into two: the teachers and the none-teaching staff. The teachers we don't have any problems with those whether it's a workshop or whether it's just a talk. They are OK. Their understanding and their perceptions is OK. The problem is with the none-teaching staff or the industrial class. Their perceptions are more like those of the students. A lot of them still think that maybe it is somebody else's problem. It cannot affect them even when they HIV/AIDS related symptoms. And you try to talk to them to go for testing, voluntary testing, they think that no, no, no, themselves, no. And when the problem gets worse, the disease develops more, they think they would rather believe a traditional healer who says they have been bewitched than somebody who says no, go for voluntary testing and counseling, then you get free treatment which government provides, ARV. They won't go for that. And as a result we have a lot of them affected and dying because they don't go for treatment.

Follow-up-question: As a matter of interest, what would be common between the students and the none-teaching staff? Because from what you are saying it's like the response is similar. What is common amongst these two groups?

Response: What is common to them is that they believe that they cannot get HIV. Not because they are not doing what would expose them to it. They still, they are doing it. But they still think that because somebody looks very fresh and clean doesn't have the virus.

Follow-up-question: So how are they different? If you put them together: the students and the none-teaching staff as one group, they behave in a similar way and compare them with the teachers. What is separating the two? Why do you think the teachers don't seem to have a problem in understanding whist these two groups have a problem?

Response: Maybe it is the level of education. I think it is the level of education. You get more exposed by reading more literature of the problem.

Question 4: Experience shows that many day-scholars face problems of rape, child abuse etc. in their home environments. Comment on what schools could do to address this problem.

Response: It's very difficult to address that one. Eeh because what is happening outside the school, the school doesn't have any mandate to counter or do anything except that the only thing we can do as a school is to offer counseling and guidance and advise. If a child, we encourage them. If a child has a problem at home whether with the family members or relatives or any other member of society, if they can talk to anybody in the village, in their home area then they can talk to their teachers. And the teachers will then take it up. If it needs police reporting, we will do that. If it needs referring to the social worker, we will do that, eeh! We don't just say, well! it happened at home so it's none of our business. No, we do offer help within our limits.

Follow-up-question: What about the school taking initiative trying to approach other organizations like say church organizations or women organizations or traditional structures and maybe explore a way of working with them to address this problem of child abuse in their homes?
Response: Well, if we had a problem as a concern if we had it we could use other non-governmental organizations in the village or structures, existing structures in the village. But as for now it is not a problem in our school.

Question 5: Credibility of teachers seems to be questioned by parents/guardians/local community with regard to teacher/learner sexual relationships. Please comment on how credibility can be improved.

Response: If teachers and students, if teachers and students do not relate professionally it is a concern to every parent and every member of the society. But when that problem is noticed as a school, we talk to the concerned teachers and of late the government is also stricter on the teacher-student sexual relationship. They take very stern action against those. But we also talk to students, make them aware that it is wrong and if sometimes the teacher approaches them on those lines they must feel free to report either to their class teacher or anybody they feel comfortable with.
Question 6: Credibility of teachers seems to be questioned by parents/guardians/local community with regard to school-community relations. Please comment on how credibility can be improved.

Response: We have parents-teachers association, PTA in short. That's the organ which is supposed to bring parents and teachers together. The school should be involved, parents in as many school activities as possible and in our school we have also taken a step further by taking the school to the community where they are say kgotla meetings. We either. The school head either attends or sends a representative. The primary schools which are closer to the community than the secondary schools if they have activities and they invite us we either send a representative or the school head attends in person.

Follow-up-question: So how do you characterize the relationship between your school and the community around? How, would you say, is it, are you happy or you are not happy?
Response: I am not quite happy about the level of relationship between the school and the community around. My unhappiness stems or comes from the number of people who attend, the number of parents who attend school activities. Especially where there is no incentive for them in form of feeding. If you don't feed they don't come. If they know there is going to be feeding that's when they come in large numbers towards feeding time. We would wish, I would wish to see more parents getting involved in school activities, giving concern to the education of their child. For now they are not taking it as a priority, a lot of parents. If a child misbehaves and you try to call the parent so that you could discuss the conduct of the child; they don't come. Sometimes they will send, tell the child "if they don't beat you up I am not going there. I have got more important things to attend to", which is unfortunate.

Follow-up-question: If I say, from what you are saying, you seem to be suggesting that the problem comes from the parents, that's why the relationship is not as good as you would like it to be. Am I right in concluding that way?

Response: Yes, yes. We are always extending our invitations. We are always getting to them where we can-what have you. We try to get to them as much as we can. But when we call them to school to discuss education matters-education of their children, conduct of their children, they don't come.

Question 7: Research findings revealed that there were no strategies in secondary schools to educate teachers about: bad cultural/religious practices, abuse of female teachers and respecting women's rights. Please comment on these observations.

Response: I, well, abuse of female teachers, I wouldn't comment on that one because we don't, we have never experienced it. Maybe the question would be "abuse by whom?" By other teachers? Well we don't have that problem. Strategies for combating knowledge which they might have gained, misinformation through churches or cultural beliefs. Yes, I agree. There isn't any. And sometimes it is quite difficult to venture into cultural and religious beliefs because one wonders who are you to question the religious practice of a certain religious sect. Who are you to question cultural practices of the community, especially if you are a teacher and you come from another community. It might be perceived as looking down on the culture of that community. And culture and religion are very sensitive issues which as teachers because we come from outside the locality, we tread with a lot of care, eeh!

Question 8: Teachers also stated that schools did not avail condoms to learners. Comment why this is so.

Response: As a school our core business is education. Everything stands around education. So we emphasise education more than prevention. So more than cure. We believe providing condoms without education will not be solving the problem. So as a school we educate. We give knowledge and then the choice of use of condoms will then be will come from the recipient of the education.

Follow-up-question: So they received education and the students know almost everything about the spread of HIV and AIDS and at one point they think they need a condom. Where will they get them when they spend most of their time in the school?

We insist on abstinence, not on the use of condoms. So, if we provide, we make condoms accessible to the students, we will be negating our insistence on abstinence. We would be saying go and practice. Practice is safe. We are saying do not. Hence we do not provide condoms. We say "do not practice".

Follow-up-question: Let me understand this. Is this the stand of the Ministry?

Response: Yes. It is the stand of the Ministry, that schools should promote abstinence and not condom use. What happened in a certain school, it was a senior school, the head there or the school decided to make condoms available to the students. And there was chaos. And when students were asked they said, "No! the school provided condoms so what are we to use them for? We are to use them for the purposes they are meant for"

Follow-up-question: What would you say to this one: Some experts have observed that whether you provide condoms or not, one thing for sure is that students will all the same practice sex. So what would you say to this observation when you consider that the schools don't provide condoms?

Response: They have other places where they can get condoms if they are in need of those. The clinics are open, even over the week ends when they are home. Clinics are open even during school vacations. There are some vending machines even at clinics. They can access, which you can access even after working hours.

Question 9: Teachers felt that they were rarely involved in decision-making processes related to HIV and AIDS issues. What is your comment on this observation?

Response: It will depend on how the school is run. In a normal school set up like in this school our HIV/AIDS coordinator is just an ordinary teacher. He doesn't belong to management. And it is he has a committee which does not necessarily include members of the management team. And they make the decisions of what to do and what not to do. They draw up strategies they implement their strategies.

Follow-up-question: So how do they connect with management?

Response: It has one of the members as the senior teacher one guidance who sits in the management of the school committee. They also have heads of department of pastoral.

Question 10: Your school is expected to implement the HIV and AIDS strategic plan. Comment on the resources available for this task.

Response: There are limited resources in terms of finance. There isn't any vote or any moneys which government allocates to schools to specifically use for HIV and AIDS (Tape ended). I was saying there is no funding for HIV and AIDS related activities. Hence, the school depends on a small vote, a small amount of money which is not specifically geared towards HIV/AIDS. It is used for all other none teaching activities, out of school activities and it's very little, very, very little. So if there was a vote for HIV/AIDS and money allocated then schools would be in a better position to implement their strategic plans. We would even be able to buy fliers, videos, what have you and engage students and other members of the school community into a lot of activities. But as it is now we, we, our hands are tied.

Follow-up-question: How do you determine like how much money you should take from that vote to use on the HIV/AIDS strategic plan? How do you---(interrupted)

Response: We don't predetermine, we don't predetermine. We only use as and when there is an activity. But whoever is organising the activities must be aware that there is no such vote. So we only scavenge around to look for a healthy vote which we can tie that. But normally it is only that vote of out of school activities.

EXTERNAL STAKEHOLDERS

Question 1: Do you have any external stakeholders currently involved in your school's HIV and AIDS projects/programs. If yes: (a) Who are they? (b) In what *aspects* are/have they been involved? (c) At what *stages*? (d) What kind of support do you give them?

Response: No, we don't have any.

Question 2: By virtue of a negative answer in question 1, Question 2 was left out because it was dependent on Question 1.

Question 3: A survey revealed that principals were uncomfortable with the involvement of parents and cultural/religious organizations in HIV and AIDS-related activities in schools. What could be the reason for this?

Response: Well, ah, ah (laughing). I wouldn't mind their involvement. I think they are an equally important partner and where they are there where they exist we should be making use of them. I would make good use of them because if it's a cultural organization or church organisation they are better placed to get through to the members of the school community than when it comes from the teachers. Because if it is a cultural organization then it would be basing on the cultural background of the students and other members of the school community who are not teachers. And if it is a religious organization mostly it will be coming from the same community where the students come from. And a lot of them may be belonging to that religious organization. Hence, a priest would get through better than the teacher because of the religious orientation. The recipient of that information.

Follow-up-question: What possible obstruction do you think would come from cultural or religious organizations?

Response: The only problem with religious and cultural organizations is that they tend to differ with school staff in a way tat the teachers believe in the scientific facts about HIV/AIDS while cultural organizations and some churches might base their knowledge or whatever practices on myth and hence, yes, schools may be on a confrontational path with such organizations, especially when it comes to strategies and possible ways in which the HIV/AIDS virus start.

Question 4: A Survey also revealed that teachers want stakeholders to be involved at all stages of strategic planning. From planning to implementation. What are your views on this?

Response: First for them to be involved through out, it's good but before you involve them you must have a common understanding together the teachers and the external stakeholders must have commonality. If there is no common understanding then they might heading for confrontation with each other.

Follow-up-question: So how do you think this commonality could be ---(interrupted).

Response: If the external organizations come to schools and offer their services and sit down together in workshops, seminars and then we first teach each other on how we are going to approach

the students how we are going to tackle and implement the strategy and how what their role would be as external organizations. Establish that right from the beginning, then it would work wonders.

Question 5: Some people/organizations will only help a school if they themselves could benefit from the interaction. Please comment on how your school could satisfy this expectation.

Response: We would not entertain that, except where us as a school benefit. It should be us and the school community first. If the external organization comes in for their own benefit and it is not of any benefit to us we can't work with such an organization.

Follow-up-question: But what if they will help the school, so the school will benefit but they say "we must also benefit".

Response: Not at the expense of the school. As long as it is not at the expense of the school, fine. As long as it is not going to be, eeh detrimental to the students' learning, fine. As long as the parents and the community at large is not going to say "this is not right". For example, if a religious organisation says we are going to help you and in turn allow us to preach our religion to make converts within your school, then we wouldn't allow that. We wouldn't allow a school to be used for the purposes of indoctrinating students or any member of the school. The school shouldn't be used for the benefit of the external organisation.

Question 6: Why should schools involve the external stakeholders, such as women organizations, the media and others?

Response: Students come from the community. Members of the school community also come from the external community. So if the organizations outside get involved in the implementation of the strategic plan, it helps because it will not only be the responsibility of the school. Members of the community will see that it is everybody's concern and it also involves the other stakeholders, eera!

Question 7: How can they be involved?

Response: Invite them, invite them, eeh. Make them aware of their important role which they should play. Because the media, for example, gets to everybody which the school cannot get to. The religious organisations, a lot of people are aligned to different religious organizations. Then if they get it or they see that their organization is involved it will have more impact (phone rings) Excuse me. (Pause). Yah, yah, I think I just finished saying the people align themselves with religious organisations and if they see that their organization is involved in any activity it will be more meaningful to them than it is when it is coming from somebody not associated, other than for official duty only, eeh.

Follow-up-question: Why do you think women organizations should be involved?

Response: They can also be involved because sometimes there are some people, like I said earlier, who associate, who align themselves with these organizations and if these organizations are involved in the implementation of the strategic plan, then those who are aligned with them could be easily reached by those organizations they are aligned to.