

**Realities regarding the implementation of the
Lesotho Education Sector HIV and AIDS Policy
(2012) in primary schools**

by

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Declaration

I, Kelello Alicia Rakolobe, sincerely declare that this dissertation submitted in fulfilment of the degree

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2017

Dedication

I dedicate this dissertation to my husband (Khotso Abednigo Ramaili), our daughters (Katileho Amira and Karabo Abena Ramaili), my parents ('Nyane and 'Makelello Rakolobe) and my grandfather (Mothepu Beibi Rakolobe).

Khakolo

Mosebetsi ona ke o khakolela molekane oaka ntate Khotso Abednigo Ramaili, barali ba rona Katileho Amira le Karabo Abena Ramaili, batsoali baka, ntate 'Nyane le 'm'e 'Makelello Rakolobe hammoho le ntate-moholo Mothepu Beibi Rakolobe.

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Abstract

The development of a country is dependent on the health and education of its youth. For some countries, especially in the Southern African Development Community (SADC), HIV/AIDS has become a hindrance to its growth as it is one of the leading causes of deaths among young people. In an effort to counter the negative impact of HIV/AIDS, the Ministry of Education and Training (MOET) in Lesotho, developed the *Lesotho Education Sector HIV and AIDS Policy 2012* (LESHAP 2012) for implementation in schools. In principle, this policy aims at making education an active partner in the fight against HIV/AIDS in Lesotho.

However, policies can only be effective and noble ideals, and goals can only be achieved if policies are implemented. This study aims to answer the question: **What are the realities regarding the implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012* in primary schools?**

In answering this question, I adopted a constructivist paradigm as the principal lens in framing and developing this study. A qualitative research approach was used and in conjunction with the literature reviews, I also conducted a critical policy analysis. This was done to discover particular policy directives vital for effective and efficient implementation of the LESHAP 2012, and semi-structured interviews with school board members, principals and teachers selected from three primary schools, belonging to three main proprietors in the district of Molepolole.

The main finding of this study is that the LESHAP 2012 is not being implemented in these schools. This is primarily because the schools appear not to have any knowledge of the policy, since it has never been disseminated, distributed and communicated to the schools. As a result, most of the stipulations and directives which are supposed to ensure the effective implementation of the LESHAP 2012 are not adhered to. The implication of this is that the Lesotho education in general and schools in particular cannot effectively contribute towards the fight against HIV/AIDS. This despite the noble ideals of the policy and of the MOET to utilise education in the fight against HIV/AIDS in Lesotho. To try and reverse the situation and to enhance the implementation of the LESHAP 2012, recommendations are made. This includes a

sincere effort to get the LESHAP 2012 out to schools and the training of educators in the effective implementation thereof.

Key words: Lesotho, LESHAP 2012, HIV/AIDS, policies, education, policy implementation

Kakaretso

Tsoelopele ea naha efe kapa efe e itšetlehile ka bophelo bo botle le ho ruteha ha bacha ba eona. Linaheng tse ling; haholoholo tse ikopantseng tsa selekane, tse; hloahloeng e Boroa ho Afrika (SADC), HIV/AIDS e thibela tsoelopele kaha ele eona sesosa se seholo sa mafu, haholoholo bathong ba bacha. Lekala la thuto le koetliso Lesotho (MOET), tekong ea lona ea ho theola sekahla sa HIV/AIDS, le qapile leano le bitsoang Leano la Lefapha la thuto la HIV/AIDS Lesotho la 2012 (LESHAP 2012). Leano lena le tla kenngoa likolong kahar'a naha.

Sepheo sa boithuto bona ke ho araba potso: **Melemo ke efe ea ho kenya leano la boithuto holima HIV/AIDS Lesotho likolong tsa mathomo? (Lesotho Education Sector HIV and AIDS Policy 2012?)**. Ho araba potso ena, ke sebelisitse maikutlo a batho holima taba ena, ele ona a ntataisetsang ho fumana hoo eleng karabo boipotsong ba ka ke le mofuputsi. Maikutlo ana a batho hammoho le a hlahang lingoliloeng le tlhahlobo e tebileng ea leano, ke ona a nthusistseng ho fumana hoo eleng karabo potsong ea ka.

Sena se nthusitse ho utloisisa bohlokoa ba ho kenya leano lena thutong ea Lesotho. Kaha sepheo sa boithuto bona e ne ele ho fuputsa hore na le sebetsa joang likolong. Ke ile ka fuputsa litaba tsena ho litho tsa liboto tsa likolo, baokameli le litichere tsa likolo tse tharo tsa mathomo tse ikarabellang likerekeng le mmusong tse fumanehang Lekhotleng la Mathomo la Mashaleng F02, lebatooeng la Qhalasi #57 Seterekeng sa Mohale's Hoek.

Ho fumanehile hore leano lena (LESHAP 2012) ha le sebelisoa likolong tsena. Lebaka ke hoba likolo tsena ha li tsebe ka lona, 'me ka hona, ha ho kamoo li neng li ka le kenyetsa thutong ka teng.

Sena se bolela hore likolo, haholoholo tse sa tsebeng letho ka leano lena, li keke tsa tseba ho thusa toantšong ea lefu lena la HIV/AIDS. Hona ho sitisa ho phethahala ha sepheo sa mantlha sa Lekala la Thuto le koetliso (MOET) sa ho sebelisa leano lena ho fokotsa sekahla sa HIV/AIDS Lesotho.

Ele mokhoa oa ho fetola boemo bona, le ho khotaletsa tšebeliso ea leano lena la LESHAP 2012, ho entsoe likhotaletsa tse kang ho netefatsa hore leano lena la LESHAP 2012 le isoe likolong, 'me le litichere ba rupelloa ho le sebelisa ka nepo.

Tlotlo-ntsoe: LESHAP 2012, HIV/AIDS, likolo,

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List of abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AU	African Union
CPA	Critical Policy Analysis
GOL	Government of Lesotho
HIV	Human Immunodeficiency Virus
IECCD	Integrated Early Childhood Care and Development
LESHAP 2012	<i>Lesotho Education Sector HIV and AIDS Policy 2012</i>
MDGs	Millennium Development Goals
MOET	Ministry of Education and Training
OAU	Organisation of the African Union
OVC	Orphaned and vulnerable children
PEP	Post-exposure prophylaxis
RSA	Republic of South Africa
SA	South Africa(n)
SADC	Southern African Development Community
SANAC	South African National AIDS Council
SGDs	Sustainable Development Goals
STI	Sexually Transmitted Infection
TB	Tuberculosis
UN	United Nations
WHO	World Health Organisation

CHAPTER 1

ORIENTATION

1.1 Introduction

Currently, the world is faced with the scourge of HIV/AIDS that is threatening to negatively affect the livelihoods and futures of the youth, as they appear to be the most affected. Lesotho is no exception, as a large number of its population, aged between 15 and 49, is living with HIV/AIDS (Nkhoma, 2013:np). It is further the view of Jopo, Maema and Ramokoena (2011:np) that the health and wellbeing of the citizens of a country, especially its youth, affect not only the quality of education, but also the socio-economic and the socio-political development of that country. It could therefore be argued that the high prevalence of HIV/AIDS in Lesotho could pose a threat to the future and quality of education, as well as to the general development of Lesotho.

Like other countries around the world, Lesotho is a signatory to various international treaties aimed at combating HIV/AIDS. These treaties and strategies include the *Sustainable Development Goals*, the *United Nations General Assembly Special Declaration of Commitment to HIV/AIDS* (2001), the *Abuja Declaration of Commitment for Action in the Fight against HIV/AIDS, Tuberculosis, and other Infectious Disease* (2001), the *2003 Maseru Declaration and Commitment to HIV and AIDS in the SADC region*, as well as the *2006 Brazzaville Declaration and commitment on scaling up towards Universal access to HIV and AIDS prevention, treatment, care and support in Africa by 2010* (GOL, 2006:xiii).

Although no formal policies were developed, Lesotho has, from as early as 1987, embarked on strategies to combat HIV/AIDS. These strategies include the adoption of various frameworks, such as the *Preventive Strategy to combat HIV and AIDS* that was propagated in 1995 by the *National AIDS Prevention and Control Framework* in the Ministry of Health (GOL, 2006:xii).

Furthermore, because of the threatening situation in Lesotho, in 2000, His Majesty King Letsie III declared HIV/AIDS as a national disaster (Kingdom of Lesotho, 2012:vi). Thereafter the Lesotho government developed a number of policies which were all aimed at curbing the spread of HIV/AIDS. Amongst these policies are the *Policy Framework on HIV/AIDS Prevention, Control and Management* of 2000, the amended *National HIV and AIDS Policy* (2006) and the *Public Service HIV and AIDS Policy* 2010.

Being the largest sector and also being strategically placed in Lesotho, the education sector is viewed as the hope for the eradication of HIV/AIDS. To this effect UNESCO (2013:7) states that “if schools and the education fraternity are not utilised in the curbing of HIV and AIDS pandemic, Lesotho will for a long-time struggle with this epidemic”.

By virtue of its obligation to the people of Lesotho and because of the responsibility placed upon education in general to play a more prominent role in combating HIV/AIDS, the Ministry of Education and Training (MOET) developed the *Lesotho Education Sector HIV and AIDS Policy 2012* (hereafter referred to as “LESHAP 2012”). Since policies do not function in isolation or in a vacuum, but have a particular socio-political context, the LESHAP 2012 was developed in line with the *Education Sector Strategic Plan 2005-2015*, the *Lesotho National HIV and AIDS Policy 2006* and the *Public Service HIV and AIDS Policy 2010* (Kingdom of Lesotho, 2012:11). The LESHAP 2012 is also in line with the *Education ACT of 2010* and the *Kingdom of Lesotho Constitution of 1993*.

1.2 Problem statement

Lesotho appears to have an elaborative policy framework to address and curb the spread of HIV/AIDS in the country. It also seems that there is a commitment to make education a significant partner in the fight against HIV/AIDS. However, despite these concerted efforts to address the HIV/AIDS pandemic, it looks as if HIV/AIDS infections are still not under control. The HIV prevalence in Lesotho has, since 2013, increased

from 23 percent to 25 percent (Ministry of Health, 2014:13). With this, Lesotho rose to the country with the second highest number of HIV/AIDS infections in the whole world.

In an interview with the *Lesotho Times* on 27 November 2014, Sehlabaka-Ramahlele (a psychologist in the Disease Control Department) indicated that the HIV and AIDS pandemic is spreading rapidly among youth aged between 15 and 24, as they disregard to engage in precautions and responsible sexual behaviour.

In addition, research carried out by the United Nations Population Fund (UNFPA) in 2015 indicated that, in Lesotho, 1 in every 10 people aged between 15 and 17 is living with HIV (UNFPA, 2015:3). These statistics paint a gloomy picture for the future of Lesotho's education and the socio-economic development of the country. This is because HIV/AIDS directly affects education, as it can be responsible for teacher and learner absenteeism, decline in school enrolment, and learner drop-out due to illness of parents. In addition, it can also be responsible for learner drop-out due to illness of the learner, relocation of orphaned learners and lack of finances to pay for education (Ayiro, 2012:24).

Furthermore, a study conducted by the Ministry of Health in 2011 also indicated that 34 percent of children in Lesotho are orphans due to HIV/AIDS, the implication of which is that the already weak economy of Lesotho is weakened even further, as limited resources have to be stretched to cater for the orphans' needs including, that for education (Ministry of Health, 2014:14). With regard to education, the *Lesotho Education Sector Strategic Plan 2005-2015* has identified HIV/AIDS as one of the critical challenges facing basic education in Lesotho, because of its impact on teachers (Kingdom of Lesotho, 2005:43).

Mohale's Hoek, like other districts in Lesotho, also faces various HIV/AIDS-related challenges. According to a health survey conducted by the Ministry of Health and Social Welfare, Mohale's Hoek had the fifth highest number of orphans due to HIV/AIDS. Congruently, in Mohale's Hoek, 11.5 percent of women and 25.9 percent of men were reported to have engaged in sex prior to marriage (Ministry of Health and Social Development, 2010:170, 191, 209). The implication of these statistics are dire

for the district of Mofale's Hoek because the high number of orphans means more expenditure for the government. Also, the high level of young men and women who engage in sex prior to marriage can lead to an increase in the number of HIV/AIDS infections.

UNESCO (2013:9) regards education as the foundation for the success of all HIV programmes and states that "it is crucial to monitor the continued role of the education sector in the AIDS response". Lesotho adopted various policies and implemented numerous strategies and programmes over the years in efforts to combat the spread and occurrence of HIV/AIDS, especially amongst the youth. Yet, despite these attempts, HIV/AIDS infections amongst young Basotho girls and boys are still on the increase, with severe implications for not only the education sector, but also the development of the country.

Against this background the overarching question this study tries to answer is:

What are the realities regarding the implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012* in primary schools?

Informed by my overarching research question, the following subsidiary questions arose:

- What is the nature and impact of HIV/AIDS, particularly with regard to education in Lesotho?
- What lessons can Lesotho learn from other SADC countries with regard to the fight against HIV/AIDS through and in education?
- What does the *Lesotho Education Sector HIV and AIDS Policy 2012* entail?
- What are the realities with regard to the implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012* in school settings?
- What comments and recommendations could be made in order to enhance the implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012*?

1.3 Aim and objectives

The aim of the study was:

to explore the realities regarding the implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012* primary schools.

In order to achieve this aim the following objectives were pursued:

- To review the nature and impact of HIV/AIDS, especially with regard to education in Lesotho.
- To determine what lessons Lesotho could learn from SADC countries with regard to their fight against HIV/AIDS through and in education.
- To analyse the *Lesotho Education Sector HIV and AIDS Policy 2012*.
- To explore the realities with regard to the implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012* in actual primary schools settings.
- To make comments and recommendations in order to enhance the implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012*.

1.4 Rationale

As a teacher, who not only worked in various capacities in the field of HIV/AIDS in schools, but who is also personally affected by the disease, I started wondering about the role Lesotho education could and should play in the fight against HIV/AIDS. My reflection on education and HIV/AIDS resulted in my starting to investigate some of the Lesotho HIV/AIDS policies, and particularly policies in education. I discovered that Lesotho has an elaborative national policy framework aimed at addressing HIV/AIDS. In addition, I also discovered that the Lesotho Ministry of Education and Training (MOET) responded to policy calls for a concerted effort to fight HIV/AIDS in Lesotho by developing the LESHAP 2012. However, what bothered me with regard to these policies, is the fact that, despite their existence, it still appeared as if in Lesotho the number of HIV/AIDS infections were spiralling out of control. Furthermore, in discussions with colleagues I established that they do not have any knowledge about the LESHAP 2012. I then started to wonder about its implementation.

I could not locate any information on the implementation of the LESHAP 2012; neither was there any study conducted which investigated the implementation or effectiveness of the LESHAP 2012. I subsequently considered it proper to look into the

implementation of the LESHAP 2012. With this study I therefore hope to shed light on the implementation of the LESHAP 2012, and to put forward some recommendations that could hopefully enhance its implementation in order to positively impact on the spreading of HIV/AIDS.

1.5 Research design

A research design is a plan or a blue print that guides the direction the research will take. This direction is based on the research paradigm, the methods of data generation, participant selection techniques, ethics that will be considered, data coding and strategies for analysing and interpreting the generated data (Vogt, Gardner & Haeffele, and 2012:340).

Qualitative research design was used as the research design for this study. Qualitative research is a form of research that focuses on in-depth meaning and understanding of phenomena. It makes use of the researcher as the primary instrument of data collection and data analysis. Moreover, the descriptions given are rich, as it utilises purposive sampling. Most importantly, trustworthiness, authenticity and balance characterise high qualitative data (Rubin and Rubin, 2012:3). However, the open ended nature of qualitative research makes it impossible to limit it to a single umbrella like paradigm over the entire project (Given, 2008:XXIX).

1.5.1 Research paradigm

A paradigm is a set of assumptions about how phenomena work. Different researchers have various ways of approaching research. As a result, all researchers use different approaches, depending on their beliefs and the ways they view and interact with their surroundings (Michel, 2008:40). This study will be guided by the constructivist paradigm.

Constructivism disputes that research can be absolutely objective. Furthermore, it also argues that researchers cannot ignore their values, rather they should openly acknowledge them (Dills & Romiszowski, 1997:271).

I chose the constructivism paradigm for this study because it subscribes to the idea that each individual is different and has unique experiences (Riazi, 2016:55). This is relevant for this study since the implementation of policies affects individuals differently, depending on their background and the environment wherein they live.

My choice of paradigm for this study was, furthermore, influenced by Lincoln and Guba (2013:63), who stated that:

[d]ifferent paradigms are likely to highlight radically different problems; indeed, what is a problem for one paradigm may not be so considered in another (and may not even be able to be articulated in the terms of another paradigm).

As a result, it is an appropriate framework to underpin this study, as the study also deals with social phenomena.

Furthermore, constructivist paradigm is a paradigm that subscribes to the principle of multiple and subjective meanings. It supports the idea that meanings are socially constructed by humans by means of engaging with their world and making sense of it through their historical perspectives (Creswell, 2014:37).

1.5.2 Research approach

This study is underpinned by constructivism as the research paradigm. Within this paradigm, I adopted a qualitative research approach. Qualitative research is defined by Flick (2014: 542) as:

[r]esearch interested in analysing the subjective meaning or the social production of issues, events, or practices by collecting non-standardized data and analysing texts and images rather than numbers and statistics.

In addition, qualitative research involves the methodical generation, organisation, interpretation, analysis and communication of data with the aim of contributing towards new knowledge and the purpose of bringing about change in the real world. It also gives researchers an opportunity to “get insight into cultural activities” that could easily be overlooked if other approaches are used (Tracy, 2013:np). To this

effect the use of qualitative research in this study is significant as I will be able to collect information from the people directly affected by the implementation or lack of implementation of the LESHAP 2012.

1.5.3 Research methods

Research methods are techniques engaged to generate data for a research (Kumar, 2008:4). In line with my paradigm and my research approach, I opted to use literature review, critical policy analysis and semi-structured interviews as research methods. In what follows next, is a brief description of each method and an explanation of its relevance for my study.

1.5.3.1 Literature review

Creswell (2009:89) defines a literature review as a “written summary of journal articles, books, and other documents that describes the past and current state of information on the topic of your study”. In this study primary as well as secondary sources will be reviewed with the aim of finding out what other authors have to say about HIV/AIDS in education and to find the gap in existing literature on the implementation of the LESHAP 2012 in Lesotho.

1.5.3.2 Critical policy analysis

A policy analysis provides an informational base that can be used to set the agenda for the development of a policy or the critical analysis of an already existing policy (Codd, 2007:167). There are various ways of doing policy analysis. For this study I will do a critical policy analysis (hereafter “CPA”). This is because Tollefson (2002:4) states that “scholars and students in... policy studies should develop the ability to critically ‘read’ policies, that is, to understand the social and political implications of particular policy adopted in specific historical contexts”. CPA is not only confined to the policy document or text, but also looks into the circumstances and historical background of why a policy was developed and the context in which it was developed.

Furthermore, CPA also looks at the silences, assumptions and claims embedded within a particular policy (Taylor, Rizvi, Lingard & Henry, 1997:44-45). In this regard, I assumed that a CPA would not only highlight the content and context of the policy, but will also enable me to explore and uncover the silences, assumptions and claims that underpin the LESHAP 2012, and which could potentially impact on its implementation.

1.5.3.3 Semi-structured interviews

Semi-structured interviews are a method of data collection that consists of a set of questions that cover a list of topics and are open-ended (Creswell, 2012:46). I used this method of interviewing because it is flexible and it provided for a friendly non-intimidating conversation. In ensuring the success of the interview, researchers need to build trust with the participant so that the likelihood of information being withheld is eliminated (Bernard, 2013:180). I regarded semi-structured interviews as appropriate for building a trustworthy relationship with the participants. The aim of the interviews was to get insight into the implementation of the LESHAP 2012 as being experienced by the interviewees.

1.5.3.4 Participant selection

Participant selection is the process of selecting some members from a large group of people that the study can get information from. Participant selection is more convenient, cost effective and time saving as opposed to studying the entire population (Rossouw, 2013:107-108). In this study, I used the purposive participant selection method. This is a non-probability selection technique where the researcher chooses the participants based on the information to be gathered and from whom it can be gathered (Bernard, 2013:164).

For this study I selected participants based on their involvement in education and in the implementation of education policies in schools. Three schools were selected from the three main proprietors of schools in Lesotho. These proprietors are representatives of the churches as well as the government of Lesotho. At each of these schools, a principal, a Grade six teacher and a board member were selected for the interviews. I

chose these participants because they are supposedly directly involved with or affected by the implementation of the LESHAP 2012.

Objective	Method	Chapter
To assess the nature and impact of HIV/AIDS with regard to education in Lesotho.	Literature review	Chapter 2
To examine what Lesotho can learn from what other SADC countries have done to fight HIV/AIDS in education.	Literature review	Chapter 3
To critically analyse the LESHAP 2012.	Critical Policy Analysis	Chapter 4
To investigate the implications of the LESHAP 2012 in actual primary school settings.	Semi-structured interviews	Chapter 5
To make comments on how to enhance the implementation of the LESHAP 2012.		Chapter 6

1.6 Ethical considerations

Ethics involves the moral conduct of an individual or group of people in society (Flick, 2014:49). In addition to ethics being primarily concerned with right and wrong or good and bad, it also includes issues of honesty, professionalism and care not to harm others (Cohen, Manion & Morrison, 2007: 54).

Such ethics places a particular responsibility on me as a researcher to consider what is good, bad, right or wrong and how not to harm any participant. This responsibility is

articulated by Israel and Hay (2006:2) who assert that social scientist researchers, by virtue of using human beings in their studies and by also striving to conduct studies that will “make the world a better place”, must make sure they avoid or minimise the impact of harm that can befall individuals or groups of people and their environments.

In this study, I engaged participants in qualitative interviews. It is the view of Kvale (2007:133) that during any qualitative interview the interviewees should always be considered regarding issues such as informed consent, confidentiality and consequences. In addition, Diccico-Bloom & Crabtree (2006:319) also opine that researchers need to focus on reducing the risk of unanticipated harm, protecting the interviewee’s information, effectively informing interviewees about the nature of the study, and reducing the risk of exploitation. Furthermore, to ensure that participants voluntarily agreed to take part in the study, they were also informed about the purpose of the investigation and the main features of the design (Dicicco-Bloom & Crabtree, 2006:319).

Because research on HIV/AIDS is rather sensitive, I carefully contemplated and executed my study. This supposed that I also had to consider particular ethical issues. In order to ensure that this study was ethically sound, I applied for ethical clearance from the Ethical Committee of the Faculty of Education, University of the Free State. In addition I also applied for clearance from the District Education Office of Mhale’s Hoek. Both these institutions found my ethical considerations to be in order and granted me permission to continue with my study. Permission was also requested and approved verbally from the principals of the schools to be involved. In my respective applications I highlighted the aims, objectives and the nature of the interviews. I also assured participants that no one would be harmed, abused or violated during this study.

Furthermore, by informing the participants about the aims and objectives of the study, I ensured that they were not given false impressions regarding their participation as well as their involvement in the research. This I did to ensure that the participants make an informed decision and give informed consent. Additionally, participants have a right to voluntarily choose whether they will be part of the study. Participants were

therefore informed that they could withdraw their participation at any time should they no longer want to continue with the study or if they feel their rights were being infringed upon (Stangor, 2011:45).

In order to ensure that these principles were met, I drafted a consent letter (cf. Appendix J) that was explained to the participants and which they signed before the interviews commenced. Also, participants were reassured that raw data would not be publicised and would be stored in a special way where access would be limited to me and my supervisor only and that the raw data would be destroyed as soon as the study is completed (Mertens & Ginsberg, 2009:333).

Participants were also informed of their rights to confidentiality and anonymity. Anonymity means that the identity of participants will not be exposed and that their identities will be hidden at all times throughout the study (Vogt *et al.*, 2012:335). In addition, anonymity also ensures that the identity of the participants cannot be determined based on their responses (Babbie, 2016:67). For Oliver (2010:77) confidentiality and anonymity form the cornerstone of research ethics. In this study the identities of the participants and the participating schools were protected by not mentioning the names of the schools and by not giving too much information about the location of the school within the area.

1.6.1 Quality considerations

To enhance the quality of my research, issues of trustworthiness needed to be adhered to. In this regard trustworthiness refers to the extent that research findings could be trusted (Maykut & Morehouse, 1994:64). To improve trustworthiness, factors such as credibility, transferability, dependability and confirmability needed to be considered (Lincoln & Guba in Creswell, 2009:202). In what follows, is a brief exposition of these factors and how they were responded to in my study.

1.6.1.1 Credibility

For Denzin and Lincoln (in Bowen, 2005:215) credibility refers to “the confidence one has in the truth of the findings”. In addition, Lodico, Spaulding and Voegtler (2006:273)

also suggest that credibility refers to the extent that participants' perceptions of events correlate with those which the researcher presents in his or her report. For Flick (2014:287) credibility is a measure of whether the data generated is a true representation of what was actually gotten from the participants. The implication of this is that an authentic evidence-based presentation of what is studied, should be presented. Credibility subsequently informs us about the accuracy, validity and truthfulness of a study.

I ensured the credibility of my study by giving my transcripts and findings back to the participants and allowing them to read through it in order to ensure that the interviews I transcribed were what they actually said and meant. Participants could then correct the transcriptions and findings in the event that they felt they had been misrepresented or misinterpreted. In this way, participants were also given the opportunity to clarify certain misunderstandings.

1.6.1.2 Transferability

According to Thomas and Magilvy (2011:153), transferability determines if the results from one study could be used to generalise what happens in the whole population. Transferability also provides the opportunity for other researchers to apply the findings of a study to their own (Bowen, 2005:216). Similarly, for Babbie and Mouton (2001:277) transferability entails the extent to which findings can be applied in other situations, contexts or participants. In this study I ensured transferability by providing rich, thick and detailed descriptions of how the research process unfolded, and of the context within which the study was undertaken.

1.6.1.3 Dependability

A study is said to be dependable when another researcher can get the same results under similar conditions with similar participants if the study is repeated (Rolfe, 2006:305). In addition, dependability also refers to the degree to which the reader can be convinced that the findings did indeed occur as the researcher says they did (Maree, 2007: 299). As a result, dependability deals with the extent of consistency of the research findings (Rossouw, 2003:183). A close link exists between dependability

and credibility – to the extent that dependability can be achieved by also applying the measures of credibility. Dependability is therefore ensured when we can prove that, given the collected data, the results make sense, in other words the data is consistent and dependable (Merriam, 2009:296). In order to ensure that my research is dependable, data used to draw conclusions from will be made available to anyone who wishes to check the dependability of my study.

1.6.1.4 Confirmability

As a factor of trustworthiness, confirmability is achieved if credibility, transferability and dependability have been accomplished (Thomas & Magilvy, 2011:154). In other words, the confirmability of a study is largely dependent on the extent that the study is proven to be credible, transferable and dependable. As such, confirmability refers to the “internal coherence of data in relation to the findings, interpretations and recommendations” (Denzil & Lincoln in Bowen, 2005:216). For Babbie and Mouton (2001:278) confirmability entails the degree to which research findings are a direct product of the focus of the research and not of the biases of the researchers. Shenton (2004:63) advises that researches must take steps to demonstrate that findings emerge from the data and that are not their own predispositions. Research findings should therefore be ‘clean’ and not ‘contaminated’ with any biases, especially those of the researcher. One way of ensuring the confirmability of a study, is to leave an audit trail (Lincoln & Guba, 1985). Such a trail will enable those who want to audit the study to ascertain for themselves that the interpretations, conclusions and recommendations are traceable to the sources and that they can be supported by the inquiry. In this study I have put forward my prejudices and ensured that they do not interfere with the study aim and objectives. In addition, I also ensured that all relevant documents, such as the original interview transcripts and notes made during the interviews, will be kept to serve as an audit trail and to subsequently enhance the trustworthiness of my study. People who question the trustworthiness of this study could thus have access to the data and the steps I took to arrive at my particular findings.

1.7 Value of the study

The prevalence of HIV/AIDS in Lesotho is cause for concern. A study on the realities around the implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012* is long overdue as the policy has been in existence for almost five years. This study aims to benefit education stakeholders, such as principals, teachers, learners, managers and non-academic staff in both formal and non-formal sectors of education, parents, churches and school boards. It will also benefit the communities around the schools where the study will be conducted, as the schools and communities around them influence each other. The other beneficiary will be the Ministry of Education and Training, as it will give an indication on the extent to which the LESHAP 2012 is indeed implemented and make recommendations to enhance its further implementation. The beneficiaries of the study will be able to eliminate the perceived challenges with regards to the input of the LESHAP 2012,

1.8 Demarcation of the study

1.8.1 Scientific demarcation

The study is demarcated within Education Policy Studies. Hogwood and Gunn (in Rizvi & Lingard, 2010:4) hold the following view regarding the concept of policy:

The concept of policy... is variously used to describe a "label for a field of activity", for example education policy or health policy, as "an expression of general purpose", as "specific proposals", as "decisions of government", as "formal authorization", as "programme", and as both "output" and "outcome", with the former referring to what has actually been delivered by a specific policy, and outcomes referring to broader effects of policy goals.

The study was about the realities around the implementation of the LESHAP 2012, a policy developed by the MOET in order to curb the spread of HIV/AIDS in Lesotho. Thus it was justifiable to demarcate this study within Education Policy. In addition, the study was seeking to explore the realities regarding the implementation of the

LESHAP 2012 in schools in Lesotho. Policy implementation is part of the policy cycle. As such this study also belongs to the discipline of Education Policy Studies.

1.8.2 Geographical demarcation

The study was conducted in three primary schools found in the community council of Mashaleng F02, located in the constituency of Qhalasi number 57 in the district of Mohale's Hoek, Lesotho. Lesotho is a constitutional monarchy that is completely surrounded by its sole neighbour, the Republic of South Africa, and is divided into ten administrative districts (Kingdom of Lesotho, 2014). The district of Mohale's Hoek is one of the ten districts of Lesotho, and it shares borders with the five districts being Mafeteng on the West, Quthing on the South, Qacha's Nek that lies to the South East, Thaba-Tseka on the North, while Maseru is on the North West.



Figure 1: Map of Lesotho sourced (mapsotworld.com)

The reason for choosing a community council in Mohale's Hoek was because the place was easily accessible. Also, all the proprietors I wanted to engage in the study were represented in that council.

1.9 Research outline

This study aims to answer the following research question: **What are the realities regarding the implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012*?** In order to answer this question, this dissertation is structured around the following chapters:

Chapter 1 provides the orientation of the study.

Chapter 2 provides a literature review **on the nature and prevalence of HIV/AIDS globally, especially with regard to education.** This assists in informing the study on the impact of HIV/AIDS on education.

Chapter 3 provides a literature review **on lessons that can be taken from other SADC countries regarding the strategies they have used to fight HIV/AIDS through and in education.** The countries selected in this chapter are Botswana and South Africa.

In Chapter 4, the LESHAP 2012 is **subjected to a critical policy analysis** in order to find out what directives for successful implementation are contained in it.

Chapter 5 focuses on the empirical part of the study. In this chapter I report on the findings of semi-structured interviews that were conducted with relevant stakeholders. The aim of the interviews is **to explore the realities regarding the implementation of the LESHAP 2012 in actual school settings.**

In Chapter 6, I present the conclusion, comments and recommendations of the study.

1.10 Conclusion

This chapter outlined the proposed research. In this chapter it was argued that, despite the presence of the LESHAP 2012 and other policies on HIV and AIDS, this pandemic continues to be a threat to the lives of the Basotho, especially the young generation.

The next chapter will focus on a literature review on the nature and prevalence of HIV/AIDS, especially with regard to education.

CHAPTER 2

THE NATURE AND IMPACT OF HIV/AIDS

2.1 Introduction

The main aim of this study is to explore the realities around the implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012*. In assisting to achieve this overarching aim a literature review should be undertaken. The specific objective of this literature review is to assess the nature and impact of HIV/AIDS with regard to education. However, as part of this literature review, I will also embark on a brief exploration of the background and history of HIV/AIDS globally.

2.2 Background to HIV/AIDS

It is impossible to pin down the exact date and the location when the first case of HIV/AIDS was discovered. Walker (2012:12) points out that the AIDS pandemic killed a number of people before it was officially identified. Equally, researchers vary vastly as to how AIDS originated. There are those who argue it is a man-made virus, while some claim it originated from chimpanzees and others maintain it originated among Africans (Pepin, 2011:2).

Whilst several reports on rare types of pneumonia, cancer and other illnesses were being reported among homosexual men, in 1982 health officials adopted the term “acquired immunodeficiency syndrome” or “AIDS” to refer to this unknown illness that had multiple symptoms. It was only in 1983 that the virus that caused AIDS was discovered and named the “human T-cell lymphotropic virus-type III/Lymphadenopathy-associated virus” (HTLV-III/ LAV). This virus was later renamed and called the “human immunodeficiency virus” (HIV).

Irrespective of its origin, HIV has become a deadly virus, and around the mid-1990s, the number of people infected with HIV/AIDS worldwide rapidly increased. With the prevalence of 23.3 million infected persons in 1999, sub-Saharan Africa, which

Lesotho is part of, accounted for almost 70 percent of HIV/AIDS cases in the world (Painter, 2001:1397). Moreover, in 2008, the number of people living with the pandemic globally was 33.4 million, and sub-Saharan Africa accounted for 22.4 million of that number (Chibango, 2013:240). The 2016 statistics indicate that 15.3 million in SADC are HIV positive, this number is more than 40% of the 36.7 million people infected with HIV globally (Gender Links, 2017: 49) It is the view of De Cock, Jaffe and Curran (2012:1206) that even in the 21st century, this region continues to suffer as a result of HIV/AIDS.

2.3 The fight against HIV/AIDS

Amidst very little information about HIV/AIDS and the subsequent difficulty to really develop a solid mechanism to fight it, in 1987 the World Health Organisation (WHO), through its Global Program on AIDS, proposed the first global attempt to create awareness about and to protect the rights of people infected with HIV/AIDS. This they propose to achieve by deterring governments from practices such as discrimination, stigmatisation, quarantining and forced HIV testing (Gostin, 1998:256). In the 1990s these efforts were strengthened when the World Bank and the United Nations Development Program joined forces to raise funds for the fight against HIV/AIDS and to develop their own HIV/AIDS-related programs. It is through these efforts that awareness and focus on HIV/AIDS were advanced (Johnson & Urpelainen, 2012:178) and many countries started to focus on HIV/AIDS.

Subsequently, in 1996 these organisations formed the Joint United Nations Program on HIV and AIDS (popularly known as the “UNAIDS”), which is still instrumental in and the force behind the fight against HIV/AIDS (Johnson & Urpelainen, 2012:178).

In efforts to strengthen the global fight against HIV/AIDS, and also to ensure representation of all sectors in curbing the HIV/AIDS pandemic, UNAIDS partnered with 11 other United Nations organisations, which then ensured that the fight against HIV/AIDS became more vigorous (McInnes *et al.*, 2014:36).

In response to these efforts, during the middle 1990s the G8 countries also took up the fight against HIV/AIDS. In 2000 these countries, which include, among others, the United Kingdom, the United States of America and Russia, established the Global Fund and other funding initiatives which became very active in the fight against HIV/AIDS (McInnes *et al.*, 2014:34). Since the formation of the Global Fund, the G8 has prioritised the fight against HIV/AIDS in Africa. The G8 has also made it its mandate to involve African leaders in its summits so that their opinions can be included in policies that affect their regions and countries (Kirton, Gueber & Kulik, 2014:127).

It can therefore be construed from the above exposition that the international fight against HIV/AIDS has a long history and that, over the years, various interest parties rolled out various initiatives in efforts to curb the rapid spread of HIV/AIDS and its devastating impact on human life. It also appears that Africa was included in efforts to address the impact of HIV/AIDS. However, despite these efforts, it appears that the fight against HIV/AIDS still needs to be strengthened in order to totally eradicate it more so in sub-Saharan Africa, which is reportedly amongst the regions being the hardest hit by HIV/AIDS.

In response to existing initiatives and also to strengthen efforts to fight HIV/AIDS, various treaties and declarations were developed and signed by countries around the world. These treaties and declarations are also endorsed by various countries in Africa, such as Lesotho. In what follows, a brief overview of some of the most relevant international treaties and declarations on HIV/AIDS is given. I acknowledge that these treaties and declarations are not the only ones; however, I regard them as influential to the fight against HIV/AIDS and relevant for my study.

2.4 International treaties and declarations on HIV/AIDS

The international community has always strived towards the eradication of HIV/AIDS. It is in this respect that several declarations, conventions and commitments were made and subsequently signed by countries. Lesotho is part of the United Nations (UN). Within the African context, Lesotho is also part of the African Union (AU) and the Southern African Development Community (SADC). Similarly, these institutions also

developed various treaties and declarations on HIV/AIDS. Since Lesotho is a member of both the AU and SADC, it is also a signatory to the conventions and treaties developed by these bodies. In this section I will focus only on those declarations that Lesotho is a signatory to. However, I will give particular attention to conventions and stipulations that affect children and education.

For this study I have selected the following declarations and treaties: the *United Nations Convention on the Rights of the Child* (1989), the *United Nations Millennium Development Goals* (MDGs 2000), the *Abuja Declaration and Framework for Action in the Fight against HIV and AIDS, Tuberculosis and other infectious Diseases* (2001), the *Maseru Declaration on the fight against HIV and AIDS in the SADC Region* (2003) and the *Sustainable Development Goals* (2015). I regard these treaties and declarations as relevant as they are in one way or the other supposed to impact on the Lesotho government's response to HIV/AIDS and the protection of the rights of the Basotho child.

2.4.1 United Nations Convention on the Rights of the Child (1989)

The United Nations Universal Declaration of Human Rights (UN, 1948, Article 1) states that:

[a]ll human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

The implication of the above extract is that each person, irrespective of their age, should be accorded respect.

In contrast to the abovementioned article, the international community had, for a long time, neglected children, their rights and the sufferings they endured due to several aggressions such as wars (Detrick, 1999:15). In addition, children were objectified and not recognised as human beings who have opinions and can think for themselves. Adults were subsequently trusted to be the ones in charge of the choices for the

children (Lansdown, 2005:IV, X). This impacted variously on children and on the way they are treated in society.

However, all this changed with the introduction of the *United Nations Convention on the Rights of the Child (1989)* (hereafter “the Convention (1989)”). Due to this convention, the global community started to recognise children as human beings with particular rights that need to be protected and advanced. The Convention (1989) was put into practice from 1990. According to Kaime (2011:16), it was developed to protect the rights of children in the world. In this regard States agreed that the education of the child shall be directed to:

...the preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes, and friendship among all peoples, ethnic, national and religious groups and persons of indigenous origin. (UN, 1989: Article 29, 1(d)).

Although the Convention (1989) does not have a specific article addressing HIV/AIDS and its impact on children, UN, 1989: Article 24 addresses the general health of children as it indicates that children have a right “to enjoy the highest attainable standard of health and to facilitate for the treatment of illnesses and rehabilitation of health”.

These stipulations place a particular burden of responsibility on signatory states like Lesotho to put mechanisms in place to ensure that children enjoy good health and that all barriers to health care, education and information is removed. The implication is therefore that governments in general, and the Lesotho government in particular, should look after the health and education of Lesotho children and ensure that all children, also those infected by HIV/AIDS, have access to good quality health care facilities and to education.

2.4.2 United Nations Millennium Development Goals (MDGs 2000)

The Millennium Development Goals (MDGs) were adopted in 2000 at a United Nations summit that was attended by 189 member countries. The main aim of the MDGs 2000

was “to fight poverty in its many dimensions” (United Nations, 2015b:4). To achieve this overarching aim eight broad goals on various aspects and foci were identified. Of these goals, Millennium Development Goal 2 (MDG 2) focuses particularly on education, whilst MDGs 4, 5 and 6 relate to health issues. However, it is important to note that the implementation of the MDGs was confined to a set timeline and that it has since lapsed at the end of 2015. Nonetheless, within the current context and the fight against HIV/AIDS, the stipulations of the MDGs are still relevant as they were primarily intended to enhance development and so reduce the impact of HIV/AIDS across the world.

A focus on MDG 2 suggests that it aims at achieving universal primary education (UN, 2015b:4). This goal is accompanied by a main target that intends to ensure that boys and girls get equal opportunities to complete a “full course of primary schooling” (Afrifa, 2015:21). With this stipulation, MDG 2 prompts governments to eradicate all barriers to education and to ensure that all children, even those infected with HIV/AIDS, should have access to education. Such access should be unfettered and without any form of discrimination.

In an effort to address MDG 2 Lesotho introduced free primary education in 2000. Yet, of the 180,000 learners who registered in Grade one in 2000, in 2006 only 48,000 sat for the Grade seven examinations (Grade seven is the final year of primary education in Lesotho) (Morojele, 2012:37). It is for this reason that, in 2010, the government of Lesotho enacted legislation that advocated for free and compulsory primary education (Lesotho Education Act, 2010, Section 3(a)).

Healthy children are the foundation of a healthy future generation (Blair, Steward-Brown & Waterston, 2010:1). In response to HIV/AIDS issues, MDG 6 focuses specifically on combating HIV/AIDS by halting and beginning to reverse the spread of HIV/AIDS by 2015.

It appears that the focus that the MDGs places on HIV/AIDS yielded success, as an assessment done by the United Nations suggests a 40 percent drop of new infections globally between 2000 and 2013 (United Nations, 2015a:6). This drop is attributed to

the introduction and availability of the lifesaving and prolonging antiretroviral therapy treatment in many countries, including those found in sub-Saharan Africa (UN, 2015a:6). However, questions need to be asked about the impact of these strategies on HIV/AIDS prevalence in Lesotho in particular.

2.4.3 Abuja Declaration and Framework for Action in the Fight against HIV and AIDS, Tuberculosis and Other Infectious Diseases (2001)

As a continental organisation, the Organisation of the African Union (OAU), now known as the African Union (AU), is not blind to the repercussions of HIV/AIDS on the African continent and its people. As a result, in April 2001 the Heads of State and Governments of the OAU met in Abuja, Nigeria. At this meeting the *Abuja Declaration and Framework for Action in the Fight against HIV and AIDS, Tuberculosis and Other Infectious Diseases (2001)*, (hereafter “Abuja Declaration”) (OAU, 2001:1) was adopted.

At this meeting African leaders demonstrated a concern about the impact of HIV/AIDS by stating as follows:

We recognise the role played by poverty, poor nutritional conditions and underdevelopment in increasing vulnerability. We are concerned about the millions of African children who have died from AIDS and other preventable infectious diseases. We are equally concerned about the particular and severe impact that these diseases have on children and youth who represent the future of our continent, the plight of millions of children orphaned by AIDS and the impact on the social system in our countries. (OAU, 2001:1)

With this statement these leaders acknowledged the impact that the HIV/AIDS pandemic has on their countries and their people. Thus one can construe from the preceding statement a particular commitment by African leaders in particular in taking initiative and extending political will in the fight against HIV/AIDS.

However, the implementation of the Abuja Declaration was not without challenges. The World Health Organisation (WHO, 2011:3) asserts that some of the challenges faced, were the weak coordination of regional and national partnerships in the fight

against HIV/AIDS as well as the failure by some African countries to adopt policies and legislation on the protection of human rights of people living with HIV/AIDS and tuberculosis.

It is amidst these challenges that the African Union Heads of State and Governments reconvened in Abuja in May 2006 for introspection on the implementation of the Abuja Declaration. At this summit the African leaders acknowledged that although they have roped in the help of different partners such as the civil society, their fight against HIV/AIDS was not progressing. HIV/AIDS continued to be the leading cause of deaths among youth and children, and it also continued to negatively affect economic growth (African Union, 2006:2).

As a result, the *Abuja 2006 Action Plan* was adopted as the new guideline in the fight against HIV/AIDS in the African region. In 2013, the *Abuja 2006 Action Plan* was replaced by the *Abuja Actions towards the Elimination of HIV and AIDS, Tuberculosis and Malaria in Africa by 2030*. This new effort aims to:

[a]ccelerate HIV prevention programmes using a combination of effective evidence-based prevention, particularly for young people, women, girls and other vulnerable populations, to successfully reduce the number of new HIV infections towards the goal of zero new infections by 2030. (African Union, 2013:4)

Lesotho, being a signatory to all these treaties, developed legislation to ensure the smooth implementation of these declarations in an endeavour to halt the spread of HIV/AIDS among its people.

2.4.4 Maseru Declaration on the fight against HIV and AIDS in the SADC Region (2003)

In 1992, various African countries came together and formed the Southern African Development Community (SADC). The vision of the SADC was “full economic integration within [the] Southern African region” (Solomon, 2004:74). In response to health challenges in the region, and to give effect to the vision, the SADC developed its *Protocol on Health*, which was adopted and signed in 1999, and implemented in

2004 (Ebobrah & Tanoh, 2010:370). The SADC Protocol on Health suggests that States shall:

...co-ordinate efforts to prevent diseases and promote wellbeing:
[implement] communicable disease control (SADC Protocol on Health 1998, Sections 8 and 9) and that ,
State parties shall co-operate to harmonise, and where appropriate, standardise policies in areas of: (c) treatment and management of major communicable diseases. (Ebobrah & Tanoh, 2010:370)

It is the challenges they were faced with as well as the dire situation with regard to HIV/AIDS in the region that prompted SADC member states to adopt the *Maseru Declaration on the fight against HIV/AIDS in the SADC Region* (2003) (hereafter “Maseru Declaration (2003)”) in July 2003.

In this document, SADC countries reaffirmed and articulated their willingness to fight HIV/AIDS and to rid the region thereof. As part of the strategy to eradicate HIV/AIDS in the region, a number of priority areas were identified. These areas include prevention and social mobilisation, improving care, access to counselling and testing services, treatment and support, and strengthening institutional monitoring and evaluation mechanisms (SADC, 2003:4-6).

With regard to prevention and social mobilisation, it is the intention of the Maseru Declaration to assist in the fight against HIV/AIDS by:

[p]romoting and strengthening programmes for the youth aimed at creating opportunities for their education, employment and self-expression, and reinforcing programmes to reduce their vulnerability to alcohol and drug abuse; and by, scaling up on the role of education and information in partnership with key stakeholders including the youth, women, parents, the community, healthcare providers, traditional health practitioners, nutritionists and educators as well as integrating HIV/AIDS in both the ordinary and extra curricula at all levels of education, including primary and secondary education. (SADC, 2003:4)

With this declaration, the SADC acknowledged the importance of education in the fight against HIV/AIDS.

2.4.5 Sustainable Development Goals (2015)

The implementation of the MDGs was confined to a particular timeline that lapsed at the end of 2015. When the MDGs (2000) came to an end in 2015, the Sustainable Development Goals (2015) (hereafter “SDGs 2015”) were adopted. Similar to the MDGs, the SDGs are also confined to a particular timeline – in this case it is expected that the SDGs will all be achieved by 2030. The SDGs comprise 17 goals and 169 targets (Madeley, 2015:32). The main function of the targets is to “operationalize” the set goals. In essence the targets are a guiding factor that aims to assist in the implementation of the SGDs (ICSU, ISSC, 2015:1).

In the Preamble to the SDGs, signatory states declare as follows:

We are resolved to free the human race from the tyranny of poverty and want and heal and secure our planet. We are determined to take the bold and transformative steps which are urgently needed to shift the world onto a sustainable and resilient path. As we embrace on this collective journey, we pledge that no one will be left behind. (United Nations, 2015b:2)

Central to the SDGs are the themes of inclusion of all stakeholders and the transformation of the world from resilience to sustainability of envisaged changes. The Preamble also seems to call on member states to be proactive in the implementation of the SDGs.

Because it was only adopted in 2015, the SDGs have not yet yielded any results and it is too early to assess it in terms of its impact on development and on the fight against HIV/AIDS. However, various views exist about the extent to which the SDGs will achieve what it sets itself out to achieve. For example, there are views that the SDGs will indeed be successfully implemented, as the goals and targets are more tightly interconnected as a network, thus rendering them suitable for sustainable development and the alleviation of poverty and HIV/AIDS infections (ICSU, ISSC, 2015:5).

From the preceding exposition, it appears that an elaborate policy framework exists which, in one way or the other, places particular responsibilities on signatory countries, including Lesotho. These policies also provide the framework within which these countries could couch their responses to HIV/AIDS. Sound response to HIV/AIDS is paramount, for it impacts and effects all aspects of human live. What is presented in the following section, is a brief overview of the impact of HIV/AIDS on different aspects of human life as well as on education.

2.5 Impact of HIV/AIDS

HIV/AIDS is believed to variously and severely impact on human existence. In this regard, Chang'ach (2012:55) observes that, “[a]lthough there have been more serious diseases in the history of mankind, none has been as frightening as HIV/AIDS”. Robson and Sylvester (2006:260) also note that on the African continent, especially sub-Saharan Africa, the repercussions of the pandemic are unequalled to any disaster that has ever been prevalent. Furthermore, at a summit held in Maseru, Lesotho, in 2003, the leaders of the SADC also acknowledged the impact of various factors on people living with HIV/AIDS in their countries. Here they stated:

We the heads of State and Government further recognising that inadequate food security, poor nutrition, inadequate essential public services, gender imbalances and high levels of illiteracy impact negatively on the quality of life of people living with HIV/AIDS. (SADC, 2003:3)

It is within this context that the following section will look at the socio-economic and socio-political impact of HIV/AIDS on human life. Since the focus of this study is on education, I will also explore the impact of HIV/ AIDS on education in general.

2.5.1 Socio-economic impact of HIV/AIDS

Socio-economics is an economic factor that is linked to economic growth (Howarth, 2012:32). Orzalieva (2010:32) states that “socio-economic development is a process of changes in the socio-economic structure of the country such as rising income, or improving health and education systems”. Socio-economics also deals with

individual's social position, their stature, influence and economic wellbeing (Conger, Conger & Martin, 2010:694), all of which in one way or the other impact on HIV/AIDS.

Doyal and Doyal (2013:27) describe the relationship between HIV and socio-economic development as "bi-directional". This means that whilst HIV has an impact on socio-economic factors, the latter also impact on HIV. This relation can also be described as a reciprocal relationship where the one influences the other. Simelane and Venter (2014:2490) argue that the spatial spread and prevalence of HIV/AIDS could possibly be a determinant in the link between HIV/AIDS and poverty. In addition, it is also the view of Lurie and Rosenthal (2009:17) that the countries which have the highest prevalence of HIV/AIDS infections, are found in Africa, especially sub-Saharan Africa and, according to them, these are also the poorest countries of the world.

There is a need to point out that HIV/AIDS is more prevalent among people aged below 40 years (Cheng & Siankam, 2009:139). Women and girls are the most affected group in this age group, compared to men and boys. This high prevalence among women implies that females in large numbers are more likely to die of HIV/AIDS than males (UNAIDS, 2016:8). The problem that then arises, is that these deaths result in an increase of the number of orphans, who are often left in the care of their grandparents. However, grandparents or caretakers often lack enough financial resources to take care of these orphans, as they are no longer economically productive (Cheng & Siankam, 2009:139). This situation impacts negatively both on the economic wellbeing of the grandparents and on the education of the children.

In sub-Saharan Africa, with its predominantly agricultural economies, higher HIV infection rates mean less people to produce food, which could translate into famine, poverty and vulnerability to diseases that thrive on malnutrition (Gebre, Yirgu & Kloos, 2013:1967). As such, HIV/AIDS, by being responsible for the deaths of young and employable members of the society, impacts negatively on the agricultural sector. The death of young people deprives the households of labour to work in the agricultural sector, thus decreasing food production. When food production is affected, it leads to food insecurity, famine and vulnerability to malnutrition and

diseases (Shisana, Zungu & Pezi, 2009:98). In addition, in the event of the death of young, employable people, some households also find themselves selling parts of their land to pay for household and health expenses (Seeley, Amurwon & Foster, 2010:25), which, in itself, results in further poverty.

Moreover, in Africa – where HIV/AIDS appears to be more prevalent – children are adversely affected by it. The high mortality rate of parents leaves children orphaned and vulnerable (United Nations, 2003:10). The situation of the orphaned and vulnerable children (OVCs) is aggravated by the poverty that they are often left in as they have to devise means to support themselves in the absence of parents and caretakers. As a result, OVCs find themselves having to look after themselves financially. This they do by either begging on the streets or, alternatively, venturing into prostitution (Kingdom of Lesotho, 2014:13).

What transpires from the above is that HIV/AIDS impacts variously on the economy of a country, resulting in adverse conditions of economic suffering and poverty.

2.5.2 Socio-political impact of HIV/AIDS

The concept of socio-politics entails societal structures and norms such as governance and religious inclinations that define a specific community (Kartikeyan, Bharmal, Tiwari & Bisen, 2007:55&63). Socio-politics are also associated with political stability. Political stability is defined by Barrett (2013:8) as the “absence of coordinated human activities that cause widespread disruption of daily life for local populations”. Although HIV/AIDS is not necessarily a co-ordinated human activity aimed at disrupting political stability of a country, it does have a particular impact on the socio-politics of nations.

HIV/AIDS appears to negatively impact on governments and their ability to provide basic services to the people. This according to Fourie and Meyer (2010:30), who assert that the growing number of orphans and vulnerable children who depend on the government for their education and other basic needs, and expenses for supplying drugs and health services for the sick are draining the budgets of the governments.

The seriousness of the socio-economic and socio-political repercussions of HIV/AIDS on human life forced the United Nations Security Council to convene a meeting in 2000 to discuss and formulate strategies on how to tackle this pandemic. It was in that meeting where the United Nations Security Council pointed out that HIV/AIDS posed as a hazard to peace and security, which in turn affect development around the world (Boussalis & Peiffer, 2011:1798).

2.5.3 The impact of HIV/AIDS on education

Access to basic education is considered to be very important for the personal development of human beings and the development of countries. More so, access to education is a basic right, protected by various international laws and treaties. However, the prevalence of HIV/AIDS also negatively affects education attainment in various ways.

According to Van Dyk (2012:182), HIV/AIDS is corroding and stripping the education system as schools are negatively affected by teacher and learner absenteeism due to illness. In addition, the school attendance of children that are infected with HIV, is further affected as they often miss school at least once a month to go for their check-ups or to collect medication from health facilities (Guo, Li & Sherr, 2012:994). Additionally, in the case where an HIV-positive teacher can no longer continue with teaching due to illness, they are not dismissed from their work. In these cases, the government employs a substitute teacher and this causes not only an additional financial burden on the government, but also inconvenience the learners who have to be taught by a new teacher (Pennap, Chaanda & Ezirike, 2011:165).

Another way in which HIV/AIDS impacts on education is through the rise in Orphaned and Vulnerable Children. Statistics provided by the United States President's Emergency Plan for AIDS relief, suggests that over 13.4 million children are living without one or both parents due to AIDS; about 95 percent of children directly affected by HIV/AIDS continue to live with their extended family; and more than 80 percent of children orphaned by HIV/AIDS live in sub-Saharan Africa (PEPFAR, 2016:np). The

insinuation of these statistics is that the disruption of the 'normal' family structure is likely to affect the psychological, social and financial wellbeing of the children and thus also affect their education.

Research by Govender, Reardon, Quilan and George (2014:617) also indicates that Orphaned and Vulnerable Children are more likely than other children to drop out of school. Furthermore, children who have been orphaned by HIV/AIDS, are also vulnerable to stigma and discrimination (Gebre *et al.*, 2013:1967). Because of this, they are often marginalised, also in education.

The above exposition suggests that HIV/AIDS variously impact on different sectors of society and more so on education. Sound responses to fight the impact of HIV/AIDS are therefore needed. One such response could potentially be the education sector. What follows next is an elaboration of the potential role education could and should be playing in the fight against HIV/AIDS.

2.6 Using education to curb HIV/AIDS

Education has a particular role to play in the fight against HIV/AIDS, especially as the relationship between HIV/AIDS and education is cyclical in nature (Pennap *et al.*, 2011:164). As such, whilst the repercussions of HIV/AIDS adversely affect education, it is through education that HIV/AIDS can be curbed. This is according to the UN (UN Chronicle, 2011:np), who assert that the inclusion of HIV/AIDS into school curricula can yield positive and long-term results in the fight against HIV/AIDS.

Education is variously regarded as the societal institution which can profoundly impact on the spread of HIV/AIDS. In this regard, Kahari (2013:2) claims that the school remains the best option where adolescents and young learners can get information and knowledge regarding HIV/AIDS. This is because cultural and religious norms practiced in some societies make it difficult for parents to talk to their children about sex and sexuality education.

It is also the view of Chirambo (2008:71) that the impact of education should not be overlooked, whilst Jukes, Simmons and Bundy (2008:S42) view “[e]ducation [as] the ‘social vaccine’ to prevent the spread of HIV”. Seeing that education is a social enterprise which aims, among others, at improvement, it can be inferred that education is probably the best way of dealing with HIV/AIDS.

Correspondingly, education influences the lifestyles of the communities in that educated people are more likely to live healthy lifestyles and make informed decisions due to the formal education they have been exposed to (Shisana *et al.*, 2009:99). Also, education provides the opportunity for people to access potentially better paying jobs, which in turn potentially accord them a chance for a better income, which translates into better livelihoods (Muedini, 2015:np) and improved qualities of life. People who are educated therefore often have a higher economic status, which often results in the lessening in multiple partners. People who are confined to one partner have a slimmer chance of contracting HIV/AIDS.

In order for education to be effective, there is a need for governments to develop relevant curricula and to guide teachers in the attainment of thorough knowledge of the envisaged curricula (Sarma & Oliveras, 2013:20). For example, teachers need training and resources if the curriculum on HIV/AIDS is to be implemented effectively.

However, although countries like Lesotho have developed a new curriculum that includes HIV/AIDS, the problem still lies with the lack of readiness on the part of the teachers (Raselimo & Mahao, 2015:7). In addition, in some instances it is difficult for teachers to discuss sex, sexuality and the use of contraceptives because of their cultural and religious convictions. As such, it may be controversial to teach about HIV/AIDS in school (Sarma, Islam & Gazi, 2013:992). So, even though it is important to teach people at a very young age about relationships, sexuality and HIV/AIDS, this is sometimes not an easy task for teachers.

It can be deduced from the above exposition that education has a particular role to play in the fight against HIV/AIDS. However, education might not significantly impact

on the increase in HIV/AIDS infections if all factors contributing to its spread are dually recognised and addressed.

2.7 Factors contributing to the spread of HIV/AIDS

Various factors contribute towards the spread of HIV/AIDS. In this section I will briefly elaborate on those factors. These factors range from social and economic to cultural in nature. I regard an exposition of these factors important to this study as it will shed more light on how Lesotho, through its education system and otherwise, could strengthen the fight against HIV/AIDS.

2.7.1 Socio-economic factors

One of the socio-economic factors that apparently contribute to the rampant spread of HIV/AIDS, especially in poor communities, is the lack of access to health facilities and services. Makoe (2015:63) blames failure to easily get gloves and aid kits by caregivers in villages as a factor responsible for the increase in HIV/AIDS. The UNAIDS (2013:10) also points out that some of the countries that have failed to give complete access to the antiretroviral therapy to their populations, are in sub-Saharan Africa. Lesotho is one of those countries and we know that Lesotho is one of the poorest countries in sub-Saharan Africa.

HIV/AIDS is also often associated with poverty, homosexuality and prostitution. These factors are influenced by the socio-economic and cultural factors of a particular society (Reddy, Sandfort & Rispel, 2009:xii). This correlation is endorsed by the government of Lesotho (GOL) (2009:12), that claims that even though the socio-economic impact of HIV appears to be highly debatable, in sub-Saharan Africa a definite correlation seems to exist between multiple and concurrent sexual partners, unemployment, poverty and food insecurity, and alcohol and drug abuse (GOL, 2009:12). As significant drivers of the HIV/AIDS pandemic, these factors are associated with the economic as well as the social factors.

Furthermore, people living in rural areas are often marginalised as they live in areas that have poor or no infrastructure, few job opportunities and poor service delivery.

Not only do these people not get the relevant information on HIV/AIDS, but they are also forced to migrate to areas with better opportunities. It is the view of Olowu (2014:6320) that these conditions usually leads to multiple sex partners and so contributes to the spread of HIV/AIDS.

In addition, Udoh, Mantell, Sandford and Eighmy (2009:568) also assert that in the event that unemployed people do not get the job opportunities they have expected, they usually revert to alternative means, such as commercial sex work. These practices contribute vastly to the spread of HIV/AIDS, which leads to the deaths of young people and the continued cycle of poverty for their families (Narain, Abeyewickreme, Pendse & Thinley, 2012:np).

2.7.2 Cultural practices

Likewise, the cultural practices that are followed in most African countries, are some of the factors that influence and accelerate the spread of HIV/AIDS. Tanser *et al.* (2011:247) regard cultural practices in some African countries, like the practise of polygamy and intergenerational relationships, as some of the factors that positively impact on the spread of HIV/AIDS.

In addition, in some African countries and cultures, women have less voice in decision-making, both at home and in the public sphere. As these societal structures are dominated by the patriarchal ideology, this puts women and girls at risk of being infected with HIV because they have no say in, for example, the use of protection in their sexual encounters (Mwangi, 2010:97). Within these patriarchal societies, men are regarded as superior to women, whilst women are socialised to be subordinates to their male counterparts. Ezejiolor (2008:21) regards this kind of societal arrangement as one of the biggest drivers of HIV/AIDS among women and young girls. It is against this backdrop that Uwah and Wright (2011:18) identify schools as the right places to be utilised as agents of behavioural change.

Furthermore, there is a norm among some African cultures to inherit a wife of a deceased brother (Oluoch & Nyongesa, 2013:213). In the era of HIV/AIDS, this

practice is not only dangerous, but can be deadly, especially where the brother died of an HIV/AIDS-related illness. This norm can be broken by educating the younger generation in schools of the repercussions that may accompany the inheritance of a wife (Kahari, 2013:6).

In countries like Lesotho, the churches have a vested interest in education as they own a majority of the schools. It is therefore important to have the buy-in of the churches as the proprietors in order to effectively use sexuality education to eradicate HIV/AIDS. It is also important to have respect for the values of different churches regarding their view of sexuality education. With reference to religious convictions, it is believed that religious influences and beliefs can also have a particular impact on HIV/AIDS. Whilst religion can positively contribute towards the decline of HIV infections by promoting morality and abstinence, it can also increase the spread of HIV infections. The latter is particularly true in instances where religious groups are against the use and distribution of condoms among their members for contraceptive purposes. Kartikeyan *et al.* (2007:60) maintain that in such cases religious groups argue that the use of condoms promotes promiscuous behaviour, which is against the will and commandments of God.

This is equally true for the way in which people in leadership positions, through their actions, respond to the HIV/AIDS pandemic. To this effect are the examples we find in particular cultures in Southern Africa where practices like polygamy are being made attractive by royalty (Ngubane, 2010:2). In such positions, people are role models not only to the younger generation, but to the entire nation. Subsequently, when a person in a leadership position makes particular decisions, he or she is likely to influence the choices of his or her followers.

2.7.3 Socio-political factors

Political initiatives and interventions by various stakeholders, such as the governments and civil society organisations, are supposed to be undertaken in efforts to halt and reverse the spread of this pandemic (Foller & Thorn, 2013:24). However, it appears

that political factors of various natures, in one way or the other, significantly impact on the spread of HIV/AIDS.

Within this context, it is the view of Dupas and Robinson (2012:314) that instabilities that are caused by political disturbances in any society inevitably result in the displacement of people, the recruitment of young children into the military and the raping of women and girls. Gender-based violence and sexual crimes, such as rape, which particularly and more severely affect women and children are therefore more prominent. As such, women and children are being put at risk of contracting HIV/AIDS (Crisp, 2010:1). Camil and Snow (in Burns & Snow, 2012:314), also argue that in an environment that is disrupted, social disorder and breakdown of social networks can also reduce the likelihood that young residents will adopt health-promoting sexual behaviour, such as condom use or delayed sexual debut, which could also potentially result in more HIV infections.

In Africa in particular, political conflict and wars attract the invasion of foreign military personnel under the banner of various peacekeeping missions. Gilliard (2011:33) claims that these conditions exposes local women to sexual abuse by the peacekeeping personnel in particular.

In addition, it also appears the political will of governments to fight HIV/AIDS might also be a contributing factor in the spread and impact thereof on populations. This was particularly witnessed in South Africa during the tenure of its former president, Thabo Mbeki, and the then Minister of Health in his government, who displayed serious ignorance towards the causes of HIV/AIDS and vehemently denied the scientific evidence that HIV causes AIDS. Rather, under his administration, the belief that HIV/AIDS was caused by malnutrition and poverty was openly propagated (Meyer, 2010). To this effect the Mbeki administration encouraged South Africans infected with the HI virus and those suffering from AIDS to rather eat healthy food like vegetables and not use the antiretroviral therapy (Wood, 2008:4). Governments' commitment to the fight against HIV/AIDS is also demonstrated to the extent that they formulate legislation, policies and allocate budgets to handle the HIV/AIDS pandemic (Temah, 2009:64). It becomes clear that the way a government decides to handle and respond

to HIV/AIDS, determines whether the pandemic will be curbed or accelerated in their countries. Governments should therefore realise that, through their actions and policies, they could potentially impact significantly in the spread of HIV/AIDS.

The literature reviewed in this section suggests that HIV/AIDS impact variously on our social and economic realities. In addition, various factors also impact on the spread of HIV/AIDS. Most relevant of these factors for this study are those related to the socio-political sphere, and specifically the role of governments in the fight against HIV/AIDS.

2.8 Challenges to the involvement of education in the fight against HIV/AIDS

Despite the importance and relevance of education in the fight against HIV/AIDS, certain factors within the education sector and system seem to hamper the effectiveness of education in the fight against HIV/AIDS. In this regard it is the view of Raitz (2015:5) that debates on what the curricula on the pandemic should entail, appear to impact negatively or disturb the effectiveness of the school in the struggle against HIV/AIDS. Limited curriculum time, lack of teacher confidence, reliance on external providers, perceived parental objections and access to resources are a few of the barriers that hinder the teaching of sexuality education in schools (Johnson Sendall & McCuaig, 2014:359).

When it comes to using education to fight HIV/AIDS, teachers can also be a barrier to effective sexuality education and the eradication of HIV/AIDS. A study conducted by Ngakane, Muthukrishna and Ngcobo (2012:40) in South Africa established that adolescent girls were prone to sexual violence and sexual harassment in schools. From the study it transpired that the perpetrators of this sexual violence are often teachers, who are expected to protect these young girls.

There is also a reluctance amongst some teachers in relation to teaching sexuality education, as they fear the reaction they will get from parents, especially regarding some of the concepts that are taught (Kasonde, 2013:10). In addition, there is also the

notion that some parents view teachers as incompetent to teach their children on issues of sexuality (Johnson *et al.*, 2014:361). Thus, it could be important to engage parents in dialogue to ensure cooperation between these two parties.

The education sector is strategically placed to bring long-term and lasting solutions to the fight against HIV/AIDS. However, Wood (2008:30) maintains that there has been reluctance on the part of governments to tap into the education sector as a resolution; their focus for HIV prevention has often been vested in health education.

2.9 Conclusion

In this chapter, I dealt with the nature and effect of HIV/AIDS with regard to education. I explored the origin and development of HIV/AIDS as well as the various factors which, in one way or the other, impact on the spread of HIV/AIDS. I also looked at the international and continental policy framework, with specific reference to children, in respect of HIV/AIDS and the rights of children. Furthermore, to make my study more contextual, I looked at the impact on HIV/AIDS on education. In the next chapter, I will review lessons that can be learned from other SADC countries with reference to how they deal with HIV/AIDS in education. I will use examples from the Republic of Botswana and the Republic of South Africa. Lastly, I will review strategies that Lesotho has engaged to fight HIV/AIDS.

CHAPTER 3

HIV/AIDS POLICIES IN SADC AND LESOTHO

3.1 Introduction

In the previous chapter I reviewed literature with the purpose of assessing the nature and impact of HIV/AIDS with regard to education. The purpose of this chapter is to draw on particular countries on the African continent, especially from the Southern African Development Community region (hereafter “SADC”), and to establish how these countries deal with HIV/AIDS through their education sectors. The SADC countries that I have selected for this study, are the Republic of Botswana and the Republic of South Africa. The reason for choosing these two countries is because Lesotho shares a rich history with both Botswana and South Africa, and because these countries appear to have particular strategies in place to fight HIV/AIDS through education.

In this chapter I will focus on HIV/AIDS policies of these countries, as well as on pronouncements with regard to the role of education in the fight against HIV/AIDS. In addition, I will also explore the response from the education sectors in response to macro policy pronouncements in these two countries. Furthermore, to enhance the contextuality of my study, I will also review the impact of HIV/AIDS within Lesotho and give a brief exposition of some of the macro policies and strategies engaged to mitigate the spread of HIV/AIDS in the education sector.

3.2 HIV/AIDS in Sub-Saharan Africa: Responses of Botswana and the Republic of South Africa

The Republic of Botswana and the Republic of South Africa are two countries on the African continent, and particularly in the SADC region, that appear not only to have clear plans in place to address the challenges brought about by HIV/AIDS, but that,

as in the case of Botswana, has succeeded over the past years to significantly reduce HIV infections and the impact of AIDS on the Botswana population.

3.2.1 Lessons from Botswana

The purpose of this section is to review policies and strategies used by the Republic of Botswana in its fight against the HIV/AIDS pandemic.

3.2.1.2 HIV/AIDS in Botswana

Botswana's first HIV/AIDS case was reported in 1985. Thereafter, the pandemic spiralled to appalling levels as it rose from 4.7 percent in 1990 to 25.9 percent in 2000 (Lule & Haacker, 2012:xi). However, recent HIV/AIDS statistics indicate that its prevalence among people aged between 15 and 24 is beginning to decline significantly as numbers have dropped from 6 percent to 3.5 percent. From these statistics it appears that there may be some lessons to learn from Botswana, especially as it deals with HIV/AIDS. Thus, the purpose of this section is to find out what it is that Botswana is doing in the fight against HIV/AIDS and what the role of the education sector is in this regard.

It is against this background that I will now explore the HIV/AIDS policy context of Botswana. Please note that I do not intend to analyse the policies, but rather to give a broad overview of how they intend to address the challenges of HIV/AIDS.

3.2.1.2.1 Republic of Botswana National Policy on HIV/AIDS 1993

Immediately after the first HIV/AIDS case in Botswana was reported in 1985 (cf. Lule & Haacker, 2012:np), the Botswana government developed and implemented the Short Term Plan of Action (1987-1989) as its very first strategy against HIV/AIDS (Government of Botswana, 2009:11). Thereafter a second strategy, called the "First Medium Term Plan" (1989-1993), was implemented. The First Medium Term Plan was subsequently followed by the Second Medium Term Plan (1997-2002). In 1993, Botswana implemented its first official policy on HIV/AIDS, called the *Republic of Botswana National Policy on HIV/AIDS 1993* (hereafter "AIDS Policy 1993"). This

policy has since been evaluated and updated three times (Republic of Botswana, 2015:2).

The AIDS Policy 1993 addresses a rather vast array of relevant and pertinent issues, which ranged from the consequences of HIV/AIDS, a multi-sectoral response, coordination of national HIV/AIDS and STD programmes and activities, the national AIDS council, ethical and legal aspects, HIV testing, resources for AIDS prevention to care for programmes and activities. (Republic of Botswana, 1993:1-14).

Furthermore, the AIDS Policy 1993 also concerns elements that are responsible for the acceleration of the spread of HIV/AIDS in Botswana. Factors that are found to play a significant role include, but are not limited to, “high mobility of the population, multiple sexual partners, frequent changing of sexual partners, poverty and lack of power in sexual and social relations among women” (Republic of Botswana, 1993:2).

In addition, the AIDS Policy 1993 is a comprehensive document as in its introductory paragraphs it recognises the impact of HIV/AIDS on the socio-economic and overall development of the world. It also acknowledges the partnerships that have been forged by individuals, countries and organisations in an effort to halt HIV/AIDS (Republic of Botswana, 1993:1). Overall the AIDS Policy 1993 seemed to have covered all possible angles in its endeavour to restrain the HIV/AIDS epidemic.

Of significance for this study, is the clear and explicit focus on the education. In this regard the AIDS Policy 1993 has a clear outline on the involvement and the roles of the Ministry of Education in the fight against HIV/AIDS.

After some time, the AIDS Policy 1993 was evaluated and it was replaced by the *Botswana National Policy on HIV/AIDS 1998*.

3.2.1.2.2 Botswana National Policy on HIV/AIDS 1998

The *Botswana National Policy on HIV/AIDS 1998* (hereafter “AIDS Policy 1998”), like its predecessor, also recognises the importance of the Ministry of Education in the fight against HIV/AIDS. In this regard the AIDS Policy 1998 states as follows:

The Ministry of Education will focus on the following;

- Integration of AIDS and STD education into all levels and institutions of education starting at primary level, and extending to tertiary, teacher training and non-formal institutions.
- Involvement of parents, through Parent Teacher Association and other appropriate mechanisms, in discussion of school-based HIV/AIDS education.
- Ensuring that other services related to HIV and STD control and care are accessible to students in need. (Republic of Botswana, 1998:7)

This policy echoed the sentiments of its predecessor – the AIDS Policy 1993. In an effort to accelerate the implementation of the AIDS Policy 1998, the Ministry of Education incorporated HIV/AIDS topics into the curriculum of primary, secondary, tertiary and non-formal institutions (Mmolai, 2012:50). In order to ensure that HIV/AIDS topics incorporated into the school curriculum is implemented successfully, Botswana also engaged in the training of teachers on the curriculum and the HIV/AIDS-related issues (Tsheko, 2012:147)

3.2.1.2.3 Botswana National Policy on HIV and AIDS 2012

The national policy that is currently directing the Botswana response to HIV/AIDS, is the *Botswana National HIV and AIDS Policy 2012* (hereafter “AIDS Policy 2012”). The AIDS Policy 2012 is a result of a long introspection by the government of Botswana on what needs to be done to effectively win the fight against HIV/AIDS. After a critical investigation into the reasons for the failure in the fight against HIV/AIDS, the government of Botswana recognised that one of the problems facing them was a weak national legislative environment for HIV/AIDS. It is in the light of this discovery that the *Botswana National HIV and AIDS Policy 2012* was developed and implemented (Republic of Botswana, 2012:2).

The development of the AIDS Policy 2012 was guided by the principles and guidelines articulated in international treaties, covenants and charters that Botswana is a signatory to. It was also directed by the national values, beliefs and principles that are found in the Constitution and Vision 2016 of the Republic of Botswana (Republic of Botswana, 2012:9).

Unlike its predecessors, the AIDS Policy 2012 contains specific objectives which direct the national response to HIV/AIDS. One such objective is Objective 2.1.2 which aims to “create a policy environment for the provision of adequate and equitable care and support to those infected and affected with HIV and AIDS” (Republic of Botswana, 2012:10).

However, contrary to the AIDS Policy 1993 and AIDS Policy 1998 that clearly and explicitly articulated the role of the Ministry of Education, the AIDS Policy 2012 seems not to explicitly place a particular responsibility on education. Instead, the AIDS Policy 2012 places special focus and importance on the establishment of a multidisciplinary research coordinating body to deal with HIV/AIDS research in Botswana (Republic of Botswana, 2012:18). Indications are that Botswana does have a specific HIV/AIDS policy for education. However, I could not locate it and efforts by the University of the Free State library services was also fruitless.

3.2.1.2.4 Educational strategies used by Botswana in the fight against HIV/AIDS

The TeachAIDS Educator Handbook is an important document that is used in Botswana in the fight against HIV/AIDS in education. The booklet was produced by an organisation called “TeachAIDS” that was founded as a non-profit organisation. This booklet contains educational material on HIV/AIDS that is user-friendly to teachers and learners. It is also supported by animations that address HIV/AIDS-related issues. The handbook is said to have been produced to give positive education regarding HIV/AIDS, as opposed to the old ways of teaching HIV/AIDS in a manner that scared the recipients off information instead of giving them knowledge (TeachAIDS, 2011:6).

In addition, the Botswana Ministry of Education also decided to prolong secondary education by one year in a move to reduce HIV/AIDS. A study recorded by Alcorn (2015:1) states that “every additional year of schooling among young people in Botswana was associated with an 8 % reduction in the risk of HIV infection in the years between 2004 and 2008”. By the same token, counselling services for students in primary and secondary schools were introduced (Mishra, 2009:42). These services were coupled with psychosocial support related to HIV/AIDS, as the Botswana Ministry of Education was aware that this pandemic affected not only individuals, but families and communities as well. The beneficiaries of the counselling services were the learners, the teachers and the education officers who were affected and infected by the HIV/AIDS pandemic (Hohenshil, Amundson & Niles, 2013:22).

Through the implementation of the *Teacher Capacity-Building Programme*, the Botswana Ministry of Education was furthermore able to give extra help to those affected and infected by HIV/AIDS within the education sector. This initiative was a television programme, which was broadcast in Setswana – thus making it language-appropriate and relevant. The main aim of this programme was to disseminate educational information on HIV/AIDS to learners and teachers in primary, secondary and tertiary institutions. As such, in an attempt to realise its aim, the Ministry gave schools television sets and video machines to be used to watch the programme in schools (Mishra, 2009:43).

These moves by the Botswana Ministry of Education seem to have been effective, as research carried out by Adenuga and Ehlers (2012:23) on sexuality education indicates that the main source of information on sex and sexuality education for most young learners in Botswana is their teachers. It is through these initiatives that Botswana education contributed towards the fight against HIV/AIDS. In this way Botswana education played a significant role in creating awareness about HIV/AIDS, and so ultimately reduce the number of HIV/AIDS infections. In the next section I will review strategies engaged by the Republic of South Africa in its endeavour to curb HIV/AIDS.

3.2.2 HIV/AIDS in South Africa

It appears that the first case of HIV/AIDS in South Africa (SA) was reported in 1982 (Flint, 2011:50), amongst homosexual men (Williamson & Martin, 2010:123). More tests in Johannesburg during this time revealed a 12.8 percent prevalence of HIV/AIDS amongst homosexual men. These findings were followed by the first HIV-related death in 1985 (McNeil, 2012:1).

Although, the HIV prevalence in the Republic of South Africa stood at 18.1 percent in 2008, a significant decline was recorded among the youth in the same year (UNAIDS in Green, Dlamini, Errico, Ruark & Duby, 2009:389). Conversely, the HIV prevalence has since risen 12.2 % in 2012 (Shisana *et al*, 2014: xxvi).

In its fight against HIV/AIDS, the Republic of South Africa has engaged several national policies and strategies and also explicitly focused on the education sector. On a national level, HIV/AIDS is the focus of various macro policies such as the *HIV/AIDS & STI strategic plan for South Africa 2000-2005*, the *HIV & AIDS and STI National Strategic Plan 2007-2011* and the *National Strategic Plan on HIV, STIs and TB 2012-2016*. However, for the purpose of this study, I will briefly discuss only the most relevant macro policy – the *National Strategic Plan on HIV, STIs and TB 2012-2016*.

3.2.2.1 National Strategic Plan on HIV, STIs and TB 2012-2016

The *National Strategic Plan on HIV, STIs and TB 2012-2016* (hereafter “the NPS 2012”) is the product of collaborative efforts between the South African National AIDS Council (SANAC), local societal and governmental institutions, international development partners, UN agencies, and the office of the Deputy President (SANAC, 2011:8).

The NSP 2012 consists of five broad goals that are consistent with the South African 20-year vision. This 20-year vision has adopted what is termed four “Zeros” and these Zeros are underscored by the UNAIDS. These Zeros are:

- Zero new HIV and TB infections,

- Zero infections due to vertical transmissions,
- Zero preventable deaths associated with HIV and TB,
- Zero discrimination associated with HIV and TB (SANAC, 2011:12).

Aligned to this vision are four goals which place a responsibility on the government to do the following:

- Reduce new infections by at least 50% using a combination of preventive approaches;
- Initiate at least 80% of eligible patients on antiretroviral treatment (ART), with 70% alive and on treatment five years after initiation;
- Ensure an enabling and accessible legal framework that protects and promotes human rights in order to support implementation of NSP; and
- Reduce self-reported stigma related to HIV and TB by at least 50%.

(SANAC, 2011:12)

In addition, the NSP 2011 also comprises the following strategic objectives:

- Address social and structural barriers to HIV, STI and TB prevention, care and impact;
- Prevent new HIV, STI and TB infections;
- Sustain health and wellness; and
- Increase protection of human rights and improve access to justice (SANAC, 2011:12).

The foregoing extracts relating to the 20-year vision goals and objectives of the NSP 2011 seem to be thoroughly planned, all-inclusive and impressive on paper.

The Republic of South Africa also acknowledges that the fight against HIV/AIDS should be mainstreamed and should take up a coordinated format. In this regard the education sector is also heavily involved in the fight against HIV/AIDS. Prominent in the education sector is the enactment of the three major policies that deal directly with HIV/AIDS and health in schools. These policies are the *National Policy on HIV/AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions* 1999, the *Integrated School Health Policy* 2012, *Implementation guidelines: Safe and Caring Schools in South Africa*

2008 and the *Department of Basic Education integrated strategy on HIV, STIs and TB 2012-2016*.

3.2.2.2 Education Policies in South Africa

3.2.2.2.1 National Policy on HIV/AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training institutions 1999

The *National Policy on HIV/AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions 1999* (hereafter “Education HIV/AIDS Policy 1999”) was developed in 1999.

This policy was developed, based on several premises. One of these premises states that:

[L]earners and students with HIV/AIDS should lead as full a life as possible and should not be denied the opportunity to receive an education to the maximum of their capability. Likewise, educators with HIV/AIDS should lead as full a life as possible, with the same rights and opportunities as other educators with no unfair discrimination being practised against them. Infection control measures and adaptations must be universally applied and carried out regardless of the known or unknown HIV status of individuals concerned. (RSA, 1999:7)

Regarding the provision of education on HIV/AIDS, it is stipulated in the Education HIV/AIDS Policy 1999 that:

[L]earners and students must receive education about HIV/AIDS and abstinence in the context of life skills education on an ongoing basis. Life skills and HIV/AIDS education should not be presented as isolated learning content, but should be integrated in the whole curriculum. It should be presented in a scientific but understandable way. Appropriate course content should be available for the pre-service and in-service training of educators to cope with HIV/AIDS in schools. Enough educators to educate learners about the epidemic should also be provided. (RSA, 1999:10)

To give effect to the Constitution of South Africa (1996) and the rights all South African citizens enjoy under this Constitution, it is stated in the Education HIV/AIDS Policy 1999 that:

[n]o learner, student or educator with HIV/AIDS may be unfairly discriminated against directly or indirectly. Educators should be alert to unfair accusations against any person suspected to have HIV/AIDS. (RSA, 1999:11)

In addition, the Education HIV/AIDS Policy 1999 also protects the educational rights of learners and those of teachers or employees infected or affected by HIV/AIDS by stipulating that:

[n]o learner or student may be denied admission to or continued attendance at a school or an institution on account of his or her HIV/AIDS status or perceived HIV/AIDS status.

No educator may be denied the right to be appointed in a post, to teach or to be promoted on account of his or her status or perceived status. HIV/AIDS status may not be a reason for dismissal of an educator, nor for refusing to conclude, or continue, or renew an educator's contract, nor to treat him or her in any unfair discriminatory manner. (RSA, 1999:12)

The explicit protection of these rights are significant, as discrimination and the stigmatisation of those infected with or affected by HIV/AIDS are common in all societies, more so where communities are not well informed about the disease.

The Education HIV/AIDS Policy 1999 recognises the rapid transmission of HIV/AIDS, and is sensitive to the dangers posed by an unsafe school environment. As such, it proposes that:

[t]he MEC should make sure provisions for all schools and institutions to implement universal precautions to eliminate the risk of transmission of all blood-borne pathogens, including HIV, effectively in the school or institution environment. (RSA, 1999:15)

Baxen, Wood and Austin (2011:1) are optimistic about the impact of the Education HIV/AIDS Policy 1999 on HIV/AIDS as they point out that its presence in schools –

and therefore the fact that it is implemented – has contributed to high knowledge of HIV/AIDS among learners and students at school and tertiary level.

3.2.2.2.2 *The Integrated School Health Policy 2012*

The Republic of South Africa is a signatory to the *United Nations Convention on Rights of the Child*. As such, it has vowed to “put children first” in its policies and general legislation. With the development of the *Integrated School Health Policy 2012* (hereafter “ISHP 2012”), the South African government demonstrated the political will to “put children first” (DoH & DBE, 2012:6).

The main goal of the ISHP 2012 is:

[to] contribute to the improvement of the general health of school-going children as well as the environmental conditions in schools and address health barriers to learning in order to improve education outcomes of access to school, retention within school and achievement in school. (DoH & DBE, 2012:10)

This goal seems to be in the interest of the children as it advocates for their unhindered access to education. Ayiro (2012:23) points out that a good education is a foundation for better appreciation of the causes and repercussions of the HIV/AIDS pandemic.

Furthermore, the ISHP 2012 also aims:

[t]o guide the provision of a comprehensive, integrated school health programme which is provided as part of the PHC package within Care and Support for Teaching and Learning (CSTL) framework. (DBE, 2012:11)

Moreover, the ISHP 2012 contains guidelines on health education and promotion that is to be achieved through Life Orientation as a subject. In this regard it is anticipated that Life Orientation should focus, with the help of other co-curricular activities, on “chronic illnesses (including HIV and TB, Sexually Transmitted Infections (STIs), including HIV/AIDS and HIV counselling and Testing (HCT) and stigma mitigation”

(DBE, 2012:12). With this, a particular focus is placed on the inclusion and mainstreaming of HIV/AIDS through the curriculum. It is envisioned that such an inclusion will enhance knowledge about HIV/AIDS and its impact on human life.

3.2.3 HIV/AIDS in Lesotho

As was indicated earlier (cf. Chapter 2), Lesotho is a signatory to various treaties and conventions on the rights of children.

As such, and in response to the objectives and stipulations of the *Convention of the Rights of the Child* (1989), Lesotho developed various policies and legislation. These policies and legislation are supposed to provide the backdrop against which responses to children's rights should be couched.

3.2.3.1 Background of HIV/AIDS in Lesotho

The first case of HIV/AIDS in the Kingdom of Lesotho was reported in 1986. At that time not much was known about the disease, both in Lesotho and globally. Thereafter, the pandemic escalated quickly, as in 1993 there was a 4 percent prevalence, while in 2003 the prevalence stood at 32 percent (Makoae, 2015:1).

The intensification of HIV/AIDS in Lesotho was attributed to, among other factors, the practise of migrant labour to its neighbour, the Republic of South Africa. Due to a weak economy and poverty, Basotho men had to migrate in large numbers to South Africa to look for employment in the mining industry. This meant that they left their families in Lesotho and stayed in male-dominated hostels in South Africa. It seems that the availability of money enabled the workers to buy sex from prostitutes. The women left behind in Lesotho were also not immune to extramarital affairs. These engagements with multiple sexual partners, coupled with inconsistent or lack of use of condoms were blamed for the spread of HIV/AIDS in Lesotho (Corno & De Walque, 2012:3).

Lesotho is also a patriarchal society, where women, even after the introduction of Married Persons Bill 2006, are discriminated against (Harrison, Short & Tuoane-

Nkhasi, 2014:547). Due to the male-dominated culture that governs Basotho relationships, women are unable to negotiate safer sexual options with their partners, and they are exposed to high levels of violence. This has led to the number of women infected with HIV being higher than that of their male counterparts (Harrison, Short & Tuoane-Nkhasi, 2014:547).

The government of Lesotho, feeling the burden of the HIV/AIDS pandemic, joined the fight of the rest of the world and developed several frameworks and campaigns in an effort to stop the spread of HIV. The first initiative of the Lesotho government was taken in 1987 through the formation of the *National AIDS Prevention and Control Programme*, accommodated under the Division of Disease Control in the Ministry of Health and Social Welfare. During this time there was little information regarding the nature of HIV/AIDS (GOL, 2007:1).

However, as time passed, the government of Lesotho realised that HIV/AIDS was a pandemic that affected all sectors and was also responsible for slowing down economic growth. As a result, the government devised a mechanism that would include all sectors, not only the health sector. The *Multi-sectoral National AIDS Strategic Plan* (2002) was developed and found to be a suitable strategy. The main goal of this Plan was the coordination of all HIV and AIDS activities by government ministries, district offices, donor agencies, non-governmental agencies, the private sector, churches and traditional healers. This initiative led to the establishment of the Lesotho AIDS Programme Coordinating Authority (LAPCA) to ensure a smooth liaison between and among all stakeholders (Central Bank of Lesotho, 2004:2).

However, LAPCA was not successful, due to lack of independence. It also faced other challenges that included poor administration, bureaucracy involved in the operations and inadequate human and financial resources. It was subsequently replaced by a supposedly independent institution, called the “National AIDS Commission” (NAC). This commission was established in 2005 (GOL, 2007:1).

Nevertheless, in 2011 NAC, whose mandate was to develop and organise programmes aimed at curbing HIV, was disbanded. The reasons put forward by the

government were that the organisation was using too much of the tax payers' money. In addition, it was also argued that there were loopholes in the act that established the NAC, that caused a large proportion of the funds allocated to the commission to be used for salaries, instead of financing projects aimed at fighting HIV and AIDS (Kabi, 2016:np). It is my contention that the vacuum caused by the absence of an institution that could coordinate and direct HIV/AIDS activities, and the perceived inability of the government of Lesotho to make additional funds available for the fight against HIV/AIDS, resulted in Lesotho's HIV/AIDS status becoming stagnant at 23 percent between 2004 and 2012, and increasing to 25 percent in 2014. This resulted in Lesotho becoming the country with the second highest number of HIV/AIDS infections in the world. As a result, in 2015, the government of Lesotho relaunched the National AIDS Commission (Kabi, 2016:np).

Over the years the government of Lesotho embarked on various projects to increase awareness about HIV/AIDS. These projects were launched with the hope that it would further reduce HIV/AIDS infections. Amongst these was the "No more deaths in Lesotho" project and the "Know Your Status Campaign" (KYS), which resulted in the "Rural Health Initiative" (Furin, 2011:850).

In addition, the government also embarked on the development of various policies and laws that would enable it to reinforce the fight against HIV/AIDS. Amongst these policies are the *Policy Framework on HIV/AIDS Prevention, Control and Management* 2000. In 2005 this policy was reviewed and subsequently replaced by the *National HIV and AIDS Policy* 2006. The latter policy is still in operation and is currently guiding Lesotho's national response to HIV/AIDS.

Lesotho has come a long way in terms of policies and legislature in the fight against HIV/AIDS. Conversely, the current position on world rankings implies that more still needs to be done if HIV/AIDS is to be brought under control.

3.2.3.2 The impact of HIV/AIDS on Lesotho

Baxter (in Letsie & Hlalele, 2012:76) claims that in Lesotho, at least every family has suffered a loss of a relative to HIV/AIDS-related illnesses. In addition, HIV/AIDS infections have risen from 23 percent in 2004 to 25 percent in 2014 (Ministry of Health, 2014:13). This increase happens despite the acknowledgement of the government of Lesotho that HIV has a negative impact on the economy and on the education of the orphaned and vulnerable children (Kingdom of Lesotho, 2014:XV).

In relation to the achievement of the health-related MDGs (4, 5 and 6), Lesotho appears not to have made any significant progress. This lack of achievement is attributed to the rampant prevalence of HIV/AIDS (GOL, 2014:XIII). Of these, the most affected groups are women and adolescent girls, with the prevalence among women aged 20 to 24 at 24.1 percent in 2009. This number was four times higher than that of males in the same age group (Lesotho, 2012:4).

As such, it appears that gender plays a significant role in the spread of HIV/AIDS. In addition to this, the mortality rate due to HIV/AIDS remains high in Lesotho. This is evidenced from reports which suggest that maternal mortality alone escalated from 726 per 100,000 in 2004 to 1,155 in 2009. Of these statistics, maternal mortality due to HIV/AIDS accounted for 59 percent of all the deaths (Lesotho, 2012:4). Moreover, Lesotho has experienced an escalation in the number of orphans because of the HIV/AIDS pandemic. According to statistics released in 2007, Lesotho had an estimated 79.6 percent orphans; this number is very high because sub-Saharan Africa, which Lesotho is a part of, had 12 percent of orphans around the same period (Tanga, 2013:174).

3.2.3.3 Socio-economic and socio-political impact of HIV/AIDS in Lesotho

Lesotho is one of the poorest countries in sub-Saharan Africa, with about 58 percent of its population living below the poverty line (Tanga, 2013:174).

The impact of HIV/AIDS on Lesotho's socio-economic and socio-political situation cannot be ignored. HIV/AIDS is reported to have reduced the life expectancy of the

Basotho from 52 years in 1995 to 36 years in 2003. Also, it is responsible for the increase in the number of orphans, high absenteeism rates at workplaces and the reduction of productive members of families. All these mentioned factors contribute to poverty, which then affects not only education, but also the socio-economic and socio-political development of the country (Ranneileng, 2013:3). However, the introduction of the antiretroviral treatment has helped Lesotho increase its life expectancy to 49.4 years in 2014 (United Nations Development Programme, 2015: 15).

Moreover, when a person is affected or infected by HIV/AIDS, there are factors that mitigate their capacity and level of production. This is because people have to be absent from work due to ill health if infected or to look after an ill family member if affected. Adolescents and adults are affected in the same way, as they have similar experiences. This negatively affects the economy because a lot of time is spent away from work. Also, a large portion of family income is likely to be lost due to absenteeism (Falleiro, 2014:7).

The relevance and impact of HIV/AIDS in Lesotho and her education system was reviewed in detail in Chapter 2. For that reason, I will review the legislation in order to establish the policy environment that informed the formulation of the LESHAP 2012.

3.3 Macro policy responses of Lesotho towards HIV/AIDS

Macro policies affect the whole country (or region). It is concerned with monetary, fiscal, trade and exchange rate conditions as well as with economic growth, inflation and national employment levels.

In this section I will focus on the macro policy responses by the Lesotho government in terms of how it anticipates dealing with HIV/AIDS. In this regard, I will look at the following macro policies: the *Constitution of Lesotho* (1993), the *Policy Framework on HIV and AIDS Prevention, Control and Management* 2000, the *National HIV and AIDS Policy* 2005 and the *Lesotho Vision 2020* (2003). I consider these policies as significant, for they articulate the response of Lesotho in its fight against HIV/AIDS, while legislation gives the policy background.

3.3.1 The Constitution of Lesotho (1993)

Lesotho is a democratic country, guided by the *Constitution of Lesotho* (1993). As such, the *Constitution of Lesotho* (1993) acts as the supreme law and all other laws and policies must be in alignment with it (Kingdom of Lesotho, 1993: Chapter 1, Section 2).

Although the Constitution makes no explicit reference to HIV/AIDS, it contains a section on the protection of human rights, and since health is a human rights issue, directives on health also apply to HIV/AIDS. In this regard the Constitution (Kingdom of Lesotho, 1993: Chapter 3, Section 27(1)) states that:

Lesotho shall adopt policies aimed at ensuring the highest attainable standard of physical and mental health for its citizens, including policies designed to:

- (c) provide the prevention, treatment and control of epidemic, endemic and occupational and other diseases;
- (d) create conditions which would assure to all, medical services and medical attention.
- (e) improve public health.

With this stipulation, the *Constitution of Lesotho* (1993) guarantees access to medical services to those infected with or affected by HIV/AIDS. In addition, it also supposes that those not yet infected, will be protected through the provision of comprehensive prevention strategies, so that they remain HIV negative.

In Section 18(2) the *Constitution of Lesotho* (1993) also prohibits any form of discrimination against anyone infected or affected by HIV/AIDS. In this regard it is stated that “no person shall be treated in a discriminatory manner by any person acting by virtue of any written law or in the performance of the functions of any public office or any public authority”. In addition, Section 18(1) also states that:

- (1) [s]ubject to the provisions of subsections (4) and (5) no law shall make any provision that is discriminatory either to itself or its effect.

- (2) [s]ubject to the provisions of sub-section (6), no person shall be treated in a discriminatory manner by any person acting by virtue of any written law or in the performance of the functions of any public authority.

As such, the *Constitution of Lesotho* (1993) prohibits any policy or legislation which in any way discriminate against anyone on the basis of his or her HIV/AIDS status. Any policy or legislation addressing the issue of HIV/AIDS should therefore also echo the sentiments of the Lesotho Constitution in this regard.

With regard to the right to education, it is stated in the *Constitution of Lesotho* (1993) (Section 28(a) and (b) of Chapter 3) that:

Lesotho shall endeavour to make education available to all and shall adopt policies aimed at securing that-

- (a) education is directed to the full development of the human personality and sense of dignity and strengthening respect of human rights and fundamental freedoms;
- (b) primary education is compulsory and available to all.

It can therefore be derived that those infected with or affected by HIV/AIDS are not only entitled to education, but also have a particular right to it, in the same way that those who are not infected or affected by the disease have. As such the protection of the right to education thus implies that all Basotho children, irrespective of their HIV/AIDS status and irrespective of the extent to which they are affected by HIV/AIDS or not, must have access to education.

The rights of children are further extended by the proclamation that:

Lesotho shall adopt policies designed to provide that-

- (a) protection and assistance is given to all children and young persons without any
- (b) discrimination for reasons of parentage or other conditions. (GOL, Chapter 3, Section 32(a))

Based on the above section, it is evident that children and young children may not be discriminated against. More so, with this stipulation, government also ensures that

learners infected or affected by HIV should not be treated differently from other learners, just because of their status.

With regard to the protection of the rights of teachers and other non-academic staff at schools in Lesotho, it is stipulated in the *Constitution of Lesotho*, (1993: Section 30) that Lesotho shall adopt policies aimed at securing just and favourable conditions of work and in particular policies directed at achieving:

- (b) safe and healthy working conditions.
- (c) equal opportunity for men and women to be promoted in their employment to an appropriate higher level, subject to no considerations other than those of seniority and competence.

The implication the quoted sections have for the LESHAP 2012, is that its content should avoid discrimination, but promote equality and justice for the citizens of Lesotho.

3.3.2 HIV/AIDS macro policy framework for Lesotho

Informed by the Constitution (1993), Lesotho created a particular macro policy framework aimed at curbing the spread of the HIV/AIDS pandemic. I consider it appropriate to briefly reflect on some of these policies, as they are supposed to influence the HIV/AIDS policy response of the Lesotho education sector. It should be noted that this is not a policy analysis, but rather a synopsis of policies that exist in conjunction and in collaboration with the LESHAP 2012.

3.3.2.1 The Framework for HIV/AIDS Prevention, Control and Management of 2000

In an effort to curb HIV/AIDS and to drastically reduce the number of infections, the government of Lesotho engaged several frameworks and preventive measures. In this regard, the first formal policy that was developed was the *Policy Framework on HIV/AIDS Prevention, Control and Management 2000* (hereafter “the Policy Framework”) (GOL, 2000:5).

Developed in 2000, the Policy Framework came amidst a serious and alarming rate of HIV/AIDS infections in Lesotho. With this Policy Framework, the government of Lesotho mainly aims:

to create conducive policy environment for the prevention of the further spread of HIV/AIDS and other sexually transmitted infections (STIs) and to mitigate the adverse impact on the infected and affected individuals, families and communities. (GOL, 2000:6)

To achieve this aim the Policy Framework articulates particular objectives that it intends to achieve. These objectives are as follows:

To maintain a sustained political commitment at national, regional and district levels for HIV/AIDS prevention and control.

To ensure that all the general public has access to appropriate information, education and counselling services on HIV/AIDS and STIs to enable them to protect themselves.

To safeguard human rights based-approach in the prevention and caring for people living with HIV/AIDS (PLWHAs) and their families. (GOL, 2000:6)

In addition, the Policy Framework also envisions the development of general policies that will address the following: political commitment; multi-sectoral approach, co-ordination; information, education and communication; HIV counselling and testing; confidentiality; comprehensive health care and social support; and human rights and non-discrimination and research surveillance (GOL, 2000:6-12).

As such, the Policy Framework advocates for the development of more specific and particular policies which should address a variety of related aspects, such as the following: STI prevention and control; condom promotion and utilisation; parents' involvement in HIV/AIDS prevention; HIV/AIDS and counselling; HIV/AIDS and the workplace; HIV/AIDS and homosexuals; HIV/AIDS and youth, HIV/AIDS and orphans; HIV/AIDS and the disabled; HIV/AIDS and workers, HIV/AIDS and poverty; and HIV/AIDS and the media (GOL, 2000:12-17). However, what appears to be missing from this rather vast list of suggested policies, is the advocacy for specific policy on HIV/AIDS and education. Nonetheless, this initiative of the government of Lesotho

should be understood against the background of a severe increase in the number of infected or affected people.

3.3.2.2 The Lesotho Vision 2020 (2003)

Besides developing the Policy Framework 2000, the government of Lesotho also felt the need to have a long-term strategy and framework to deal with issues that affected the economy, politics and the wellbeing of its citizens. This long-term strategy was articulated in the *Lesotho Vision 2020 (2003)*. The *Lesotho Vision 2020 (2003)* could be regarded a very important national framework that informs policy development across all sectors in Lesotho, and which is the driving force behind national development.

The specific objective of this document is:

[t]o establish a long-term vision for Lesotho by looking beyond short-term plans and adjustments;

[To] explore the options for economic, political and human development to the year 2020;

[To] identify alternative development strategies suitable for the Lesotho situation;

[To] promote a process to open dialogue and consultation with socio-economic groups country wide; [and]

[To] create an environment whereby Basotho will actively participate in achieving the Vision 2020 and develop a focus along the horizon in the direction of which development plans could be rolled out. (GOL, 2003:x)

It is worth mentioning that the *Lesotho Vision 2020* was conceptualised in 2000, when the HIV/AIDS pandemic was at its zenith in the Kingdom of Lesotho. Yet, surprisingly it appears on face value as if HIV/AIDS does not form part of the main objectives of the framework. It is only in Chapter 3 that the Vision acknowledges the plight of the Basotho people and the danger HIV/AIDS holds as it states, “the Government of Lesotho recognizes that HIV and AIDS is not only a health problem but a multi-sectoral development issue that has social, economic, and cultural implications” (GOL, 2003:13). The perceived ignorance of such an important and relevant document is problematic, especially since it is aimed at the development of Lesotho. It is also

surprising that, despite its acknowledging the link between HIV/AIDS, the Vision appears not to articulate HIV/AIDS as a dominant factor in the extent the anticipated aims and objectives will be achieved.

3.3.2.3 Lesotho National HIV and AIDS Policy 2006

In response to socio-economic conditions in Lesotho, the government of Lesotho established the Joint Review of the National Responses (2005), to review existing policies and national frameworks with the aim of aligning it with new national imperatives. After having scrutinised all policies and national frameworks, the Joint Review of the National Responses recommended, among others, that the *Policy Framework on HIV/AIDS Prevention, Control and Management 2000* be reviewed so that it is meeting current needs of the Basotho people and also to ensure that it is in line with the Millennium Development Goals (GOL, 2006:iii).

Informed by their recommendations, amendments were made and a new document, called the *Lesotho National HIV and AIDS Policy 2006* (hereafter “National AIDS Policy”) was developed (GOL, 2006:ii, iii, 6). Accordingly the *National HIV and AIDS Policy 2006* aims to strengthen “the implementation of the current HIV and AIDS interventions” (GOL, 2006: xiii). In this regard the National AIDS Policy 2006 focuses on and promotes, among others, the following key strategies: HIV/AIDS prevention, behaviour change communication strategy, HIV testing and counselling, provider-initiated testing and counselling, beneficiary disclosure, condom usage, management of sexually transmitted infections, universal precautions, infecting tools and skin piercing instruments and post-exposure prophylaxis (PEP) (GOL, 2006:16-31).

Coburn, Okano and Blower (2013:np) point out that, in Lesotho, HIV/AIDS has been given little attention, and that there is an urgent need to expand testing and treatment, if HIV is to be defeated. This is rather a concern, seeing that the National AIDS Policy 2006 makes provision for and advocates testing for and the treatment of HIV/AIDS infections. In addition, a study conducted in Lesotho by Belle, Ferriera and Jordaan (2013:1122), also indicates that, unlike with other disasters, with regard to HIV/AIDS, the Disaster Management Authority in Lesotho does not play any significant or leading

role in the fight against the pandemic. It is my contention that the apparent lack of leadership from the Disaster Management Authority could be one of the reasons why Lesotho seems not to be yielding significant results in its endeavours to curb HIV/AIDS.

The development and endeavours to implement the above macro policies not only creates a conducive context for further policy initiatives to reduce the impact of HIV/AIDS on the people of Lesotho, but it also suggests the willingness of the Lesotho government to effectively consolidate all its efforts to strengthen the fight against HIV/AIDS. It is within this context that the education policies, such as the LESHAP 2012, was developed to address HIV/AIDS in the education sector.

3.3.2.4 Education Act 2010

The *Lesotho Education Act* 2010 was enacted by Parliament in 2010 (Kingdom of Lesotho, 2010:1). Informed by the *Constitution of Lesotho* (1993), the *Lesotho Education Act* 2010, Section 3(a) to (d) seeks, among others, to “make provision for free and compulsory education at primary level” and to “make provision for education for all in accordance with the provisions of section 28 of the Constitution”. In conjunction with the provision of free and compulsory education, the *Education Act* 2010 prohibits any form of discrimination against any learner, teacher or other personnel. This, according to Section 4(2) (c), which states that:

[t]he Minister, Principal Secretary, teaching Service Commission, proprietors of schools, teachers and school boards shall promote the education of the people of Lesotho and in particular ensure that:

a learner is provided with the opportunities and facilities to enable him or her to develop physically, mentally, morally, spiritually and socially in a healthy, normal manner and in the conditions of freedom and dignity; and that

a learner is free from any form of discrimination in accessing education and is availed all educational opportunities provided.

As such, the *Lesotho Education Act* (2010) protects not only the rights of learners who are infected with or affected by HIV/AIDS, but also those of teachers and other employees. Therefore, no form of discrimination on any grounds, especially with

regard to the HIV/AIDS status of anyone is permitted. Moreover, the Act also secures that learners, teachers or employees infected or affected with HIV/AIDS will be treated with dignity. With these stipulations the Lesotho Education Act lay the foundation for an education system where all people with HIV/AIDS will be protected and respected.

3.3.2.5 Curriculum and Assessment Policy: Education for Individual and Social Development 2008 (CAP 2008)

The *Curriculum and Assessment Policy: Education for Individual and Social Development 2008* (hereafter “CAP 2008”) was developed to strengthen and promote quality education in Lesotho. The CAP 2008 acknowledges the important role education could and should play in alleviating the impact of social ills such as HIV/AIDS on human wellbeing in Lesotho. Moreover, the CAP (2008:13) acknowledges that education is central to the survival of both individuals and society and that it should equip individuals with competences necessary for the advancement of the society. Of particular interest to this study is the acknowledgement of HIV/AIDS as a potential threat to the advancement of the Basotho society. Hence, the main purpose of this policy is to ensure that Lesotho education becomes more “accessible, relevant efficient and of best quality” (Kingdom of Lesotho, 2008:2).

The CAP 2008 envisions to achieve this aim by making HIV/AIDS an integral part of the Lesotho education curriculum. In this regard the policy states that:

[I]n pursuing the educational aspirations, the currently emerging issues such as HIV and AIDS, gender equity, human rights and democracy, and others should be integrated within educational process in a dynamic and evolving nature. (Kingdom of Lesotho, 2008:6)

Moreover, the curriculum is further organised into six broad learning areas that are further divided into subjects, where each area has a compulsory subject. For example, as a broad area, Personal, Spiritual and Social, is subdivided into History, Religious Education, Health and Physical Education, and Development Studies, with the compulsory subject as Life Skills (Kingdom of Lesotho, 2008:17). It is especially within these learning areas that content of HIV/AIDS is dealt with and knowledge about HIV/AIDS could potentially be disseminated.

That the CAP 2008 acknowledges the important role played by education among Basotho, is of significance. Based on the foregoing extract, the CAP 2008 attests that education can be an important tool in curbing the impact of HIV/AIDS.

3.4 Conclusion

In this chapter I investigated, through a literature study, HIV/AIDS in SADC countries, particularly in Botswana and South Africa. The aim was to establish how these two countries, which have a particular historical relationship with Lesotho, deals with HIV/AIDS, especially through their education systems. To contextualise my study, I also looked at HIV/AIDS in Lesotho. In this regard I explored the impact thereof on the Lesotho and the Basotho people and I looked into the macro policy framework of Lesotho that is aimed at curbing the spread and impact of HIV/AIDS.

The latter part of this chapter provides the background for the critical policy analysis of the *Lesotho Education Sector HIV and AIDS Policy 2012*, which is the focus of the next chapter.

CHAPTER 4

CRITICAL POLICY ANALYSIS OF THE LESOTHO EDUCATION SECTOR HIV AND AIDS POLICY 2012

4.1 Introduction

The main aim of this study is to explore the realities around the implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012* (LESHAP 2012). In the previous chapter I explored literature on the nature and effect of HIV/AIDS with regard to education. This chapter is devoted to a policy analysis of the LESHAP (2012). I opted to do a critical policy analysis in order to explore the policy context, content and consequences for policy implementation. I assume that a critical policy analysis will also enable me to uncover certain silences, omissions and contradictions (Taylor, Rizvi, Lingard & Henry, 1997:44-53), that I assume are deliberately written into or omitted from the LESHAP (2012). Against this background, the specific objective of this chapter is to critically analyse the LESHAP (2012).

In this chapter the focus will be on the critical analysis of the LESHAP 2012. However, my contention is that I cannot explore the nature of the LESHAP 2012 without a brief discussion of related concepts. As such, I will also briefly clarify the nature of policy and education policy in particular. Since neither education nor policy operate or are formed in a vacuum, Lesotho's legislation and macro policy responses towards HIV/AIDS will also be referred to. In this way I will acknowledge the occurrence of intertextuality (Taylor, *et al.*, 1997).

4.2 Policy, forms of policy analysis and critical policy analysis

4.2.1 Policy

I have indicated that I will use critical policy analysis as a method to analyse the LESHAP 2014. From a critical policy analysis perspective, “policy” takes up another character. In this regard, Taylor *et al.* (1997:15-17) observe that policy is more than a document or text; for them, policy is vibrant and collaborative. Moreover, policies are “multi-dimensional, value-laden, and exist in context” (Taylor *et al.*, 1997:17). Anderson (in Gale, 2013:51) concurs to the value-laden character of policies by stating that policy is “the authoritative allocation of values”. The use of the word “authoritative” implies that policy is commanding and influential and, as such, one should carefully and critically engage with it.

Additionally, Ball (2006:46) contends that within the field of policy research, defining policy seems to be taken for granted, even though it is the cornerstone of the field. He (Ball, 2006:46) further mentions that for him policy is both “text” and “discourse”. As such, policy is complex and can also be subjective, depending on who is interpreting the policy, when it is being interpreted and for what purpose it is being interpreted. Of significance is that policy implementation is never a forthright task, but is influenced by the way it is written. This coincides with Ball’s view that policy is “text” which is “encoded” and “decoded” (Ball, 2006:44). From this perspective, policy as text implies that its meanings, as the policy author has written, will not necessarily be interpreted in the same way by different implementers.

4.2.2 Policy analysis

The purpose of policy analysis is to gather information that will give clarity on and about the policy in order to enhance the effective implementation of that policy (Fischer, Miller & Sidney, 2007:XIX). In order to carry out a policy analysis there is a need to first define what policy analysis is all about.

The definition of policy analysis depends on the reason and aim of the analysis. Authors like Weimer and Vining (2011:24) define policy analysis as “a client-oriented advice relevant to public decisions and informed by social values”.

Dunn (2012:2) describes policy analysis as:

[a] process of multidisciplinary inquiry aiming at the creation, critical assessment, and communication of policy-relevant information. As a problem-solving discipline, it draws on social science methods, theories, and substantive findings to solve practical problems.

For the purpose of this study, I will adopt a definition by Hanekom (1987:65) who points out that “[p]olicy analysis is an attempt to... evaluate the efficacy of existing policies, in other words, to produce and transform information relevant to particular policies into a form that could be used to resolve problems pertaining to those policies”.

I particularly prefer this definition because by exploring the realities with regard to the implementation of the LESHAP 2012, this study in effect aims to explore its efficacy. In addition, this study also tries to gather information relevant to the LESHAP 2012, in order to come up with solutions that could possibly resolve problems experienced with the LESHAP 2012.

In this study, I will use critical policy analysis as method to retrospectively analyse the *Lesotho Education Sector HIV and AIDS Policy 2012* (LESHAP 2012).

4.2.3 Critical policy analysis

Critical policy analysis (CPA) originated in response to criticism against positivistic and scientific approaches to policy analysis (Marshall, 2005:9). Positivistic approaches to policy analysis appear to not only be misguided in its methodology and its approach, but also seems to silence the voice of the ordinary people that are directly affected by the policies, thereby promoting political bias.

In contrast, CPA takes up a critical stance towards policies and the policy development process. Policies are therefore analysed in relation to their relations with prevalent

disparities and forms of prejudice. Correspondingly, CPA intends to expose the “social, historical and cultural contexts” of the policy under review (Taylor *et al.*, 1997: 46).

Furthermore, CPA also pays close attention to the way “language, discourse, rhetorical argument and stories framing both policy questions and the contextual contours of argumentation operate, particularly the ways normative presumptions operate below the surface to structure basic policy definitions and understandings” (Fisher, in Parkhurst, 2013:119). As such, CPA requires from me to not only focus on surface meanings in the LESHAP 2012, but instead to look for meanings behind the text – particularly because policy is also a form of discourse. In this regard, Ball (2006:48) opines that “[d]iscourses are about what can be said, and thought, but also about who can speak, when, where and with what authority”. Therefore, the policy discourse in the LESHAP 2012 should not be interpreted as common language, but rather the context in which that language was used, should be considered.

Intertextuality plays an important part in CPA. Wagenaar (2014:np) defines intertextuality as “the presence within it of elements of other texts”. The same sentiments are echoed by Stevens and Bean (2007:112), as they argue that “[n]o policy comes to the teachers without being preceded by lots of others, so the ways in which we make sense of, and potentially critique, educational policies is in mind of other policies that have come and gone”.

Intertextuality therefore assumes that a policy does not exist in isolation to other policies. Rather, one policy is influenced by another, and policy analysis should acknowledge that interdependence and interrelationship between different policies. Ball (2006:44-47) endorses the importance of intertextuality when he asserts that policy text is supposed to be read in relation to other legislature. In this regard, I will also refer to the *Education Act 2010* and the *Curriculum and Assessment Policy: Education for Individual and social Development 2008* in my analysis of *the* LESHAP 2012.

4.3 Critical analysis of the *Lesotho Education Sector HIV and AIDS Policy 2012 (LESHAP 2012)*

The LESHAP 2012 is an initiative of the Ministry of Education and Training (MOET) in an effort to address the scourge of HIV/AIDS in Lesotho. The LESHAP 2012 was developed as an initiative to guide and inform the response of Lesotho education in the fight against HIV/AIDS.

It was indicated earlier that CPA focuses on the context, content and implications for implementation of a particular policy. Thus, in the next section I will briefly explore the policy context that informed the development of the LESHAP 2012. As such, I will look into the cultural, social and economic context of Lesotho which informed the development of the LESHAP 2012. Lastly, I will analyse the content of the LESHAP 2012.

4.3.1 Policy context

Policy context refers to the factors that contributed to and informed the formation of a particular policy. In this regard Taylor *et al.* (1997:45) state that policy context “refers to the antecedents and pressure leading to the gestation of a specific policy”. Context analysis is vital, as it helps expose assumptions, beliefs, values and interests that may underlie the policy under review (Taylor *et al.*, 1997:20, 45). Context analysis gives an indication of the socio-economic, socio-political and cultural context that informed the development of the policy.

In addition, Taylor *et al.* (1997:45) allude to other stakeholders that may have influence in the policy development. The stakeholders, according to Taylor *et al.* (1997:45), may exert certain pressures on the government in a bid to force them to develop certain policies. These influences and pressures should not be ignored as they, to a certain extent, influence the “how”, the “why” and the “why now” of a particular policy. It is for these reasons that I will look into the cultural, social and economic factors that might have influenced the development of the LESHAP 2012.

4.3.1.1 Cultural context

Culture is defined by Schaefer (2004:51) as “the totality of learned, socially transmitted customs, knowledge, material object and behaviour”. Moreover, Moore (2012:5) defines culture as “that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by man as a member of society”.

One of the critical aspects that CPA aims to achieve is to find the reasons behind the development of a policy and why it was developed at that particular time. The cultural context in which a policy was developed is important as it helps to comprehend the reasons that influenced the development and the timing of a particular policy (Taylor *et al.*, 1997:45).

It is therefore important to be aware of particular cultural influences on a policy. Jones (2004:83) underscores the relevance and importance of cultural factors, stating that “no analysis of political behaviour or policy making makes sense without a cultural context”.

The Preamble to the LESHAP 2012 acknowledges the cultural context within which it was formulated by stating that the LESHAP 2012 policy is “sensitive to the particular cultural and social context of the Kingdom of Lesotho” (Kingdom of Lesotho, 2012:2). With this statement the government not only acknowledges the impact of cultural factors on policy, but also that the Lesotho cultural context profoundly impacted on the development of the LESHAP 2012.

Informed by the erstwhile exposition, I will now touch on some of the cultural beliefs and practices of the Basotho people that may have influenced the development of the LESHAP 2012. The LESHAP 2012 seems to recognise the importance of the involvement of tradition and culture in education as it states that:

[p]olitical and traditional leaders and managers, at the national and sectoral level, will be advocates for the education sector policy and positive role models, creating awareness and sharing information about HIV and AIDS impact and education sector responses. (Kingdom of Lesotho, 2012:12)

In traditional Basotho culture, education for boys and girls was offered separately. For girls, the primary educator is the mother, who used 'mokhoru' (the kitchen) as a classroom. In this classroom, education on feminine duties, including household chores, is imparted onto the daughter (Hladczuk & Eller, 1992:207). In the case of boys, the primary teacher was the father and the learning environment was outside the house. The choice of the learning space is meant to make boys tough, so that they can endure hardships (Hladczuk & Eller, 1992:207).

The second phase of the education takes place at initiation schools. The initiation schools for boys are located in the mountains far from home, while for girls they are in a hut near the village (Hladczuk & Eller, 1992:208). The curriculum of the initiation schools includes psychological, social, economic and political aspects. The other purpose of these schools is to educate young adults on moral and cultural values as well as raising consciousness on their origins (Lephoto, 2005:16). Initiation schools still exist in present day Lesotho. However, the arrival of missionaries in 1833 resulted in a shift from the predominantly initiation form of schooling to formal schools. Within these schools, education took up a strong religious character. This character of education is still present in many Lesotho schools and is present in the numerous school owned by various churches in Lesotho. These churches have their own understanding of the origin, impact and consequences of HIV/AIDS. They also have particular views on how HIV/AIDS should be combatted.

But more so, religion and the church inform the value system of the Basotho people. Churches are therefore a very important partner in education and in the fight against HIV/AIDS. From the list of the participants present during policy developments, it appears as though the LESHAP 2012 recognises the role of the church in the management of schools in Lesotho. To this effect, representatives of particular churches in Lesotho were involved in the development of the LESHAP 2012 (Kingdom of Lesotho, 2012:3-4).

In addition, the LESHAP 2012 also appears to acknowledge the impact of cultural practices as related to the spread of HIV/AIDS. As a result, the LESHAP 2012 states

that “[c]ultural practices and social attitudes which increase the risk of HIV infection will be discouraged” (Kingdom of Lesotho, 2012:15). These practises include polygamy and ‘bonyatsi’. Polygamy is a cultural practice that has been practiced by the Basotho for centuries, because among the Basotho it has been seen as a sign of affluence and good social standing (Pouter, 1979:2). Polygamy is still practised in Lesotho. Polygamy can potentially accelerate the spread of HIV/AIDS as it involves coexisting and numerous sexual partners. Similar to polygamy is the traditional practice of ‘bonyatsi’ (the practice of having concurrent multiple sexual partners). Bulled (2015:49) regards this practice as being responsible for accelerating the spread of HIV/AIDS among the Basotho.

In essence, particular Basotho cultural practices could have had a significant impact on the development of the LESHAP 2012.

4.3.1.2 Social context

Social context is based on the social norms practiced by a society. Social norms refer to practices that are acceptable and those that are not acceptable among a social group (Bicchieri, 2006:ix). With regard to the value of the social context in policy analysis, it is the view of Marshal (2005:193) that the social context gives an insight into the societal norms and regulations under which a policy was conceived.

Taylor *et al.* (1997:3-4) also allude to the role of “key players” in the development of the policy and their influence thereof. In this regard, the key players are the people or organisations that have an influence on the policy development. As such, the policy directives are likely to indicate the social norms that influenced the development of a particular policy. The LESHAP 2012 acknowledges the social context of Lesotho as significant in the policy development process. In this regard, the Preamble states, “[m]ost significantly it is the outcome of a consultative process involving representatives of the Lesotho’s education sector, and is therefore sensitive to the particular cultural and social context of the Kingdom of Lesotho” (Kingdom of Lesotho, 2012:1-2).

Among the most common social norms that dominate the Basotho nation, is the failure to engage their children in talks, and the expectation that men are the only ones who are to be active in the public sphere (Morojele, 2013b:13), whilst women are confined to household chores. With this practice various groups within the Basotho community are assigned particular and specific roles in the community. In practice, this tradition finds expression in a strict division of labour along gender and sex lines, with subsequent perceptions amongst children about the roles and responsibilities of boys and girls, and men and women. This gender socialisation is especially prevalent in the Basotho culture.

In addition, Shepard (2002:277), states that “gender socialisation is the social process in which boys learn to act the way boys are supposed to act and girls learn to act the way girls are supposed to act”. Ironically, however, this explanation fails to recognise the existence of people with different sexual orientations, such as homosexuals, which to a large extent are also infected with or affected by HIV/AIDS. Within this socialisation framework, it is not expected for women or girls to speak in public about social matters because it is regarded the domain of men. The LESHAP 2012 seems to defy this social practice as it states that “[l]earners will be encouraged and supported to be active in HIV and AIDS awareness, advocacy and peer-education activities” (Kingdom of Lesotho, 2012:10).

It is my contention that, with the abovementioned provision, the LESHAP 2012 envisions that all learners, irrespective of sex or gender, will publicly be involved in the fight against HIV/AIDS by openly and in public speaking about sex, sexuality and HIV/AIDS. As such, the LESHAP 2012 seems to defy some of the old societal norms, as it now gives children a voice in pertinent social issues such as HIV/AIDS.

In line with the preceding, the LESHAP 2012 states:

HIV and AIDS affect men and women differently. Application of all aspects of this policy will be sensitive and responsive to the needs of men and women, boys and girls, and interventions will recognise the special social and physiological vulnerabilities of the girl child. (Kingdom of Lesotho, 2012: Principle 6.6)

It is apparent from the above extract that the LESHAP 2012 fails to recognise the existence of people with different sexual orientations and, in effect, ignores them.

It seems from the foregoing precepts that the LESHAP 2012 was influenced by the social norms of the Basotho. The language used is in line with the norms of the Basotho. In the next section, I will look at the economic context under which the LESHAP 2012 was developed.

4.3.1.3 Economic context

The prevalence of HIV/AIDS adversely affects the economic development of the affected country (Jopo *et al.*, 2011:np).

Lesotho is one of the least developed countries of the world. Statistics provided by UNDP indicate that the national poverty line stood at 57.1 percent in 2013 (UNDP, 2013:np). The LESHAP 2012 acknowledges this reality by pointing out that:

Lesotho... is faced with particular complex socio-economic... difficulties, which make comprehensive response to HIV and AIDS difficult. (Kingdom of Lesotho, 2012: Preamble)

It is within these difficult economic conditions that the government of Lesotho has to respond to the plight of HIV/AIDS. Conversely, HIV/AIDS also has a particular impact on the economy of Lesotho. In this regard, it is worth noting that the death of a breadwinner due to HIV/AIDS leaves particular dependants without an income. As such, they become an economic liability to the extended family as well as the state.

The Lesotho economy relies heavily on agriculture. Two agricultural activities that are of importance are cattle and crop farming. These two activities form the centre of the agriculture sector and they are major sources of income and wealth for the Basotho people. However, the agricultural sector in Lesotho appears to be adversely affected by illnesses and deaths caused by HIV/AIDS. In this regard Drimie (2002:9) claims that the HIV pandemic has, to some extent, crippled the agricultural sector in Lesotho, as it has reduced the labour for this sector.

In addition, in order to ensure that the economic status of the people and the country are not negatively affected, the LESHAP 2012 aims to ensure that:

[a]ll education sector institutions will actively promote every feasible means to maintain the health and performance of employees living with HIV. Employees living with HIV will continue to work as long as they are medically fit to perform their duties. (Kingdom of Lesotho, 2012:Section 13.2.6)

As a result, the LESHAP 2012 is anticipating ways in which to protect the wellbeing of those affected by the pandemic and ensuring that their income is not affected.

Additionally, when it comes to the care, support and wellbeing of orphaned and vulnerable children (OVCs) affected and infected by the HIV/AIDS pandemic, the LESHAP 2012 (Kingdom of Lesotho, 2012:Section 11.2.6) affirms that:

[t]he education sector will mobilize community support, and seek funds and technical support from development partners, NAC, civil society and private sector, for the provision of treatment, care and support services for orphans, vulnerable, infected and affected learners.

The issue of OVCs cannot be divorced from the HIV/AIDS pandemic and the economic impact it has on both individual households and the country.

In this section possible cultural, social and economic factors which could possibly have contributed to the establishment of the LESHAP 2012, were explored. What follows next, is the content analysis of the LESHAP 2012.

4.3.2 Content analysis of the LESHAP 2012

Policy content analysis is mainly concerned with the 'what' and the 'how' questions that may possibly designate the goals, targets and objectives of a policy. The purpose of the content analysis is also to scrutinise the assumptions that probably triggered the policy development (Taylor *et al.*, 1997:49).

Additionally, content analysis is not only concerned with what is said in the policy, but also with what is not said (Taylor *et al.*, 1997:50). Moreover, the use of language in

the policy text is likely to assist in detecting what may be a concealed agenda by the policy developers. This, according to Taylor *et al.* (1997:50), who assert that sometimes the way policies are written, results in ambiguous meanings, which eventually influence policy implementation, as each implementer will follow what they believe the policy is insinuating.

These views are supported by Ball (2006:44-47), for whom policy is a text “encoded by struggles and decoded by means of clarifications”. As such, policies are always challenged and altered – “always in a state of ‘becoming’, of ‘was’ and ‘never was’ and ‘not quite’” (Ball, 2006:44). Policy texts can subsequently sometimes be perplexing, as they can result in many different readings. In what follows next, is an exposition of the content of *the Lesotho Education Sector HIV and AIDS Policy 2012* (LESHAP 2012). The content analysis will focus on the aims and objectives of the LESHAP 2012, the values informing it, the policy directives inscribed in it and particular silences and omissions in it.

4.3.2.1 Scope of application

The scope of application is about the “who is covered, for what and where” (Watson, 2009:215). In essence, the scope of application is important, as it suggests the people, circumstances and institutions or places that will be affected by the implementation of the policy.

The LESHAP 2012, in its scope of application states as follows:

The Education Sector HIV and AIDS Policy applies to learners, employees, managers, employers and other providers of education and training in formal and non-formal learning institutions at all levels of the education system in the Kingdom of Lesotho. (Kingdom of Lesotho, 2012:Section 5)

Education levels of Lesotho start with children aged 0 to 5 years who are at home or in the Integrated Early Childhood Care and Development (IECCD), and it ends at the postgraduate level (Kingdom of Lesotho, 2008:27). From its scope of application it is inferred that the LESHAP 2012 applies to learners in the IECCD phase as well as to students at tertiary education level. Important is also to note that the policy is not

confined to formal education only, but that it also covers the informal education sector. More so, the LESHAP 2012 also applies to teachers and all other stakeholders involved in the Lesotho education.

4.3.2.2 Policy goal

Goals are all-encompassing declarations of purpose that describe the destination of something to be achieved. Goals often have a broad scope and are intended to be achieved in a long term (Morrison, 2011:np).

The goal of the LESHAP 2012 is:

for the education sector to prevent the further spread of the epidemic; ensuring access to treatment, care and support services: reducing the impact of HIV and AIDS on education through the development, implementation, monitoring, evaluation and reporting of a comprehensive response at all levels of the education system. (Kingdom of Lesotho, 2012:Section, 8)

The policy goal seems to be comprehensive and inclusive. It appears to be clear on what the LESHAP 2012 is developed for – in other words, what it should achieve – and therefore what the focus thereof should be. In this regard, it appears that the LESHAP 2012 aims at not only reducing the further spread of HIV/AIDS, but also on reducing its impact on the infected and affected.

Additionally, the LESHAP 2012 was developed with the purpose of assisting what it terms the “so-called generation of hope” to stay HIV negative, in an effort to curb the spread of HIV (Kingdom of Lesotho 2012:Section 1). This generation of hope refers to the young population on which the country has pinned its hope on developing the economy of Lesotho.

With this, the LESHAP 2012 effectively aims to impact on the lives of the entire Basotho population.

4.3.2.3 Guiding principles

Central to policy development is the formulation and the promulgation of particular guiding principles. Liberatore (2002:108) asserts that the main aim of including guiding principles in a policy is to ensure that certain policy priorities, which will influence policy operation, are reflected. Thus, guiding principles are significant as they are supposed to ensure the effective implementation of a particular policy.

The LESHAP 2012 is informed by various values and principles. These are access, equity, participation, privacy and confidentiality, and safety and security. In what follows, is a brief exposition of these principles and their relevance to the LESHAP 2012.

a) Access

Affordability, obtainability, openness, accommodation and acceptability are key concepts that sum up the meaning of the term “access”. These concepts, when put and achieved together, as opposed to being isolated from one another, are the basis for access. This means that in order to say something is accessible, all of these components should be realised (www.gaps-education.org).

Access is important, for when children are denied access, their education is negatively affected and their other human rights are also easily trampled upon (Todres & Higinbotham, 2016:150).

It seems that the LESHAP 2012, recognises the importance of access in its endeavour to avoid ignorance amongst the people it aims to serve. In this regard LESHAP 2012 makes provision for access to care, treatment and support, access to education as well as access to information.

- ***Access to care, treatment and support***

The LESHAP 2012 promotes access to care, treatment and support by stating that “[a]ll infected and affected learners, educators and other personnel in the education sector, as well as their family, have the right to access to holistic care, treatment and

support” (Kingdom of Lesotho, 2012:Section, 6.1(a)). This LESHAP 2012 envisions achieving this by stating that:

...the education sector will work in partnership with line ministries and other agencies offering support and care including institutions, communities, private and public health care system to facilitate access to care, treatment and support to infected and affected learners, educators and other personnel in the education sector as well as their families. (Kingdom of Lesotho, 2012: Section 6.1(b))

The use of the term “holistic” access in this principle suggests that the LESHAP 2012 aims to be an inclusive policy that does not exclude anyone.

- ***Access to education***

In line with the constitutional right to education for all (cf. 3.3.1), the LESHAP 2012 proposes that:

[e]very person has the right to education. No learner will be denied access to education on the basis of his or her actual or perceived HIV status. In particular access to education will be facilitated for orphans and vulnerable children and those with special educational needs or disabilities. (Kingdom of Lesotho, 2012:Section 6.2)

This stipulation is in line with the principle of access as it alludes to ensuring that the known or perceived status of a learner will not be an obstruction to their education. In this regard, the LESHAP 2012 also ensures that those marginalised, will not be prevented access to education.

- ***Access to information***

The principle of access also implies access to information. In other words, information should be available to all. In this regard, the LESHAP 2012 suggests that:

[e]very person has the right to relevant and factual HIV and AIDS information, knowledge and skills that are appropriate to their age, gender, culture, language and context and address vulnerability, HIV-prevalence and sexual behaviour. (Kingdom of Lesotho, 2012: Section 6.3)

Of significance in this extract is that the information that should be accessed, is qualified by the use of the words “relevant” and “factual”. In essence, although the LESHAP 2012 makes provision for access to information, a particular responsibility is placed on the education sector to make sure that the information is also relevant and factual. In other words, the information provided, should be appropriate, and correct.

b) Equity

Fairness, integrity and justice are ideas that are related to the principle of equity (Povlsen, Borup & Fosse, 2011:50). Similarly, Shale (1999:48) is of the opinion that equity is a principle that is closely associated to the ideas of justice and fairness. With regard to education, Harber (2013:63) argues that “equity is achieved by promoting education of both boys and girls, children of ethnic minorities, those with special educational needs and access and retention”. The insinuation of this definition is that, in order to say there is equity in education, no group of learners should be marginalised, either through their gender, ethnicity, or physical ability, including, among others, their perceived health status.

In relation to the LESHAP 2012, equity is promoted by three interrelated directives:

- ***Equity and protection from stigma and discrimination***

In relation to equity and protection from stigma and discrimination, the LESHAP 2012 states as follows:

Every person, whether infected, affected or vulnerable in any other way, has equal rights, responsibilities and opportunities, and will be protected from all forms of stigma and discrimination based on actual, known or perceived HIV status. (Kingdom of Lesotho, 2012:Section 6.4)

In addition, the LESHAP 2012 also proposes human resource training. In this regard, the LESHAP 2012 states that the “MOET will promote and recognize accredited HIV and AIDS-related training for staff at all levels of the system” (Kingdom of Lesotho, 2012:Section 14.2.3). The implication of these trainings is that the MOET will be able

to curb stigma and discrimination, as relevant stakeholders will be knowledgeable about the pandemic.

- ***Fair labour practices***

The LESHAP 2012 points out that:

[e]very person, infected or affected, has the right to fair labour practices in terms of recruitment, appointment and continued employment, promotion, training and benefits. HIV testing as a requirement for any of the above is prohibited. (Kingdom of Lesotho, 2012: Section 6.5)

With this, the LESHAP 2012 promotes fairness as far as labour practices in schools and in education are concerned. This it does, irrespective of the HIV/AIDS status of teachers and employees. To ensure fairness the HIV/AIDS status of teachers and employees should therefore not be considered.

- ***Gender responsiveness and sensitivity***

In relation to gender responsiveness as a policy principle aligned to equity, the LESHAP 2012 proposes that:

...HIV and AIDS affect women differently. Application of all aspects of this policy will be sensitive and responsive to the different needs of men and women, boys and girls, and interventions will recognise the special social and physiological vulnerabilities of the girl child. (Kingdom of Lesotho, 2012: Section 6.6)

In acknowledging the differences between different genders and by being aware that dissimilar issues should not be treated in the same way, the LESHAP 2012 appears to be in line with the principle of equity.

In a nutshell, one of the key concepts associated with the principle of equity is justice. By allowing people to have equal opportunities as others is one way in which the LESHAP 2012 ensures that justice is upheld.

Moreover, it seems the LESHAP 2012, by including these principles, adhered to the stipulations of the Constitution of Lesotho (1993), Section 26(1), which states that:

Lesotho shall adopt policies aimed at promoting a society based on equality and justice for all its citizens regardless of race, colour, sex, language, political or other opinion, national or social origin, property, birth or other status.

In essence, what the *Constitution of Lesotho* (1993) as well as the LESHAP 2012 are advocating for, is no tolerance of injustices and unfairness, especially as far as people infected with or affected by HIV/AIDS are concerned.

c) Participation

Participation is about engaging in decision-making that affects an individual's life and the society in which that individual lives. Participation is regarded as the cornerstone which democracy is built on (Hart, 1992:5). Additionally, for Bannon (2006:130), “[p]articipation is a process through which stakeholders influence and share control over development of initiatives and the decisions and the resources that affect them”. As such, depending on the project at hand, parents and the community can be invited to participate.

With regard to Lesotho, the education system is a joint venture among the church, the government and the community. The LESHAP 2012 underscores the participation of various stakeholders in HIV/AIDS-related issues. In this regard it promotes the involvement of people living with HIV/AIDS by stating as follows:

In accordance with the principle of greater involvement of people living with HIV and AIDS (GIPA) and whenever possible, PLHIV [People Living with HIV] will be involved in planning, implementation, monitoring and evaluation of the education sector's response to HIV and AIDS. (Kingdom of Lesotho, 2012:8)

As such, the LESHAP 2012 seems to recognise that infected and affected people are critical to the implementation of the policy, as it affects them directly.

d) Safety and security

- ***Prevention***

With regard to creating a safe and secure teaching and learning environment, it is stated in the LESHAP 2012 that “every person in the education sector has the right to

the knowledge, information and services required to ensure a safe environment and prevent HIV infection” (Kingdom of Lesotho, 2012: Section 6.8). The LESHAP 2012 therefore mandates schools and the education sector to make provision for the prevention of HIV infections.

- ***Safety and security***

Pearsall and Hanks (in Albrechtsen, 2003:2) define the concepts “safety” and “security” as follows: “Safety is the condition of being protected from or unlikely cause danger, risk or injury. Security is the state of being free from danger or threat.” In addition, safety and security in schools also mean that no one is intimidated and an atmosphere that allows for quality learning and teaching to occur, is present.

To create such an environment the LESHAP 2012 states as follows:

- a) All workplace and learning institutions have a responsibility to develop their own institutional HIV and AIDS policies, based on the requirements of Education Sector and National HIV and AIDS Policies.
- b) All workplace and learning institutions have the responsibility to minimize the risk of HIV transmission by taking the appropriate first aid, including universal infection control precautions and PEP.
- c) There will be zero tolerance for sexual harassment, abuse and exploitation.
- d) All schools, institutions of learning and offices will be safe and secure. (Kingdom of Lesotho, 2012:Section 6.10)

Moreover, the LESHAP 2012 also suggests that:

[e]very education institution in Lesotho will develop and display an institutional workplace HIV and AIDS Policy and Code of Conduct for teachers and learners, sensitive to local conditions but consistent with the Education Sector HIV and AIDS Policy and its guiding principles. MOET will provide samples of such institutional Policies and Codes for adaptation and use. (Kingdom of Lesotho, 2012:Section 13.2.4)

With these directives, the LESHAP 2012 tries to create a safe, non-threatening environment, where all learners and those infected or affected by HIV/AIDS could feel

safe and secure. It is assumed that in such an environment, effective teaching and learning will take place.

e) Privacy and confidentiality

According to Greene (2007:665), “[p]rivacy is concerned with the rights and obligations of individuals and organisations with respect to the collection, use, retention, and disclosure of personal information”. Confidentiality is described in the linguistic sense as the word that refers to something that has to be kept as a secret (El-Awa, 2016:15). Schools, like other institutions, are also expected to maintain some form of privacy and confidentiality, and to protect the privacy of its learners, teachers and employees. In this regard, the *Constitution of Lesotho* (1993) as well as the LESHAP 2012 give particular guidelines.

The *Constitution of Lesotho* (1993) (Chapter 1, Section 11(1)) proclaims that “every person shall be entitled to respect for his private an (sic) family life and his home”. In line with this, the LESHAP 2012 (Kingdom of Lesotho, 2012: Section 6.9) asserts that every person has the right to privacy and confidentiality regarding their health, including information related to their HIV status”. Therefore the following:

- a) No institution or workplace is permitted to require a learner or employee to undergo and HIV test.
- b) No person may disclose information relating to the HIV status of another person. Without his or her consent.
- c) In the case of a minor the best interest of the child will guide decisions concerning disclosure.
- d) Every person has the right to know their HIV status and openness and disclosure are encouraged within a safe, supportive and accepting environment. (Kingdom of Lesotho, 2012:Section 6.9)

In this section I looked at the guiding principles of the LESHAP 2012 and the Constitutional sections that may have influenced the development of such principles. Through the above exposition, I was able to find the sections of the Lesotho Constitution that are in agreement with the guiding principles of the LESHAP 2012. Therefore, I can conclude that the LESHAP 2012 was developed in line with the

Lesotho Constitution of 1993. In the next section, I will look at the consequences for the implementation of the LESHAP 2012.

4.3.3 Consequences for implementation

In an effort to clarify the significance of this section, I will first explain policy implementation and its importance in the policy cycle.

Policy implementation is defined by Lester and Gogging (in DeGroff & Cargo, 2009:48) as “a distinct process, unique for representing the transformation of a policy idea or expectation to action aimed at remedying social problems”.

However, policy implementation is not without challenges. In this regard, Okoroma (2006:247) points out that in order for policy implementation to be effective, there should be good planning that considers factors such as planning environment, social environment, political environment, and financial problems. Additionally, Makinde (2005:63) identifies lack of “basic critical factors for policy implementation” as one of the challenges facing effective policy implementation. The basic factors he refers to are “communication, resources, dispositions or attitude, and bureaucratic structure”.

Moreover, in relation to policy implementation, Taylor *et al.* (1997:50) mention that, “even without any obvious ambiguities in a policy text, resulting from competing interests, there will be no single interpretation of a policy document”. As such, the manner in which a policy is implemented, is highly dependent on the way the implementer will interpret it. Therefore policy implementation is likely to be a subjective activity.

The MOET identifies various factors that are critical for the successful implementation of the LESHAP 2012. It is envisaged that a sensitivity of these factors during the implementation of the LESHAP 2012 would ensure that its aims and objectives are achieved.

In what follows, is a short exposition of these factors and how the LESHAP 2012 envisages that they would contribute towards the successful implementation and, therefore, also towards the effectiveness of the education sector in combating HIV/AIDS infections in Lesotho. The factors are consultation and social dialogue, culture and context, leadership and commitment, learner participation, mainstreaming, partnerships, personal responsibility, research, monitoring, evaluation and resourcing.

4.3.3.1 Factors critical for successful policy Implementation

a) Consultation and social dialogue

On the one hand, consultation is characterised by an engagement of a specialist or an expert in a particular field to assist in an area of his or her specialisation (Caplan in Erchul & Martens, 2010:3). Social dialogue, on the other hand, is about information-sharing between or among stakeholders in a particular institution or in a community. Social dialogue can also be in the form of a consultation. The purpose of a social dialogue is to share information relating to economic and social policy (Welz, 2008:8).

By including consultation and social dialogue as critical factors for policy implementation, it appears as if the LESHAP 2012 acknowledges the democratic principle of participation. In addition, it also seems to understand that collaboration between people who will be affected by the implementation of the policy as well as those specialists that have knowledge on policy implementation are important if the policy is to be effectively implemented.

In this regard the LESHAP 2012 states as follows:

HIV and AIDS policy, programmes and interventions will be developed and implemented in an ongoing consultation with employees, learners, parents, committees, and all relevant stakeholders of the sector. (Kingdom of Lesotho, 2012: Section 7.1)

Although the policy seems to encourage consultation and social dialogue, it appears to be silent about the capacity in which some people will be consulted. For example, the capacity in which students will be engaged and level of education at which they will be engaged, are not elaborated on.

b) Cultural and context sensitivity

The LESHAP 2012 declares as follows:

Information, education, counselling, prevention, treatment, care and support will be sensitive to the age, gender, language, culture and social context of all persons in the education sector at all times (Kingdom of Lesotho, 2012: Section 7.2).

The LESHAP 2012 is a policy that is applicable to a wide spectrum of people in the education sector (Kingdom of Lesotho, 2012: Section 5). The implication is that the LESHAP 2012 applies to persons ranging from children in the Integrated Early Childhood Care and Development (IECCD) to personnel in tertiary institutions and personnel in the MOET. In addition, the religious convictions, the culture and the social context of the people this policy should serve, also varies. As a result, it is important that the policy recognises these distinctions and allude to respond to them.

c) Leadership and commitment

To further promote the successful implementation of the LESHAP 2012, the MOET provides for leadership guidance and buy-in from various cultural and political leaders in Lesotho. As such it envisions that:

[p]olitical, traditional and other leaders and managers at every level of the education sector will publicly and consistently support the policy and its implementation at every stage. (Kingdom of Lesotho, 2012: Section 7.3)

From this statement, it appears that public figures and leaders are expected to openly and constantly declare their support for the LESHAP 2012 in an attempt to communicate the message contained in it, as widely as possible. The involvement of traditional leaders is significant for, as a society governed by particular traditional customs and practices, they are regarded in high esteem and their support (or no) of the policy could influence the rest of the Basotho people and impact either positively or negatively on the implementation of the LESHAP 2012.

d) Learner participation

With regard to learner participation in the implementation of the policy, the LESHAP 2012 suggests that “learners will be encouraged and supported to be active in HIV and AIDS awareness, advocacy and peer-education activities” (Kingdom of Lesotho, 2012:Section 7.4). The inclusion of learners in the decision-making structures is noble; however, that participation should be guided by particular guidelines. However, in the case of the LESHAP 2012, it is not clear how that participation will be realised.

e) Mainstreaming

The government of Lesotho considers mainstreaming to be important for the effective implementation of the LESHAP 2012. With the realisation of the seriousness of the impact of HIV/AIDS on all sectors of the society, a multi-sectoral approach and the mainstreaming of HIV/AIDS have since become a necessity (Elsley, Tolhurst & Theobald, 2005:991). In acknowledgement of the importance of mainstreaming of HIV/AIDS, the LESHAP 2012 asserts that:

HIV and AIDS will be mainstreamed into every policy, procedure, practise and programme to ensure its incorporation in every routine function of the education sector. (Kingdom of Lesotho, 2012: Section 7.5)

In essence, by envisioning the mainstreaming of HIV/AIDS, it seems the LESHAP 2012 acknowledges that the HIV/AIDS pandemic is multi-faceted, and as such requires a multi-faceted approach. It is assumed that its mainstreaming will ensure that HIV/AIDS does not become isolated and confined to particular strategies and efforts. Rather, mainstreaming supposes that the education of HIV/AIDS and the dissemination of information about it will be education-wide, and present and reflected in every aspect of the education as well as teaching and learning.

f) Partnerships

To enhance the formation of partnerships to ensure its effective and successful implementation, the LESHAP 2012 indicates as follows:

While the education sector will be responsible and accountable for implementation of this policy it will at all times seek to develop effective partnerships to enhance the success of its implementation. Partners who engage

with HIV and AIDS response within the education sector will be expected to align their interventions with the provisions of both Education Sector HIV and AIDS Policy and Education Sector HIV and AIDS implementation (Kingdom of Lesotho, 2012: Section 7.6).

The partnership envisaged by the LESHAP 2012 seems to be comprehensive, as they are supposed to comprise sections within the MOET. This seems to be a move that could facilitate the effective implementation of the LESHAP 2012.

g) Personal responsibility

The LESHAP 2012 seems to encourage students, teachers and employees to ensure that they are safe at schools and not to put their or other people's lives in danger. In this regard, the LESHAP 2012 places a responsibility on them to ensure they and others are safe, by stating that:

[e]very person has a moral responsibility to protect him or herself, and a moral and legal responsibility to protect others from HIV infection. Intentional transmission of HIV to another person is a serious criminal offence and will be dealt with in terms of the laws of the Kingdom of Lesotho (Kingdom of Lesotho, 2012: Section 7.7).

h) Research, monitoring, evaluation and reporting

To ensure the effective and successful implementation of the LESHAP 2012, the MOET envisions that the implementation of the LESHAP 2012 will be monitored, evaluated and reported on. In this regard, the LESHAP 2012 specifies that “[a]ll policy implementation will be monitored, evaluated and reported on a regular basis to provide accurate and relevant management information to the sector” (Kingdom of Lesotho, 2012:Section 7.8).

The stipulation that the implementation of the LESHAP 2012 will be evaluated and monitored, is important, as information generated in this way could be used to make relevant and up-to-date decisions on the implementation of the policy.

i) Resourcing

Money, time, personnel, space, equipment and materials are essential resources that are needed in an endeavour to implement policies efficiently (Fowler, 2004:282-286). This means resourcing is about gathering all the aforementioned material in an effort to ensure that policy implementation will be a success.

The government of Lesotho also identifies resourcing as one of the factors critical for the effective implementation of the LESHAP 2012. In relation to the significance of resourcing for successful policy implementation, Swanepoel and De Beer (1997:59) state that “policies can only be implemented if the capacity to do so exists. This capacity includes material, financial, managerial, bureaucratic and technical resources”. With reference to the LESHAP 2012, the policy envisages that the “MOET and its sector partners will mobilize and ensure the equitable allocation of resources to assure the sustainable implementation of the Education Sector HIV and AIDS Policy” (Kingdom of Lesotho, 2012: Section 7.9). The implication of this is, of course, that the MOET will also make available additional human resources, should the need arises.

The abovementioned critical factors are regarded as an important part of the policy declarations, as they give a road map on how the policy should be implemented in order for it to be effective.

Although these factors seem vast, there are still issues that the policy does not seem to address. Thus, the next section will look into the silences, the omissions and the contradictions that may be contained in the LESHAP 2012. In addition, critical policy analysis also prompt us to look beyond the stated to unearth and bring to light that which is not said or which appears to be left out. In this regard, it is therefore also important to explore the perceived silences and omissions from the LESHAP 2012.

4.3.4 Silences and omissions of the LESHAP 2012

Smyth and Shacklock (2003:30) point out that:

... it is important to acknowledge that policy intentions may contain ambiguities, contradictions and omissions that provide particular opportunities for parties to the “implementation” process, what we might term “space” for manoeuvre.

The implication therefore is that policy analysis should look at even those aspects of the policy that are not written, or that are written in an ambiguous way or ‘intentionally’ left out of the policy, as they have an impact on policy implementation.

4.3.4.1 The silences

In order to identify policy silences, Tlali (2010:131) advises us to ask questions such as “how else could this have been said?” Taylor *et al.* (1997:50), on the other hand, state that what the policy may imply, and not necessarily state, is as important as what is directly stipulated. In other words, the surface meaning and the implied meaning of the policy should both be taken into consideration during policy implementation.

With respect to the LESHAP 2012, I have identified what appears to be some silences:

Under the heading “Factors Critical for Successful Policy Implementation” there are some silences that the LESHAP 2012 seems to contain. Examples are found in Section 7.1. The silence contained here, is that the LESHAP 2012 does not suggest the capacity and manner in which the students will be consulted. This may be due to the reason that in traditional Basotho culture children are regarded as having no voice.

Furthermore, the policy is not clear on the aspect of “advocacy and peer-education” (Kingdom of Lesotho, 2012:Section 7.4). Questions that come to mind in this regard are: Who will mobilise the learners – teachers? Or should formal learner structures be established?

In addition, although the LESHAP 2012 proposes that policies should be culturally sensitive and relevant (Kingdom of Lesotho, 2012:Section 7.2), it does not indicate how this cultural relevance should be attained amidst the existence of strong cultural orientations and practices, even in modern-day Lesotho.

The LESHAP 2012 also alludes to the research, monitoring, evaluation and reporting of its implementation (Kingdom of Lesotho, 2012:Section 7.8). However, the LESHAP 2012 does not mention the body or the unit in the MOET that will be responsible for the carrying-out of these directives. One would expect that the LESHAP 2012 would give an indication of who will be responsible for these activities, since they are integral to the policy cycle and, as such, to effective policy implementation.

In addition, the LESHAP 2012 alludes to learner participation in awareness on HIV/AIDS, advocacy and peer education (Kingdom of Lesotho, 2012:Section 7.4). Nevertheless, the LESHAP 2012 does not mention the capacity in which the learners will be involved, as there are no legal learner formations in Lesotho primary schools.

Under the section titled “Enabling Environment”, the MOET gives certain directives and it makes use of the word “regular” in some of its objectives. For instance, there is a declaration that “the education Sector HIV and AIDS policy will be reviewed as part of the Education Sector Programme on a regular basis” (Kingdom of Lesotho, 2012: 13). The word “regular” seems to be vague, as it does not give a specific timeframe.

Moreover, although the MOET suggests that “Youth Friendly Services” (YFS) (Kingdom of Lesotho, 2012:Section 10.2.4) would be established, it does not indicate where the YFS will be established. That is, will they be established at school level, at district level or at national level? Again there is no mention of who will establish the YFS and how their sustainability will be ensured.

In addition, the LESHAP 2012, when dealing with how the curriculum can be used in the prevention of HIV/AIDS, alludes that learners will be involved in the development of learning materials and HIV prevention programmes and activities meant to curb

HIV (Kingdom of Lesotho, 2012:10.2.2). The role of the learners in these activities is not clearly stipulated. That is, what exactly will be the involvement of the learners in relation to developing educational material? Also, at what stage is it expected that learners should be involved? Lastly, which programmes will the learners be involved in?

The silences mentioned in this section are important, as failure to recognise those means effective policy implementation could be affected. This is because, in the absence of clear guidelines, different implementers will make different interpretations. In the next section I will look at some of the omissions that the LESHAP 2012 contains.

4.3.4.2 The omissions

I have indicated that in Lesotho churches own the majority of schools. The relationship between churches and the MOET is outlined in the *Education Act 2010*, Section 26 (1) to (4) which regulates the establishment of the educational secretaries and their roles. One of the roles of the secretaries is to liaise with the MOET on matters of management of schools (Lesotho Education Act, 2010: Section, 26(4)(b)).

The church is therefore an important – if not the most significant – role-player in the implementation of the education policies, more especially the LESHAP 2012. However, it seems from the list of stakeholders present during the formulation of the LESHAP 2012 that not all churches were present or might have been consulted during the policy formulation process. In this regard, it seems that significant proprietors were left out of the process. The absence of the proprietor who owns most schools in Lesotho is, of course, a reason for concern in relation to effective implementation of the LESHAP 2012 in such schools.

Additionally, sexuality and HIV/AIDS are sensitive topics in a rather traditional and conservative society like Lesotho; as such, one would expect the role of churches to be clearly defined in policies aimed at these topics. However, from the content analysis of the LESHAP 2012, it seems that the MOET does not clearly define and/or acknowledge the important role of the church in the implementation of the policy, as it

is not clearly stipulated. Not involving or acknowledging the role of the church could have serious implications for the effective implementation of the LESHAP 2012. In addition, no clear directives are given as to how teachers, who might – because of religious or other reasons – be hesitant, should go about dealing with content of a sexual nature.

Also, the specific role of the school boards, as well as how they will be included in the implementation of the LESHAP 2012, is missing from this policy. As a result, it appears the school boards, which – according to the Education Act of 2010 – are significant in the management of schools, are not considered as important by the LESHAP 2012.

4.4 Conclusion

This chapter focused on an analysis of the LESHAP 2012. I used critical policy analysis to analyse the LESHAP 2012. In this regard I looked at the context, content and consequences for implementation. In addition, I also highlighted some silences and omissions from the policy which I contend could have a significant impact on its effective implementation. In the next chapter I will report on the empirical leg of my study. I found that although the LESHAP 2012 has some good directives, it also has some silences and omissions that could hinder its effective implementation. It is therefore important for MOET and schools to be aware of these silences and omissions for effective policy implementation.

CHAPTER 5

REALITIES REGARDING THE IMPLEMENTATION OF THE LESOTHO EDUCATION SECTOR HIV AND AIDS POLICY 2012 IN PRIMARY SCHOOLS

5.1 Introduction

The overarching aim of this study is to explore the realities regarding the implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012* (LESHAP 2012). In Chapter 4, I conducted a critical policy analysis of the LESHAP 2012. This I did to ascertain myself about particular policy directives imperative for a smooth and successful implementation of the LESHAP 2012. The objective of this chapter is to investigate the implementation of the LESHAP 2012 in actual primary school settings. To do this I will firstly and briefly elaborate on the research design that I used and my data analysis method. Thereafter I will report on and discuss my findings about the realities regarding the implementation of the LESHAP 2012.

5.2 Research design

In this study I adopted the qualitative research approach (cf. 1.5.2) and, in line with this approach, I opted to use individual semi-structured interviews as a data gathering method. As data gathering sites, I selected three schools in the council of Mashaleng F02, found in the constituency of Qhalasi Number 57 within the district of Moleleke, Lesotho. As indicated previously (cf. 4.4.1), schools in Lesotho are owned by various proprietors, of which churches are very important role-players. Hence, two of the schools that I have selected, belong to prominent churches in Lesotho, whilst the third school belongs to the government of Lesotho (GOL). I chose these schools purposely, as they belong to major proprietors who have a tremendous impact and influence on Lesotho education, its policies and the management of schools.

5.2.1 Method of data collection

From the three primary schools, I interviewed a total of nine people, comprising three members of the school boards, three principals and three teachers. These participants were selected through the purposive method of participant selection, which is a method that entails intentionally selecting people on the basis of their knowledge of a particular subject (cf. 1.5.3.4). In this case, the respondents' perceived knowledge of the implementation of school policies made them eligible for selection.

During the individual semi-structured interviews open-ended questions (cf. Appendices A, B and C) were posed to the respondents. The purpose of the interviews was to gain insight into the implementation of the LESHAP 2012. Findings from the interviews formed the basis on which I explored the realities regarding the implementation of the LESHAP 2012.

All interviews were audio recorded, with permission from the participants. Each interview lasted approximately 45 minutes. At home I immediately transcribed the interviews in order not to lose any information. An interview transcription entails converting the verbal discourse into a written form of discourse (Kvale, 2007:93). Some participants preferred to conduct the interviews in Sesotho (the home language in Lesotho). These interviews were, firstly, transcribed and thereafter translated into English. To ensure the trustworthiness of the translations and transcriptions, I went back to the participants and asked them to read through my transcriptions and translations to ensure that my transcriptions and translations were true and honest reflections of their responses. Regarding the translations, I also used a Sesotho specialist to ensure that the translations were done correctly. Upon transcribing the interviews, I analysed them.

School	Date of interview
School A	15 September 2016
School B	16 September 2016
School c	22 and 23 September 2016

Dates of first interviews at primary schools.

School	Date of interview
School A	10 April 2017
School B	12 and 24 April 2017
School C	14 April 2017

Dates of second interviews at primary schools

5.2.2 Participant selection

In this study I interviewed nine respondents. Seven of the respondents were females and two were males. These participants are school board members, principals and teachers.

The school board members have a vast experience of school governance, as they have served their schools for a period ranging between four and five years. Likewise, the principals (as school managers) and the teachers are well experienced (ranging from 5 to 16 years, and 11 to 22 years respectively).

Three respondents preferred to answer the questions in Sesotho – the vernacular used by the Basotho people – whilst the rest of the respondents used English.

The rationale behind the selection of the respondents is because school boards in Lesotho schools are established in terms of the *Education Act 2010*, Part V, Section 23(1), which states that “a school shall be governed by a school board”. It is consequently imperative that the views of the school board members regarding the implementation of the LESHAP 2012 in actual school settings are included in this study. It is equally important that the voices of principals, who are primarily responsible for the organisation, management, day-to-day running and leadership of the school (Lesotho Education Act, 2010:Section 21 (a) and (b)), and those of teachers be heard. It is assumed that, given their responsibilities and the significance of education in the fight against HIV/AIDS, these respondents will have knowledge about the LESHAP 12 or its implementation in their schools.

5.2.3 Interview grid

The interview grid that was used, comprised 11 semi-structured questions. Due to the nature of their responsibilities, respondents were not all asked the same questions; rather, particular questions were posed to particular participants (cf. Appendixes, A, B and C). An additional 11 questions were asked in follow-up interviews to all the respondents (cf. Appendix D).

The questions asked during the interviews could be categorised into the following four broad themes that have sub-themes under:

- the impact of HIV/AIDS;
- the school environment;
- guiding principles and factors critical for policy implementation; and
- the supporting environment for the implementation of the LESHAP 2012.

This categorisation was selected so that the themes could be applied across the different sectors of the participants. I subsequently present the responses of the different participants.

5.2.4 Data analysis

The main purpose of this study is to answer the question: **What are the realities regarding the implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012*?** The study is informed by constructivism that is underpinned by the qualitative approach to research (cf. 1.5.2). For that reason, the data that I collected through the interviews will be analysed using qualitative data analysis methods.

According to Maree (2007:245) qualitative data analysis is:

[i]nterpretive research in which you make a personal assessment as to a description that fits or themes that capture the major categories of information. The interpretation that you make of a transcript, for example, differs from the interpretation that someone else makes. This does not mean that your interpretation is better or more accurate, it simply means that you bring your own perspective to your own interpretation.

What can be deduced from the foregoing extract is that researchers are at liberty to make their own interpretations of the findings, based on their own understanding of the data collected. The researcher is therefore central to data analysis, as he or she must ensure that raw data is accurately and meaningfully converted into a dense and clear description (Henning, Van Rensburg & Smit, 2004:6). My choice of data analysis method is further informed by the potential of qualitative data analysis methods to yield rich descriptions of collected data (Gibbs, 2007:4). In this regard, I opted to follow a thematic data analysis strategy. I acknowledge that my interpretations in this case are not necessarily better than those of other people; rather, they represent my view of the findings of this study.

5.2.5 Ethical considerations

In Chapter 1 (cf. 1.6) I have indicated the ethical considerations that I regard as important and relevant in order to protect the participants and maintain the integrity of the study. I applied for ethical clearance from the Ethics Committee of the University of the Free State. The Ethics Committee approved my application on 15 June 2016 and I was allocated an ethical clearance number [UFS-HSD2016/0334] (cf. Appendix F). In addition, I also applied for permission to conduct research at particular schools in Lesotho, particularly in the district of Mphahlele's Hoek (cf. Appendix G), and this was granted to me by the Senior Education Officer from the district of Mphahlele's Hoek (cf. Appendix H).

Furthermore, I also contacted the school principals of the different schools where I planned to conduct the research. The principals as well as all the participants not only gave verbal permission to take part in the study, but also signed consent forms after I had explained to them the aim of the study and the various ethical aspects applicable to the study (cf. Appendix J).

As part of my responsibility to protect the participants, I asked permission to record the interviews. Conversely, some of the participants were not comfortable to be audio recorded. I managed to convince the participants that their recordings would be safe

and would not end up in the wrong hands. As such, they granted me the interviews and allowed me to audio record them.

I decided not identify the respondents to further protect the identities and the names of their schools. In addition, I did not link any participant to a particular school, nor to a proprietor, as a means to ensure that the identities of the schools and the respondents are not compromised.

What follows, is the presentation of the data.

5.3 Data presentation

5.3.1 Impact of HIV/AIDS on education and schools

Respondents agreed that HIV/AIDS has an impact on the education system and that this impact is rather negative (*“It has got a very negative impact...”; “HIV/AIDS affects... the children’s education”).* Some participants even described HIV/AIDS in education as a pandemic (*“HIV and AIDS in education is a pandemic that affects pupils’ education”).*

It also seems that because of HIV/AIDS, quite a number of learners are orphaned and they are heading the households (*“We have so many orphans”; “...more pupils here at school are orphans...”*)

Absenteeism, hunger and a lack of basic needs like school uniforms seem to be some of the challenges schools are faced with due to HIV/AIDS (*“...on certain days, some learners will not be available or they will arrive at school after lunch because it is their time to go get medication or something”; ...sometimes they miss school as to look after those who are at home”; “Some... come to school without food and no uniform...”*).

Ultimately, in some cases learners drop out of school (*“Sometimes learners don’t finish their school career”).*

From the above it appears as if education in Lesotho is seriously affected by HIV/AIDS. It seems that many learners are orphans who, in some cases, have to take care of their siblings, whilst in other cases, their basic needs like food and clothing are not provided for. This eventually results in many learners dropping out of school.

5.3.2 Training in HIV/AIDS

Whilst some participants indicated that they have been trained on issues pertaining to HIV/AIDS (*Yes, I have. It was two years back...*; *I have received training on HIV/AIDS a long time ago*), others indicated that they had never been trained (*I have never attended any*; *Not at all*).

About the nature of the training, it appeared to have been focusing on various aspects of HIV/AIDS (*The training was on how we can assist the learners in our care to avoid contracting this disease and being in danger*; *...I was trained as a lay counsellor in school*).

Respondents who had never been trained, indicated that they were willing to undergo such training if it is offered (*I would like to attend very much*; *It is important as it will equip me on how as an individual I can avoid being infected by this pandemic...*).

What transpired from the interviews is that not all respondents have received training in HIV/AIDS. In addition, it also seems that training in Lesotho is sporadic and not regularly offered. A willingness to participate in training is also detected by those respondents who have not previously been trained.

5.3.2.1 Knowledge about the LESHAP 2012

In general, most of the respondents appear not to be aware of or have any knowledge of the LESHAP 2012 (*No, I don't know it, honestly*; *No*; *Not yet*; *I have never read it*).

Although one respondent indicated to have heard about the LESHAP 2012, the respondent did not have a copy thereof and has never read or seen it.

It appears that, despite it being promulgated in 2012, the LESHAP 2012 has not been disseminated to schools in Lesotho.

5.3.2.2 Training on the implementation of the LESHAP 2012

Although respondents indicated that they were not aware of the existence of the LESHAP 2012, I still asked them about the implementation of HIV/AIDS policies in Lesotho schools and the assistance they get from the MOET regarding the implementation of such policies.

In this regard, respondents indicated that they had never been trained on the content of the LESHAP 2012 or on its implementation (*"...we know nothing about its implementation"; "We have not received any training on the implementation of 2012"; "MOET has never brought the policy to the school or talked about it in any of our meetings. In fact except for you, I have never met another person who knows about this policy"*).

Respondents were also asked the extent to which the MOET is monitoring or evaluating the implementation of the LESHAP 2012. Here respondents suggested that they had no knowledge about the monitoring or evaluation of the implementation of the policy (*"MOET does not assist us in any way... the Ministry of Health gave us the first aid kit a long time ago"; "At our school MOET is not evaluating or monitoring the implementation of the LESHAP 2012 because they have not given us that policy"*).

When it comes to the fight against HIV/AIDS, it seems that in schools, the Ministry of Health plays a much bigger role than the MOET (*"Ministry of Health is the only one that assists us with health-related issues. They come to school and talk to learners about HIV and other sexually transmitted diseases. MOET does not even accompany the people from Ministry of Health when they come here"*).

The supposition that can be made from these responses is that these educators in Lesotho have never been trained on the content and the implementation of the LESHAP 2012, and that the MOET is not monitoring or evaluating the implementation thereof.

5.3.2.3 Implementation of the LESHAP 2012

Even though respondents appear never even to have heard of the LESHAP 2012, their opinion on whether it could be effectively implemented, was asked. Some respondents said that they were positive that it would be and they suggested that they saw no reason why it could not be effectively implemented (*I don't think there might be any challenges because we have the support groups at homes and around the villages who are already talking about this*”; *There are these NGOs like LENASO that come to our school and talk to the kids about it*”; *Yes it can be implemented effectively*”).

However, other respondents expressed reservations about the successful implementation of the LESHAP 2012 (*No... because the Government speaks about the condoms. Here, this church is not allowing us to talk about the condoms. They want us to teach the pupils that they should not do the sex before the marriage*”; *...the policy can guide me what to do and what not to do. But the matter is, are we going to follow what is expected of us*”?)

Although it seems that there are no challenges in schools that could possibly hamper the successful implementation of the LESHAP 2012, a way should be found to address some religious doctrines on sex and the use of condoms.

5.4 School-specific HIV/AIDS policy

Although some respondents appear not to have any unique or school-specific HIV/AIDS policies at their respective schools (*No I don't have...*”; *No we don't*”; *We do not have a policy document*”; *I don't know*), other respondents indicated that their schools do indeed have such a policy (*We have a church one and it encourages abstinence before marriage*”).

From the responses, it appears as if government-owned schools in particular do not have their own unique school-based HIV/AIDS policies, unlike church schools of which it was suggested that they are in possession of such policies.

5.5 Guiding principles and factors critical for the implementation of the LESHAP 2012

5.5.1 Mainstreaming HIV/AIDS content in schools

5.5.1.1 Mainstreaming HIV/AIDS content through the school curriculum

Respondents appear to not only be in favour of the inclusion of HIV/AIDS content in the school curriculum (*“Because we are currently living with this pandemic, everybody, starting with the children, should know about HIV and AIDS”; Yes, so that the learners will be able to take care of themselves and avoid being easily infected*), but it also seems that HIV/AIDS content is already part of the curriculum of Lesotho education (*“We have HIV Education programmes in our school. In each class, it has been allocated some time”; “Yes. Science, Health Science and Religious education”; “It appears from Grade One and just goes with the level of the learners, the understanding of the learners. The complexity of the information depends on the grade that they are in”*).

5.5.1.2 Mainstreaming of HIV/AIDS content through the culture of the school

Respondents also indicated that in their schools, issues of HIV/AIDS are variously brought to the fore (*“...we have a mission statement that encourages the teaching of life skills in order to ensure the wellbeing of our learners”; We also celebrate AIDS day at the end of November every year”; Our school vision also points to the fierce fight against the pandemic as we aim to have an HIV-free school by 2030*”).

When it comes to mainstreaming HIV/AIDS content, it appears that HIV/AIDS is already part of the curriculum of Lesotho primary schools, and that it is further implied and included in the vision and mission statements of some primary schools.

5.5.2 Distribution of condoms in school

Responses suggest that some respondents are in favour of the availability and distribution of condoms in school (“...*the availability of condoms might help...*”; “*It can be a good thing because they are already sexually active*”). However, other respondents have their reservations about the availability and distribution of condoms at school (“*I think it is problematic, I do not think it is an easy issue at all. This is because in some ways we are trying... to prevent the infections.... However, I find the distribution of condoms to learners as a way of encouraging them to freely have sex...*”; “...*I honestly feel threatened by that suggestion*”).

It further appears that some proprietors hold clear views about the use and promotion of condoms through schools (“*Here, [the] church is not allowing us to talk about condoms... the condom did not help the country, ...the church campaign is that we should teach the pupil that no sex before the marriage*”; “*We never encourage sex before marriage and we don’t even encourage sex... we do not talk about [condoms] we only encourage abstinence*”).

However, although some respondents expressed concern about the age of the learners at their schools (“*Since we are teaching the small learners, I don’t think they can help..., our learners are too small*”), others appear to consider it appropriate to already teach learners in primary school about condoms (“...*we are aware that some of the learners we are teaching at primary school, they are ready for sex, although they cannot say it*”).

The interviews revealed some contradictory views from the participants about the distribution and availability of condoms at school, with some proprietors having clear and unambiguous views on the value of condoms in the fight against HIV and AIDS.

5.5.3 Support to learners infected with or affected by HIV/AIDS

It appears that schools are supporting learners infected with and affected by HIV/AIDS in various ways (*"I give them the chance to go to the clinic"; "Sometimes we have a project at school, [where] we give learners money for transport and food when they are going for their check-ups"; "...we try to talk to them and try to approach the parents so that if the learner is affected, he or she should be free to ask, knowing that the teacher is the parent"*).

It seems that in their personal capacity, teachers also assist learners infected with or affected by HIV/AIDS (*"...teachers [also] collect money for shoes and food. There is another thing here, we [call] it 'back to school'. On that day, the teachers wear uniform and we collect the money so that we can help the orphans"; "Sometimes we [teachers] give clothes, sometimes we give them food"*).

Teachers, trained as lay counsellors, also seem to actively support the learners (*"...as a lay counsellor, I always advise the learners at my school that we should give support to those who are affected by HIV and AIDS"*).

However, it seems that the focus of support is primarily on the learners and that teachers and other employees are not supported (*"For the teachers we do not do anything"; "As for other employees we do not do anything"*).

It appears as if schools, in various ways, support and assist learners infected with or affected by HIV/AIDS. This support ranges from financial support to psychological support, as well as food and clothes.

5.5.4 Partnerships with other stakeholders

Respondents indicated that they were in partnerships with various educational stakeholders and service providers (*"We have a clinic next to the school and we work well with them. However, we have never invited people living with HIV"; "They assist*

us in dealing with HIV by giving the learners their medication”; “We have village support groups and home-based care nurses as our partners”).

However, it seems that not all schools have formed partnerships with other stakeholders (*“No we do not have any partnerships”; “We do not have such partnerships”).*

While some schools have partnerships with other organisations and institutions, there are those who do not have such partnerships.

5.5.5 Disclosure of HIV/AIDS status

From the responses it seems that prospective learners, teachers or employees are somewhat protected from disclosing their HIV/AIDS status (*“New teachers... are not asked to reveal their status”; “We do not ask learners to reveal their status before they are admitted to the school”; “Also employees are not expected to reveal their status before they can be hired or promoted”).*

While some schools encourage parents to reveal the status of their children (*“parents are advised to declare the status of their children so that we can assist them”; We ask them to let us know about the check-up dates so that we easily release the learners”),* other parents disclose that information voluntarily (*“...some parents and guardians come to school and tell us about the status of their children”).*

However, some responses also suggest that some parents are not disclosing the status of their children (*“You find that some parents do not come to school to report that their children have problems”).*

Responses further suggest that knowledge about their status sometimes impacts negatively on the performance of learners in schools (*“...In some instances another learner would have found out about their fellow learner’s illness from the village; such a learner usually reports the illness to the school authorities and that results in the ill*

learner not being comfortable at school and their learning in the classroom is also affected”).

From this it seems that schools would want to know the status of the learners in order to provide assistance to such learners. However, it also seems that some parents do not disclose the status of their children, whilst learners would prefer the information on their HIV/AIDS status not to be disclosed to the school.

5.5.6 Access to information

Respondents indicated that they use various strategies to disseminate additional information about HIV/AIDS to the learners and employees in their schools (*“The lay counsellors always talk to the learners and the teachers”; “...we also use posters in the class to disseminate information”; “There are teachers selected to teach children about infectious diseases that include HIV/AIDS”).*

However, certain assumptions about learners’ knowledge of HIV/AIDS were also detected (*“The learners at our school are very knowledgeable about HIV”).* Similar assumptions about teachers are being made (*“We assume teachers already know about HIV”).*

In some cases, respondents assumed that learners and teachers have certain knowledge about HIV/AIDS.

5.5.7 Involvement of stakeholders in decision-making at school

The participants indicated that parents and other stakeholders were not involved in decision-making at school, especially as far as HIV/AIDS is concerned (*“Not much. Parents here are reluctant to even attend meetings”; “The parents are not included at all”).* Similarly, indications are that learners are also not taking part in decision-making structures (*“Our learners are just recipients of information. They are not active at all”; “Even the learners are not included”).*

Indications are further that in some schools, parental involvement is limited only to the dissemination of information, but not as decision-makers (*“We called a parents’ meeting... to inform them about what we teach the learners here at school about HIV/AIDS. We also asked them to talk about this thing in their homes and villages”*); *“We held a meeting with parents to encourage them to talk to their children about HIV and to encourage them to abstain from sex before marriage”*).

From the above it is inferred that neither learners, nor parents or other stakeholders are actively involved in decision-making, awareness, advocacy or education programmes on HIV/AIDS in the schools.

5.5.8 Minimising the risk of HIV transmissions at school

Indications are that schools use various ways to reduce the risk of HIV transmission at school and so prevent further infections (*“We teach learners to use gloves or plastics that do not have holes when they touch blood. We also teach them to avoid picking used razor blades or cutting their hair sharing a razor blade with others”*; *“I have also made teachers and learners aware that if they accidentally contact infected blood, they should rush to hospital or a clinic before 72 hours to get a pill that prevents them from contracting HIV”*).

Only one school appears to be in possession of a first aid kit (*“We also have a first aid kit, although its contents are now diminishing and we do not have resources to replace the finished ones”*).

Schools appear to be sensitive to the potential of transmitting HIV/AIDS in school and they, therefore, educate learners and teachers about various preventative strategies.

5.5.9 Knowledge about PEP

Respondents do not seem to have knowledge about or of post-exposure prophylaxis (PEP) (*“I only know that it has to do with rape victims, I do not know much about it”*; *“I have only heard that it is a pill given to rape victims”*).

When probed about their knowledge of PEP some participants were ignorant about it, while others only know that it is a precaution used for rape victims.

5.5.10 Culture and the fight against HIV/AIDS

Participants indicated that certain cultural practices promote the spread of HIV/AIDS (*“Culture plays a significant role as some of the people infected with HIV believe it is witchcraft. As such, they do not go to health centres but consult traditional healers that claim to have medicine that boosts CD4 count. These healers also use one razor blade for all their patients and this further spreads HIV”; In this area there are people who like polygamy a lot and it promotes the spread of HIV”; “The problem is that in some areas the brother of a deceased person marries their widow. This is a problem as sometimes the husband died due to HIV and this promotes the pandemic...”*).

Furthermore, participants also indicated that they are somewhat prohibited by culture from talking about HIV/AIDS-related topics like sex (*“Culturally we are not supposed to talk to children about sex”*). However, it seems that despite this and the fact that they find it difficult, teachers are talking to learners about sex (*“But because of this disease, we are forced to and it is very difficult”*).

Despite their concerns about the impact of culture on the spread of HIV/AIDS, some teachers displayed a particular concern with certain cultural practices which appears now to be challenged by government (*“...the Ministry of Health asked the schools to assist them when they had their circumcision campaign, so we had to talk to learners about being circumcised in hospitals, not initiation schools. This exercise that we did was against our culture, which encourages that men should be circumcised at initiation schools”*).

Participants were also of the view that cultural and community leaders do indeed have a role to play in assisting education in realising its aims and objectives as far as the LESHAP 2012 is concerned (*“Our leaders can assist by talking to people about the disease” “...our leaders can help by talking about HIV in churches, at Pitso’s and at*

their political rallies”; “Our traditional and political leaders should talk about the disease at their gatherings. The religious leaders should talk to their congregants about the pandemic”).

It seems that certain cultural practices do indeed play a role in the spread of the HIV pandemic. Responses suggest that traditional, political and religious leaders can play an important role in creating awareness about the pandemic and on the LESHAP 2012, if they have the policy.

5.5.11 Safe, supportive and accepting environment

Respondents appeared to be very confident about the safety, support and acceptance that learners, teachers and employees living with HIV/AIDS are supposedly getting at their schools (*“...the school has a supportive and accepting environment because there are parents who inform the school about the status of their children”; “...many parents and guardians trust us enough to tell us the status of their children”; “...the counselling we give to affected and infected learners, and the information we give on the pandemic show that we support those affected and infected...”*).

It therefore appears that some schools in Lesotho are providing a safe, supportive and accepting environment for learners infected with or affected by HIV and AIDS.

5.5.12 Stigmatisation and discrimination

The responses of the participants suggest that learners, teachers or employees are not discriminated against or stigmatised at school (*“...learners at the school are treated in the same way and there is no stigma or discrimination against them”; “There is no discrimination of those affected”*).

5.5.13. Catering for the needs of all children equally

Indications from the responses are that schools do not differentiate when it comes to the treatment of boys and girls, or males and females infected with HIV/AIDS (*“I do not think their needs are different, so here at our school we treat them in the same*

way”; “No. I believe learners are all the same so I treat them in the same way”; “No. We do not treat boys and girls differently or affected and infected learners differently because we want to avoid stigmatising or discriminating against them. We believe all children are the same, irrespective of their HIV status”).

5.5.14 Support from the Ministry of Education

From the responses it seems that the participants require particular assistance from the Ministry of Education and Training (MOET) in order to strengthen the fight against HIV/AIDS (“I think if we can distribute things like hand gloves...”).

Participants also expressed a need for more and regular training to learners, parents and teachers respectively (“The Ministry can assist by training learners especially on the dangers of smoking dagga [because] when they have smoked dagga they are uncontrollable and they end up doing things that put their lives in danger”; “They should teach [and] they should give parents skills about this”; “I think they should train teachers [and] AIDS education should be intensified, in the villages ...and public gatherings”; “I do think that regular workshops to the teachers and the parents will work”).

Particular recommendations to assist schools to reduce learner absenteeism due to HIV/AIDS, were also made (“They should communicate with the Ministry of Health so that at schools where there are learners with HIV/AIDS, they may be provided with their drugs at schools so that they won’t be absent at schools”).

Certain proposals were made by some participants as to what could be done by the MOET to strengthen the fight against HIV/AIDS in schools and through education (“... [The MOET] should keep on developing strategies that would ensure that learners gain knowledge on HIV and AIDS”; “In every public gathering there should be people who will always be talking about HIV. It should be our daily subject. It should not just be taken seriously once in a while when we have been scared by the announcement of statistics... No, it must be an everyday thing”; “...they, [must] talk about it on the TVs, radios. They must go to the villages and talk to every family”).

However, some respondents also appear to be frustrated with the lack of support they get from the MOET (“...as it stands now, we are not getting any support from MOET and the fight against HIV is not as effective as it should be”; “It could, but our Ministry is not useful. They do not monitor anything. If MOET could have personnel dedicated to the dissemination and implementation of LESHAP 2012 maybe we could make a positive contribution towards the fight against HIV/AIDS as Lesotho schools”).

5.5.15. Possible impact of the LESHAP 2012 on HIV/AIDS in Lesotho schools

Some participants believe that the LESHAP 2012 can contribute towards the fight against HIV/AIDS (“I think so. The country is facing a crisis and I believe the LESHAP 2012 can assist...”; “My understanding is that schools can be effective in the fight against AIDS”; “From what you have told me about the policy I believe if it can be given to schools we can use it to help in decreasing HIV in Lesotho...”).

However, other participants have reservations about the potential of the LESHAP 2012, and thus education, in contributing towards the fight against HIV/AIDS (“No. Because we do not have it in schools and we do not know what it says schools should do to assist in decreasing HIV”; “No, because as the relevant stakeholders, we do not know about it and we are unable to ensure that it is implemented effectively in our schools”; “I do not know what the policy says, so I am not sure if it can be helpful in the fight against HIV in Lesotho”).

The responses gathered were quite diverse. There are participants who do not believe that the LESHAP 2012 can contribute towards a reduction in HIV prevalence in Lesotho because it has not been distributed to schools. However, some participants believe that the LESHAP 2012 can play a vital role in decreasing HIV in Lesotho, provided it is implemented in the schools.

What transpired from the above data, is that HIV/AIDS does have a particular impact on education in Lesotho and on the education of the Basotho children. Teachers, school board members and principals realise and understand both the urgency of the

role of education in the fight against HIV/AIDS and the need for education to implement relevant policies in schools and education. However, despite this, the vision of the MOET to effectively contribute towards the eradication of HIV/AIDS in Lesotho seems to be hampered by the lack of a proper implementation of the LESHAP 2012.

5.6 Conclusion

In this chapter, I reported on the views of the various participants, as was elucidated during interviews. This chapter aimed at exploring the realities of regarding the implementation of the LESHAP 2012. The interviews were guided by particular questions informed by the literature review as well as the policy analysis. These questions were aimed solely at answering the research question.

In what follows in the next chapter, is a consolidation of my research findings. These findings will be presented and discussed against the background of the literature and the requirements and directives of the LESHAP 2012. From this presentation the extent to which the LESHAP 2012 is implemented, will be derived and a conclusion to that effect will be made.

CHAPTER 6

CONCLUSION AND COMMENTS

6.1 Introduction

The Basotho people of Lesotho are affected by HIV/AIDS in various ways. Not only is the education system affected, but HIV/AIDS also threatens to bring to a halt the development of the country. It is against this backdrop that the Lesotho government developed comprehensive and inclusive plans and strategies to try and eradicate the impact of HIV/AIDS on the country and its people. In response to the vision of the government of Lesotho, the MOET developed the *Lesotho Education Sector HIV and AIDS Education Policy 2012* (LESHAP 2012). With this policy, the MOET hoped to contribute towards the eradication of HIV/AIDS. However, latest indications are that Lesotho has the second highest number of HIV/AIDS infections in the world (cf. 1.1). What is also worrisome, is that most of those infected in Lesotho appear to be young people between the ages of 15 and 49 years (cf. 1.1).

I acknowledge that the promulgation of the LESHAP in 2012 will not already have had an impact on HIV/AIDS transmission and infections; however, the urgency with which the government, and particularly the MOET, respond to the plight, will have an impact on future infections. It is against this background that this study aimed:

to explore the realities regarding the implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012 in primary schools*.

In addressing this aim, I adopted the following objectives:

To assess the nature and impact of HIV/AIDS in general and with regard to education in particular. This aim was achieved in Chapter 2, and in this regard I conducted a literature review. The literature review revealed that sub-Saharan Africa is the region most affected by HIV/AIDS in the world (cf. 2.2). Also, literature indicates

that HIV/AIDS has a particular socio-economic and socio-political impact on countries in general and on education in particular (cf. 2.4.1, 2.4.2 and 2.4.3).

In addition to this, I also set out **to establish how particular countries within the SADC region, which Lesotho is part of, respond to HIV/AIDS through their education systems.** In this regard, I investigated the education systems of Botswana and South Africa. I particularly chose these two countries because of their perceived successes with regard to the fight against HIV/AIDS. In this regard, various strategies that Botswana applied, also in and through education, contributed towards a decrease in the national number of HIV/AIDS infections (cf. 3.2.1.2.4). Similarly, indications are also that the number of HIV/AIDS infections in South Africa dropped significantly over the past years (cf. 3.2.2.2). My findings in this chapter therefore suggest that both Botswana and South Africa are quite active and reactive in their fight against HIV/AIDS. In these countries, elaborative policy frameworks exist, which appear to be effectively implemented. These countries also have clearly articulated plans and policies that reflect and guide the educational response to HIV/AIDS. This objective was achieved in Chapter 3.

Additionally, in Chapter 3 I also explored Lesotho's macro policy framework, aimed at fighting HIV/AIDS both nationally and in the education sector. In this respect, I discovered that Lesotho also has particular macro policies which are supposed to inform and direct the national response to and fight against HIV/AIDS, including that of the education sector or the LESHAP 2012.

In Chapter 4, I engaged in a critical policy analysis of the LESHAP 2012. In this chapter I looked at the context, content and consequences for policy implementation of the LESHAP 2012. This analysis was informed by my objective, which was **to critically analyse the Lesotho Education Sector HIV and AIDS Policy 2012.** This policy analysis revealed the existence of various directives and prerequisites which education and schools in Lesotho should comply with in order to effectively contribute towards the fight against HIV/AIDS. These directives are framed against particular guiding principles and factors critical for effective policy implementation. These directives and principles place a particular responsibility on the education sector and

on schools to ensure not only the implementation of the LESHAP 2012, but also that education effectively contribute towards the fight against HIV/AIDS.

Furthermore, in Chapter 5 I investigated the perceptions about the **implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012* in actual primary school settings**. For this purpose, I conducted semi-structured interviews with school board members, principals and teachers to get their views on, understanding of and knowledge about the extent that the LESHAP 2012 is being implemented in their respective schools. Whereas the previous chapters addressed the theoretical perspectives of the study, the semi-structured interviews gave insight into what actually happens in the schools with regard to the implementation of the LESHAP 2012, as perceived through the experiences of the education stakeholders.

In this chapter conclusions and comments on the realities regarding the implementation of the LESHAP 2012 will be made and drawn, based on the findings of the previous chapters. My contention is that the knowledge about realities regarding the implementation of the LESHAP 2012 in actual school settings will not only inform effective policy implementation and future policy evaluation, but might also significantly contribute towards the fight against HIV/AIDS.

6.2 Summary of the findings

The question that I intend to answer with this study is:

What are the realities regarding the implementation of the LESHAP 2012 in primary schools?

In what follows, I present my findings on the realities regarding the implementation of HIV/AIDS. In this presentation I consolidate the findings from the previous chapters in order to make sensible deductions from and relevant recommendations about the implementation of the LESHAP 2012.

As such, I present my findings under the following headings:

- Impact of HIV/AIDS

- The school environment
- Partnerships in the fight against HIV/AIDS
- Guiding principles
- Factors critical for policy implementation
- Support to schools

6.2.1 Impact of HIV/AIDS

From the literature review, it is apparent that HIV/AIDS negatively impacts on human life (cf. 2.4). In Africa, particularly sub-Saharan Africa, this pandemic is regarded as the biggest disaster that has ever affected human beings' health, as well as their economic, social and political wellbeing (cf. 2.4).

Apart from its socio-economic and political impact, HIV/AIDS also has an impact on education world-wide (cf. 2.4.1, 2.4.2 & 2.4.3), and on education in particular African countries (cf. 2.4.3).

Findings from Lesotho confirm that HIV/AIDS also impacts variously and significantly on the socio-economic as well as the political realities of Lesotho (cf. 5.6.1). In addition to this, participants also indicated that HIV/AIDS negatively affects the education of Lesotho and that of the Basotho child (cf. 5.6.1). These range from adverse poverty and an increased number of orphans, to absenteeism from school and a lack of basic necessities like clothes, food and school uniforms (cf. 5.3.1).

It is my contention that, in conditions like this, effective teaching and learning is not possible, and learners who are infected with or affected by HIV/AIDS will eventually drop out of school. This in itself will contribute to higher unemployment rates in Lesotho and will inevitably impact on the development of the country and its people.

6.2.2 The school environment

Governments across the world have a particular responsibility to put various mechanisms in place to respond to the demands of HIV/AIDS in their countries (cf.

2.6). Likewise, the Lesotho government has a responsibility to improve the quality of life of its citizens (cf. 3.3.2.5). As such, and as a societal structure, education has to play an effective part in contributing towards the fight against HIV/AIDS.

Particular SADC countries, such as South Africa and Botswana, recognise the significant role education can play in eradicating HIV/AIDS (cf. 3.2.1.2 & 3.2.2.2). The government of Lesotho also acknowledges that education is vital in reducing the number of infections and the impact of HIV/AIDS on the Basotho people (cf. 1.2). However, challenges that education in Lesotho faces due to HIV/AIDS seems to thwart effective teaching and learning in Lesotho schools. This, in effect, could potentially minimise the positive impact education could and is supposed to have on HIV/AIDS. In addition, what is explicitly written in a policy, is just as important as what is not written and it might equally impact on the effective implementation of a policy because this all affects the reading and interpretation of the policy (cf. 4.3). For that reason we should be conscious and also look into how else the policy could have been written (cf. 4.3.1).

6.2.3 Training in HIV/AIDS

The literature review reveals that training is an important aspect of the fight against HIV/AIDS and that it is necessary to train teachers and all relevant stakeholders on issues pertaining to HIV/AIDS (cf. 2.7).

In Botswana, a programme named the *Teacher Capacity-Building Programme* was introduced in order to equip teachers with skills that could be utilised in the fight against HIV/AIDS in schools (cf. 3.2.1.2.3). Similarly, in South Africa teachers were trained on the effective implementation of the *Integrated School Health Policy 2012*, so that they would be well prepared to implement the South African HIV/AIDS Policy (cf. 3.2.2.6).

The LESHAP 2012 provides for accredited training of staff at all levels of the education sector on HIV/AIDS (cf. 4.3.2.3).

However, with regard to the situation in Lesotho, it became apparent that some participants had never been trained on any HIV/AIDS-related aspects, and that those who had been trained, received their training some years ago (cf. 5.3.2).

With regard to the training of stakeholders and the communication and dissemination of the LESHAP 2012, the policy refers to consultation and social dialogue as one of the critical factors for the successful implementation of the LESHAP 2012 (cf. 4.3.3.1). The implication is that the relevant stakeholders should be engaged in consultation and social dialogue in order to ensure the successful implementation of the LESHAP 2012. Moreover, the LESHAP 2012 alludes that people are entitled to “factual” and “relevant” information (cf. 4.3.3.1). This implies that the MOET (or its partners) is the agency that should be responsible for the dissemination of such information.

However, participants indicated that they had not received any form of training regarding the implementation of the LESHAP 2012 (cf. 5.3.2.2). In fact, some participants did not even know that the policy existed (cf. 5.3.2.1).

It should be noted that the education system in Lesotho involves various stakeholders, including the church, the government and the parents (cf. 4.4.4.3). As such, due to the diverse beliefs held by churches and the parents, the LESHAP 2012 suggests that each educational institution should have its own policy that is relevant to its unique context. This policy should, however, be guided and informed by the LESHAP 2012 and the policy directives of the MOET (cf. 4.3.3.3).

Conversely, the interviews conducted with school board members, principals and teachers indicated that such policies do not exist in schools, except for one school that stated it had a policy that had been developed by its proprietor (cf. 5.4).

It can be insinuated that training on HIV/AIDS could be vital in the fight against this pandemic. As such, it is necessary for Lesotho to ensure that relevant stakeholders are trained in order to strengthen the country’s efforts in the fight against HIV/AIDS and to ensure the effective implementation of the LESHAP 2012.

6.2.4 Guiding principles

To strengthen its response to HIV/AIDS, the government of Lesotho, through the Ministry of Lesotho, developed the *Lesotho Education Sector HIV/AIDS Policy 2012* (LESHAP 2012). This policy is fundamentally aimed at guiding the Lesotho educational response to HIV/AIDS, and is primarily geared towards prevention, access to treatment, care and support, implementation and monitoring at all levels of the education system (cf. 4.3.2.3).

a) Access

Access to healthcare, information and services is regarded of the utmost importance in the fight against HIV/AIDS (cf. 2.4.3). In this regard, Botswana and South Africa also promote access as an important principle of HIV/AIDS (cf. 3.2.1.2.2 & 3.2.2.5).

The *Constitution of Lesotho* (1993) guarantees access to improved health services for the Basotho (cf. 3.3.1). It is assumed that this stipulation guarantees access to good and appropriate medical treatment and care to all Lesotho citizens, including learners, teachers and other employees in the education sector. In addition, the *Constitution of Lesotho* (1993) (cf. 3.3.1) and the Lesotho Education Act (cf. 3.3.2.4) also guarantee access to education, and state that at primary level the education should be free and compulsory.

In Botswana, access to information is facilitated through media such as television sets that have been given to schools (cf. 3.2.1.2.4). Similarly, the LESHAP 2012 proposes that there should be access to care, treatment and support, access to education and access to information (cf. 4.3.2.3).

From the responses of the participants, it became evident that learners do indeed have access to medical treatment and support (cf. 5.5.3). The participants also indicated that regarding access to information, the learners only get that which is prescribed in the curriculum (cf. 5.5.6).

Additionally, the interviews revealed that the HIV status of learners is not used as a barrier for their enrolment into schools and that learners are enrolled irrespective of their HIV/AIDS status (cf. 5.5.5). Learners therefore do have access to education.

Although it appears from the interviews that learners do have access to information, this access appears to be confined to what is prescribed in the curriculum and, thus, disseminated in the classrooms and to what is presented by the lay counsellors (cf. 5.5.6). Elaborate and additional information seems not to be provided by some schools.

b) Equity

With regard to the principle of equity, the *Constitution of Lesotho* (1993) (cf. 3.3.1), stipulates that there shall be equality and justice for all its citizens. It further stipulates that the rights of marginalised and disadvantaged groups will be protected (cf. 3.3.1). Furthermore, the Constitution also prohibit the development of discriminatory policy documents (cf. 3.3.1).

The LESHAP 2012 aims at promoting equity by advancing the protection of learners, teachers and other employees in the education sector from stigma and discrimination (cf. 4.3.4.3), and also by promoting fair labour practices, gender responsiveness and sensitivity (cf. 4.3.4.3). The interviews conducted in this study revealed that in some Lesotho schools, learners, teachers or employees are not discriminated against due to their HIV/AIDS status (cf. 5.5.12).

However, when it comes to the issue of gender responsiveness, participants declared that they do not consider the learners to be different, based on their gender. As such, participants mentioned that HIV-positive male and female students get the same treatment at their schools (cf. 5.5.13). This is contrary to the stipulations of the LESHAP 2012, which suggest that males and females, or boys and girls who are infected with or affected by HIV/AIDS should be treated differently because the disease has a different impact and effect on the different sexes (cf. 4.3.2.3).

c) Participation

From the literature review, it became apparent that HIV/AIDS requires a collaborative response and that participation and the formation of partnerships with various stakeholders could yield positive results (cf. 2.5). South Africa and Botswana also recognise the value of partnerships in the fight against HIV/AIDS (cf. 3.2.1.2.1 & 3.2.2.5). Similarly, in its macro policy framework, the government of Lesotho expresses the ideal that partnerships should be formed across the country to collaboratively fight against HIV/AIDS (cf. 3.2.3.1).

The LESHAP 2012 not only encourages schools to form partnerships with other societal institutions (cf. 4.3.2.3), but also promotes active participation in decision-making and the involvement of various stakeholders in matters related to HIV/AIDS in schools (cf. 4.3.2.3). In particular not only does it encourage the involvement of people living with HIV/AIDS when dealing with issues related to this pandemic (cf. 4.3.2.3), but it also states that learners should be involved in decision-making (cf. 4.3.2.3).

With regard to what is happening in schools, the participants revealed that in some schools, partnerships with other societal institutions, like the local clinic and the Ministry of Education, do exist (cf. 5.6.8). However, it appeared to not be the case in all the schools involved in the study (cf. 5.6.8). With regard to the involvement of people living with HIV/AIDS and learners, participants indicated that they do not explicitly involve people living with HIV/AIDS in any school programme (cf. 5.6.8). Similarly, with regard to the involvement of learners, participants indicated that learners are not involved in decision-making at school (cf. 5.5.7).

d) Safety and security

Safety and security are globally recognised HIV/AIDS principles (cf. 2.6). Equally, in South Africa and Botswana these two principles are valued and promoted (cf. 3.2.2.2 & 3.2.1.2.1) as significant to reduce the impact of HIV/AIDS.

The *Constitution of Lesotho* (1993) stipulates that Lesotho has a mandate to safeguard the safety and security of her people by establishing policies that are aimed at the prevention, treatment and control of diseases and epidemics (cf. 3.3.1). The

Constitution of Lesotho (1993) also states that workplaces and, in this case, schools, should be safe and healthy (cf. 3.3.1).

The LESHAP 2012 recommends that workplaces and learning areas should be safe and secure (cf. 4.3.2.3). In addition, it further articulates a need for schools to develop their own institutionally based HIV/AIDS policies (cf. 4.3.2.3). To further guarantee the safety of learners, teachers and employees, the LESHAP 2012 directs that institutions should adhere to implementing universal infection control precautions and post-exposure prophylaxis (PEP) (cf. 4.3.2.3).

From the interviews it appears that participants regard their schools to be safe and secure places (cf. 5.5.11). However, despite policy directives about context-specific school policies, respondents indicated that their schools do not have unique and specific school-based HIV/AIDS policies (cf. 5.4). Furthermore, although some participants indicated they try to adhere to universal infection precautions on HIV/AIDS, the majority of the participants displayed limited knowledge about PEP and its value in the fight against HIV/AIDS (cf. 5.5).

e) *Privacy and confidentiality*

Privacy and confidentiality are recognised across the world as relevant and significant principles which not only protect those infected with or affected by HIV/AIDS, but also provide in their safety and security (cf. 2.3.1).

The *Constitution of Lesotho* (1993) advocates for the provision of education aimed at the development of human personality and dignity (cf. 3.3.1). By implication, the *Constitution of Lesotho* (1993) aims at protecting the privacy and confidentiality of Lesotho citizens.

The LESHAP 2012 underscores the principle of privacy and confidentiality by indicating that every person, especially those infected with or affected by HIV/AIDS, is entitled to have privacy and confidentiality. In relation to his or her HIV status, the LESHAP 2012 declares that no person is obliged to declare his or her HIV status, and

that learners and employees should not be forced to take an HIV test or reveal their status (cf. 4.3.4.3).

The study established that the enrolment, recruitment, continued employment and/or promotion of learners and employees in the schools are in no way influenced by or dependent on their known or perceived HIV/AIDS status (cf. 5.5.5).

6.2.5 Factors critical for policy implementation

a) *Consultation and social dialogue*

Consultation and social dialogue assume that those affected by a decision should be involved and consulted through dialogue. Consultation and dialogue are regarded valuable processes to mitigate the impact of HIV/AIDS (cf. 2.7). In South Africa and Botswana policy documents, these processes are regarded characteristic of a democracy and imperative for the fight against HIV/AIDS (cf. 3.2.1.2.1 & 3.2.2.3).

In this regard, the LESHAP 2012 makes provision, through consultation and social dialogue, for the involvement of employees, learners, parents and relevant stakeholders in HIV/AIDS policy processes (cf. 4.3.3). However, contrary to the foregoing stipulation, the interviews indicated that there has never been any engagement between the schools and the Ministry of Education and Training in relation to the LESHAP 2012 (cf. 5.3.3.2). This is further suggested by some respondents who indicated that they were not even aware of the existence of the LESHAP 2012 (cf. 5.3.3.1). This is despite the fact that the LESHAP 2012 has been in existence for almost five years.

My analysis of the LESHAP 2012 has further brought to the fore some silences and omissions (cf. 4.5.1), which I contend, could further hamper the implementation of the policy.

Questions therefore have to be asked in terms of whom the MOET consulted and engaged with during the development of the LESHAP 2012 and the role that those

engaged are likely to have played in the development or the implementation of this policy.

b) Cultural and context sensitivity

Culture entails the customs, beliefs and certain behaviour of a society (cf. 2.6). Cultural practices that are followed in some countries, such as the inheritance of a wife and concurrent multiple sexual partners, are deemed as barriers to the effective fight against HIV/AIDS (cf. 4.3.1.1).

With the introduction of context- and culture-sensitive HIV/AIDS teaching material and information in Botswana schools, the Botswana government acknowledged the value and significance of culture in the fight against HIV/AIDS (cf. 3.2.1.2.4).

Similarly, in its *National Strategic Plan on HIV, STIs and TB 2012-2016*, South Africa recognises the role played by some cultural practices such as multiple and concurrent sexual partners in the increase of the HIV/AIDS pandemic and it proposes sensitive means in which these practices should be discouraged (cf. 3.2.2.5).

In the LESHAP 2012, the government of Lesotho recognises the value of culture by stating that customs, norms and values of a society inform the culture of its people (cf. 4.3.1.1). As a result, the LESHAP 2012 proposes that policy development that is aimed at transforming the lives of such a people, should be sensitive to the culture of that particular society if its implementation is to be successful and effective (cf. 4.3.1.1).

In Lesotho, churches are important role-players in education, as they own more schools than the government (cf. 4.3.1). As such, it is imperative that any policy that is to be effectively implemented, should also be sensitive to the dictates of the various religious orientations.

During the interviews, respondents referred to various cultural practices which, according to them, contribute towards the spread of HIV/AIDS (cf. 5.5.10). Such practices should also be addressed by a policy if it is to be recognised and implemented effectively.

The LESHAP 2012 appears to promote not only respect for the cultural inclinations of the Basotho people, but also the dissemination of age-, gender-, language- and socially appropriate information (cf. 4.3.3.1).

From the interviews it further appears that curriculum content on HIV/AIDS and teaching is responsive to learners' age and stage of development (cf. 5.5.1.1). However, with regard to its responsiveness towards the different religious dictates, perceptions are that the LESHAP 2012 is not in line with the dictates of certain religious denominations (cf. 5.3.3.3). As such, these religious denominations appear not to be underscoring the LESHAP 2012, which promotes the distribution of and endorses the use of condoms (cf. 5.5.2).

c) Leadership and commitment

International organisations such as the United Nations, and other continental institutions such as the African Union and Southern African Development Community play a leadership role for their member countries. This is evident from their involvement in the development of the various treaties and declarations aimed at fighting HIV/AIDS (cf. 2.3).

Traditional leaders, religious leaders and political leaders are central to the societal norms and culture of the Basotho people (cf. 4.3.1.1). It is for this reason that the declaration on HIV/AIDS being a natural disaster, made by King Letsie III, spurred the MOET into developing the LESHAP 2012 (cf. 4.3).

The LESHAP 2012 underscores the involvement of religious and community leaders. In this regard, the LESHAP 2012 endorses the formation of partnerships with faith-based communities that will be instrumental in the provision of information, prevention strategies and learner counselling (cf. 4.3.1.3). In addition, the LESHAP 2012 also stipulates that political, traditional and other leaders and managers in the education sector will have a responsibility to “publicly and consistently” support the implementation of the policy (cf. 4.3.3).

With regard to the role of school leaders and managers in the education sector in publicly and consistently supporting the implementation of the LESHAP 2012, it became apparent from the interviews that principals and school board members, who primarily form the leaders and managers of schools, are not aware of the existence of this policy (cf. 5.3.3.1). Subsequently, as school leaders and managers, they are not in a position to deliver on the expectation of the LESHAP 2012 and so ensure its effective implementation.

However, participants feel positive that should political and religious leaders be in possession of the LESHAP 2012 or have knowledge about its contents, use of such knowledge might just strengthen the fight against HIV/AIDS (cf. 5.5.10).

d) *Learner participation*

Previously we have alluded to participation as a significant value in the fight against HIV/AIDS (cf. 4.3.3.1). In this regard, we also indicated that through its various policy documents, South Africa has been able to achieve learner participation in HIV/AIDS issues (cf. 3.2.2.5).

The LESHAP 2012 underscores the importance of learner participation in HIV/AIDS-related issues (cf. 4.3.3.1). To ensure its effective implementation the MOET not only values participation, but lays down specific guidelines with regard to the involvement of learners. In this regard, the LESHAP 2012 refers to the role student unions such as student representative bodies, student councils and others play in the running of their fellow student affairs (cf. 4.3.3.1). However, the Lesotho law and policy framework for education makes no provision for the establishment of such formal student bodies which could assist in the implementation of the LESHAP 2012 (cf. 4.3.3.1). Despite this, the LESHAP 2012 alludes to the involvement of the learners in the implementation of the policy and in the development of a relevant curriculum (cf. 4.3.3.1).

However, during the interviews, participants revealed that learners are not actively and formally involved in actions or plans aimed at the implementation of the LESHAP 2012 or any related HIV/AIDS programmes or issues in their schools (cf. 5.5.7). As such, in

some schools learner involvement in the fight against HIV/AIDS or in the implementation of the LESHAP 2012 is rather minimal or completely absent.

e) *Mainstreaming*

The literature revealed that fighting HIV/AIDS through education requires a comprehensive approach, which not only utilises the education sector, but also makes use of a multi-sectoral approach (cf. 2.6). In this regard, the inclusion of HIV/AIDS content into the school curriculum has been found to be a necessity and important (cf. 2.4.3). Similarly, the South African education and the education in Botswana variously promote and advance the inclusion of HIV/AIDS content in the school curriculum and further assist with the mainstreaming of HIV/AIDS through particular co-curricular activities, and designated and compulsory school subjects (cf. 3.2.2.6 and 3.2.1.2.4).

To ensure its successful implementation and that it will significantly contribute towards a reduction in HIV/AIDS in Lesotho, the LESHAP 2012 dictates that HIV/AIDS be mainstreamed within all educational contexts and schools (cf. 4.3.3.1).

From the interviews it appears that indeed HIV/AIDS is mainstreamed and that it is not only reflected in the curriculum, but also implied in the mission and vision statements of some schools (cf. 5.5.1). However, although HIV/AIDS content is reflected in the curriculum, it is my contention that the inclusion thereof might not be as a result of the directives of the LESHAP 2012, but rather as per the recommendations of the *Curriculum and Assessment Policy 2008*.

f) *Partnerships*

Partnerships are important in policy development and policy implementation as policy is a public entity.

Equally, partnerships in the fight against HIV/AIDS proved to be effective within both the education system of Botswana and that of South Africa (cf. 3.2.1.2.4 & 3.2.2.6).

The LESHAP 2012 accentuates the establishment of partnerships between and among different sectors and departments within the MOET, schools and education in general (cf. 4.3.3.1).

However, whilst some participants alluded to some partnerships they have with other societal institutions and organisations such as their local clinic and village support groups based in their areas (cf. 5.5.4), other participants indicated that they are not involved in any partnerships with other societal institutions and governmental departments (cf. 5.5.4).

g) Personal responsibility

The LESHAP 2012 points out that in the case of protection from the HIV/AIDS infection, each person should take responsibility to protect him- or herself and others (cf. 4.3.3.1). Such protection is deemed necessary to prevent the further spread of HIV/AIDS. However, from the interviews it appears that it proves to be difficult to protect learners, teachers or employees from being infected. This is because the schools do not have basic preventative material such as gloves or first aid kits (cf. 5.5.8). In addition, teachers lack training (cf. 5.3.2) and they have a limited understanding of what PEP entails (cf. 5.5.9).

Thus, the risk of HIV/AIDS infections in schools is this still high, despite clear guidelines from the policy on how people can protect themselves and others.

h) Research, monitoring, evaluation and reporting

Research, monitoring, evaluation and reporting are the principles that informed the diagnosis, naming and detecting of the HIV/AIDS pandemic (cf. 2.2). These principles subsequently led to the formulation of national treaties and declarations aimed at eradicating this pandemic (cf. 2.3).

According to the MOET, the implementation of the LESHAP 2012 will, from time to time, be monitored and evaluated based on the research and reports that the Ministry will get (cf. 4.3.3.1).

With regard to the monitoring and the evaluation of the implementation of the LESHAP 2012, I established from the interviews that, so far, the MOET neither monitored, nor evaluated or piloted the implementation of the LESHAP 2012 (cf. 5.6.3.4).

In addition, the MOET has not held any training or orientation for the schools regarding the existence of the LESHAP 2012 and how it should be implemented (cf. 5.3.3.2). This oversight by the MOET could be one of the reasons why the education sector does not seem to be effective in the fight against HIV/AIDS in Lesotho.

i) Resourcing

As was discussed earlier, resourcing entails the availability of materials as well as people who could assist in carrying out a task (cf. 4.3.3.1).

In Botswana and in South Africa specific measures were taken to distribute particular resources and to make available additional human resources that could assist these governments' vision to bring down the number of HIV/AIDS infections in the country (cf. 3.2.1.2.4 & 3.2.2.3)

Lesotho, like the other countries, is conscious of the importance of resourcing for effective policy implementation. In this regard, the LESHAP 2012 acknowledges that effective policy implementation is supported by resources such as human resources and financial resources, among others (cf. 4.3.3.1). In addition, the MOET also states that it will ensure, in collaboration with international and local donors, gathering enough resources for the implementation of the policy (cf. 4.3.3.1).

However, apart from the fact that none of the three schools where the study was conducted, had even a single copy of the LESHAP 2012 (cf. 5.3.3.1), respondents also suggested that the MOET does not assist the schools with resources in their fight against HIV/AIDS (cf. 5.3.3.2). In fact, the respondents indicated that when it comes to the fight against HIV/AIDS in schools, the MOET seems to be doing nothing, as they do not even accompany the Ministry of Health personnel that sometimes visit schools to inform learners and teacher about HIV/AIDS (cf. 5.3.3.2).

6.2.6 HIV stigma and discrimination

Around the world certain life styles and particular sexual orientations, which are not regarded as the norm and which are viewed as impacting on the spread of HIV/AIDS, are stigmatised and those associated with those life styles and sexual orientations are usually marginalised and discriminated against by society (cf. 2.4.1).

In Botswana concerted efforts were made to de-stigmatise HIV/AIDS and to prevent discrimination against and the marginalisation of those infected with or affected by the disease (cf. 3.2.1.2.4). South Africa also has particular strategies in place to prevent the stigmatisation and discrimination of people living with and affected by HIV/AIDS (cf. 3.2.2.4).

Moreover, in South Africa the *National Policy on HIV/AIDS for Learners and Educators in Public School and Learners and Educators in Further Education and Training institutions* 1999 clearly stipulates, in a firm manner, that the exclusion of learners from institutions of learning, based on their known or perceived HIV status, will not be tolerated (cf. 3.2.2.2.6).

The *Constitution of Lesotho* (1993) prohibits any form of discrimination (cf. 3.3.1). This stance is reiterated by the *Education Act 2010* (3.3.2.4). This means that legislation in Lesotho and in education is firmly against discrimination on any grounds.

In line with these legislation, the LESHAP 2012 states that no learner will be barred from accessing education due to their known or alleged HIV status (cf. 4.3.2.3), and it also protects the rights of all people from stigmatisation and discrimination (cf. 4.3.2.3). The LESHAP 2012 further states that employment of people will not be affected by their HIV status, as they will not be subjected to any pre-employment HIV testing (cf. 4.3.2.3).

The interviews conducted, revealed that at their schools, no discrimination against or stigmatisation of any learner, teacher or employee due to their known or perceived HIV/AIDS status is taking place in their schools (cf. 5.5.12).

6.3 Implications

The Lesotho government appears to have a genuine concern for HIV/AIDS and an authentic interest in fighting it. This concern stems from the devastating effect of the plight of the people of Lesotho, the Basotho children and the development of the country. However, we also noticed that governmental actions or their lack of action could, in one way or the other, contribute towards the spread of HIV/AIDS (cf. 4.2.1). With reference to the question, **what are the realities regarding the implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012* in primary schools?**

The following deductions are being made:

In general, participants agree that HIV/AIDS impacts variously on Lesotho as a country. This impact is being felt in the socio-political and socio-economic development of the country. In addition, participants also confirm that HIV/AIDS has a negative impact on the education of the Basotho nation and on schools in particular. This impact is demonstrated through regular and frequent absenteeism of learners infected with or affected by HIV/AIDS, and through a lack of basic necessities on the part of learners. It is my contention that such conditions are not conducive for effective teaching and learning, and – in some cases – result in learners' dropping out of school. Since this could potentially contribute towards poverty and other social ills, and ultimately impact negatively on the countries' development, the implementation of education policy, which not only centres the role of education in the fight against HIV/AIDS in Lesotho, but also serves as a positive response to the plight of HIV/AIDS, becomes paramount. The effective implementation of such a policy in education will, to my mind, contribute positively towards saving the future of the Basotho youth, which in Lesotho is regarded as the 'generation of hope'.

The various policy responses of the Lesotho government and particularly the development of the LESHAP 2012 is a clear indication that indeed, the government of Lesotho is concerned about the future of the Basotho nation and particularly that of the Basotho youth. However, policies are only as effective and as good as the extent to which they are implemented. Irrespective of how good they are on paper, and how good the intentions of the developers are, if a particular policy is not implemented, the

aims anticipated with it will never be realised. Likewise, the LESHAP 2012 will never yield the anticipated outcomes if it is not implemented. The danger of not implementing policies, especially if the aim thereof is to transform a current situation, is that such transformation will never be realised.

This is the same with the LESHAP 2012; with the LESHAP 2012, the Lesotho government and the MOET put forward an educational response towards the fight against HIV/AIDS. This policy aims at assisting the fight against HIV/AIDS in various ways. As an educational policy, the LESHAP 2012 is particularly important because of its location within the education. As such, education, which in Lesotho is both free and compulsory, serves as a conducive platform through which related and relevant information about HIV/AIDS could be disseminated. However, the success of education in this regard is largely dependent on the effective implementation of the LESHAP 2012. With this claim, I am not nullifying other educational attempts. My contention is that, as the policy response, the LESHAP 2012 should be awarded greater importance in its implementation in order for it to consolidate, inform and guide the responses of all schools in Lesotho. In this way the LESHAP 2012 will ensure that concerted strategies are indeed in place.

My study findings suggest that the government of Lesotho and the MOET in particular might not through the LESHAP 2012 succeed in their endeavour to halt and reverse the spread of the HIV/AIDS pandemic. This deduction, I base on the following observations:

- The LESHAP 2012 has been in existence since 2012, but up to when this study was conducted and completed, it seems to have been not at all widely communicated, disseminated to or discussed with teachers, principals and school board members.
- Since the LESHAP 2012 appears not to have been disseminated, discussed or communicated to schools, some of the valuable and explicitly articulated principles which are supposed to guide its implementation and which place a particular responsibility on the education sector and schools in particular, seem not to be adhered to.

- In addition, the perceived failure of the MOET to distribute the LESHAP 2012 to schools, also resulted in some of the factors which are supposed to guarantee its effective implementation, not being observed and implemented.
- In particular, the following factors, which are regarded vital and which should be observed, but which seem to be neither present, nor implemented, include:
 - the formation of effective partnerships;
 - training on the implementation of LESHAP 2012;
 - access to additional information about HIV/AIDS is limited only to what is being taught in the class;
 - the involvement, through consultation and dialogue, of learners and parents in decision-making;
 - the failure of the MOET to engage with schools about the LESHAP 2012;
 - the resourcing of schools;
 - the monitoring and evaluation of the policy;
 - the cultural and contextual relevance of the policy;
 - the commitment of cultural, political, community or religious leaders to publicly advocate and promote the implementation of the LESHAP 2012;
 - the failure of schools to develop their own unique school-based HIV/AIDS policies; and
 - persistent, frequent and continuous training on HIV/AIDS-related aspects.
- It should, however, be acknowledged that with regard to the following aspects, schools in Lesotho seem to act and respond in line with the directives of the LESHAP 2012, namely:
 - the privacy and confidentiality of those infected with or affected by HIV/AIDS are respected and protected;
 - access to education to those infected with or affected by HIV/AIDS, is guaranteed and protected;
 - although limited, partnerships with other societal institutions do exist;
 - the mainstreaming and inclusion of HIV/AIDS in the curriculum and its reflection in particular subjects; and
 - non-discrimination and/or stigmatisation of those infected with or affected by HIV/AIDS.

Based on the above findings, the following recommendations and comments are being made to enhance the implementation of the LESHAP 2012:

- The MOET should make available and distribute the LESHAP 2012 to all schools.
- The MOET should facilitate for effective partnerships with other ministries and societal institutions.
- The MOET should offer training to the relevant stakeholders on the implementation of the LESHAP 2012.
- In collaboration with the Ministry of Health, the MOET should supply schools with additional information about HIV/AIDS.
- The involvement, through consultation and dialogue, of learners and parents in decisions-making, should be encouraged, and in this instance, the government of Lesotho should develop appropriate legislation that will encourage the participation of students and the form in which the participation will happen.
- The MOET should engage with schools about the LESHAP 2012.
- The MOET should give effect to the LESHAP 2012, by providing the basic resources as stipulated by the LESHAP 2012 to ensure that the policy is effectively implemented.
- Stakeholders should be trained on the implementation of the LESHAP 2012.
- The MOET should engage in monitoring and evaluating the implementation of the policy.
- Cultural, political, community or religious leaders should be informed about the LESHAP 2012 and trained on its contents so that they can demonstrate a commitment to publicly advocate and promote the implementation of the LESHAP 2012.
- Schools should be assisted by the MOET and its sector partners to develop their own unique school-based HIV/AIDS policies.
- There is also a need for the MOET to hold more frequent or annual trainings on HIV/AIDS-related matters for school boards, principals, teachers and learners.
- The MOET should also collaborate with the Disease Control Unit within the Ministry of Health in order to create awareness on the safety precautions that

should be followed in order to avoid contacting HIV/AIDS; this awareness should include, but not be limited to appropriate use of condoms, gloves and other HIV/AIDS preventive measures.

- It is further my view that the MOET, in collaboration with the Ministry of Health, should offer health services like dispensing of HIV/AIDS medication and check-ups at school or, preferably, at places close to the schools, so that time for education is not lost and absenteeism is reduced.

6.8 Limitations of the study

The study was conducted with a small group of nine people, chosen from three primary schools, situated in one council, located in one constituency within Lesotho. Although the aim of the study was never to generalise the research findings, a more comprehensive study to explore the extent to which the LESHAP 2012 is implemented, could be undertaken.

Coupled with this, I would also have liked to involve the Senior Education Officer and the personnel in the Education Facilities Unit, as well as the Educational Secretaries and the Education Advisory Council, as they are some of the stakeholders whose offices can play significant roles in the implementation of the LESHAP 2012, but due to time limitations, it was not possible to involve them in this study.

Another constraint that I faced, was the lack of accessibility of some macro policies. For example, in the LESHAP 2012, under the heading “Guiding Principles”, it is stated that the development of the LESHAP 2012 was guided by the *Public Service HIV and AIDS Policy* (2010). However, my efforts to access this particular policy proved futile and, as a result, I was unable to establish whether there is any intertextuality between these two policies.

In addition, some people were reluctant to be audio recorded, as they feared that their recordings would be distributed to media houses or on social media. I am of the opinion that because of this, some participants were a bit reluctant to honestly share all information with me.

Lastly, because the policy alludes to the involvement of learners at various stages, such as the development of HIV/AIDS curricula and advocacy, I would have liked to talk to learners who have been engaged in these processes. I would have also liked to find the capacity which they were engaged in, as in primary schools, learners do not have representative bodies.

6.9 Areas for further studies

The findings from the literature indicate that while HIV/AIDS has a negative impact on education, it is through the use of education that the pandemic can be curbed. It is thus imperative to look at specific ways in which education can be utilised to curb HIV/AIDS and the practicality of such ways in actual primary school settings. In addition, there is a need to research why, amidst the development of international treaties and declarations, national policies on HIV/AIDS and education-specific policies on HIV/AIDS, the pandemic is still increasing in Lesotho. Moreover, there is need for a future study to look into the challenges and opportunities of policy dissemination on effective policy implementation. Lastly there is a need to investigate the appropriate and relevant structures that should be in place in order for policy implementation to be effective, especially in schools where the stakeholders may not have enough information regarding policies.

6.10 Conclusion

The main aim of this study was **to explore realities regarding the implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012* in primary schools.** In addressing this aim, I took the following steps:

In Chapter 2, I conducted a literature review. The objective of the literature review was **to assess the nature and impact of HIV/AIDS with regard to education in Lesotho.**

In Chapter 3, I conducted another literature review with the purpose of drawing examples on **how other SADC countries deal with HIV/AIDS in their education**. I also looked at what Lesotho has done in its effort to fight the pandemic, both nationally and in the education sector.

In Chapter 4, I engaged in a **critical policy analysis of the *Lesotho Education Sector HIV and AIDS Policy 2012***. I looked at the context and content of the LESHAP 2012.

In Chapter 5, I investigated the **implications of the *Lesotho Education Sector HIV and AIDS Policy 2012* in actual primary school settings**. Here I conducted individual semi-structured interviews with school board members, principals and teachers to get their views on, knowledge about and understanding of the implementation of the LESHAP 2012 in their respective schools.

So, to answer the question, **What are the realities regarding the implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012* in primary schools?** My findings suggest that there is a lack of compliance with the stipulations of the *Lesotho Education Sector HIV and AIDS Policy 2012* in the Lesotho schools involved in this study, and that the said policy is therefore not being implemented. The main reason for the non-implementation and therefore the noncompliance with the policy is found to be the fact that the LESHAP 2012 seems not to have been disseminated, communicated and discussed with these schools. My contention is therefore that unless concerted efforts are made to get the LESHAP 2012 out to schools, and engaged with and embraced by communities, education in Lesotho will not effectively contribute towards the fight against HIV/AIDS. The education sector will subsequently not assist and succeed in reducing the impact of HIV/AIDS on the Basotho people and so contribute towards the development of Lesotho.

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APPENDICES

Appendix A

INTERVIEW QUESTIONS FOR BOARD MEMBERS

The aim of the study is to explore the realities regarding the implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012*. To achieve this aim the following objective will be pursued:

- To explore the realities regarding the implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012* in schools settings.

The following questions will assist in obtaining the objective;

1. Tell me about your experiences as a board member in this school.
2. What are your views on the impact of HIV in education?
3. Have you in your capacity as a board member attended any training on HIV/AIDS?
3.1 If no, are you in favour of such training?
4. Does your school have an HIV/AIDS policy of its own?
5. If answer to (4) is yes. Were you involved in the formulation of the HIV/AIDS school policy? Explain.
6. Are you aware of the existence of the *Lesotho Education Sector HIV and AIDS Policy 2012*?
6.1 If yes, what do you think about the policy?
6.2 If no, (let them know of the presence of policy) then ask, do you think the policy will work?
7. How involved are you as a board member in the implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012*?
8. What are your views on the inclusion of HIV/AIDS education in the primary school curriculum?
9. What are you as the school board doing to prevent the spread of HIV/AIDS in your school?
10. What is the view of the school board on the availability of condoms in your school?
11. How do you think the Ministry of Education and Training can intensify the fight against HIV/AIDS?

INTERVIEW QUESTIONS FOR PRINCIPALS

The aim of the study is to explore the realities regarding the implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012*. To achieve this aim the following objective will be pursued:

- To explore the realities regarding the implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012* in schools settings.

The following questions will assist in obtaining the objective;

1. Tell me about your experiences as a principal.
2. What are your views on the impact of HIV in education?
3. To what extent is your school affected by HIV/AIDS?
4. Have you or any of your teachers received any training on HIV/AIDS?
5. What mechanisms do you have in place to cater for learners and teachers affected and infected by HIV/AIDS?
6. Are you aware of the existence of *the Lesotho Education Sector HIV and AIDS Policy 2012*?
 - 6.1 If yes, what do you think about the policy?
 - 6.2 If no, (let them know of the presence of policy) then ask, do you think the policy will work?
7. Do you have a school specific HIV/AIDS policy?
 - 8.1 What challenges do you have with regard to the implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012*?
 - 8.2 Do you think a policy on HIV/AIDS will be implemented effectively in your school?
9. Is HIV/AIDS related content reflected in your school subjects?
10. What is your view on the availability of condoms in your school?
11. How do you think the Ministry of Education and Training can intensify the fight against HIV/AIDS?

INTERVIEW QUESTIONS FOR TEACHERS

The aim of the study is to explore the realities regarding the implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012*. To achieve this aim the following objective will be pursued:

- To explore the realities regarding the implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012* in schools settings.

The following questions will assist in obtaining the objective;

1. Tell me about your experience in education as a teacher.
2. What are your views on the impact of HIV in education?
3. To what extent is your school affected by HIV/AIDS?
4. Have you received any training on HIV/AIDS?
5. What mechanisms do you have in place to cater for learners affected by HIV/AIDS?
6. Are you aware of the existence of the Lesotho Education sector HIV and AIDS Policy 2012?
 - 6.1 If yes, what do you think about the policy?
 - 6.2 If no, (let them know of the presence of policy) then ask, do you think the policy will work?
7. Does your school have its own HIV/AIDS policy?
8. Do you have copies of the policies?
9. What is your view on the availability of condoms in your school?
10. Is HIV/AIDS related content reflected in your school subjects?
11. How do you think the Ministry of Education and Training should intensify the fight against HIV/AIDS?

Interview Questions (Follow-up questions)

The aim of the study is to explore the realities regarding the implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012*. To achieve this aim the following objective will be pursued:

- To explore the realities regarding the implementation of the *Lesotho Education Sector HIV and AIDS Policy 2012* in schools settings.

The following questions will assist in obtaining the objective;

1. Tell me about any partnerships that exist between your school and other institutions to ensure that learners and employees infected with or affected by HIV/AIDS get treatment and support? Do those partnerships include people infected with HIV/AIDS? Are those partnerships effective? Please explain.
2. How do you deal with any application of learners/teachers infected with or affected by HIV/AIDS for admission or to teach at your school? Do you expect from employees/teachers to reveal their HIV/AIDS status before you hire or promote them or from learners before you admit them? Please explain?
3. How do you ensure that learners/teachers infected/affected by HIV/AIDS get access to information on HIV/AIDS? What addition information on HIV do you disseminate to the learners and employees in your school and in which manner is it disseminated?
4. How inclusive of parents, learners, other stakeholders is the decision-making about HIV/AIDS issues in your school? How active are learners in your school in awareness, advocacy and education programmes on HIV/AIDS? What is the nature thereof?
5. How is the risk of HIV transmissions minimised at your school? Please explain? (If they say nothing about the HIV universal infection control precautions and PEP).
6. Does your school have its own unique HIV/AIDS policy? Can you tell me in general what it focuses on? (If they don't understand explain to them it is about making HIV/AIDS part of all school activities/the school mission or vision, having a particular focus on HIV/AIDS etc.)
7. What is the role/significance of culture in the fight against HIV/AIDS? Why are you saying so? What is your view on the role, if any, political, traditional, or religious leaders or managers should play in the implementation of the *LESHAP 2012*?
8. Have you or any member at your school receive any training or orientation from the Ministry of Education and Training regarding the implementation of *LESHAP 2012*. Does the school get any assistance/resources from MOET or other government

departments for the implementation of the LESHAP 2012? To what extent is the MOET monitoring or evaluating that implementation? Please explain.

9. Do you regard your school as a safe, supportive and accepting environment for those infected with or affected with HIV/AIDS to disclose their status? Please explain your answer. Also explain how the school ensure that learners/teachers infected or affected with HIV/AIDS is not stigmatised or discriminated against?
10. Are the needs of boy/girls/males/females infected with or affected by HIV/AIDS different and do you handle them as such? Please explain. (IN OTHER WORDS ARE THEY HANDLING BOYS/GIRLS/MALE/FEMALE DIFFERENTLY?)
11. Do you think that as it is now, the LESHAP 2012 will in any way what so ever make a positive contribution towards a decline of HIV/AIDS in Lesotho or in schools? Please explain your answer.

CTR APPROVAL

From: Christa Duvenhage
Sent: 30 August 2016 01:30 PM
To: Kevin Teise <TeiseKL@ufs.ac.za>
Subject: CTR feedback: Rakolobe, KA

Dear Dr Teise

The CTR accepted your students title as it is: ***“The realities regarding the implementation of the Lesotho Education Sector HIV and VIGS Policy 2012”***

Please take the following recommendations in consideration:

- Consider removing the first ‘The’ in the current title.
- Although the explanation of the problem that is provided is much more than two or three sentences, I feel that the background is necessary to understand the problem completely.
- Consider adapting the first sub-research question to: What is the nature and effect of HIV/AIDS with regard to education in Lesotho?
- Consider adapting the fourth sub-research question to: What are the implications of the Lesotho Education Sector HIV and AIDS Policy 2012 in a school setting?
- Consider adapting the fifth sub-research question to: How can the implementation of the Lesotho Education Sector HIV and AIDS Policy 2012 be enhanced?
- Adapt the research objectives accordingly if the questions are adapted.
- The Methodology and research design is sound.

All of the best to the supervisor and student with the study.

Kind regards

Christa

Appendix F

Faculty of Education

15- Jun -2016

Dear **Mrs Kelello Rakolobe**

Ethics Clearance: **Realities regarding the implementation of the Lesotho Education sector HIV and AIDS Policy**

2012

Principal Investigator: **Mrs Kelello Rakolobe**

Department: **School of Education Studies (Bloemfontein Campus)**

APPLICATION APPROVED

With reference to your application for ethical clearance with the Faculty of Education, I am pleased to inform you on behalf of the Ethics Board of the faculty that you have been granted ethical clearance for your research.

Your ethical clearance number, to be used in all correspondence is: **UFS-HSD2016/0334**

This ethical clearance number is valid for research conducted for one year from issuance. Should you require more time to complete this research, please apply for an extension.

We request that any changes that may take place during the course of your research project be submitted to the ethics office to ensure we are kept up to date with your progress and any ethical implications that may arise.

Thank you for submitting this proposal for ethical clearance and we wish you every success with your research.

Yours faithfully



Dr. Juliet Ramohai
Chairperson: Ethics Committee

Education Ethics Committee

Office of the Dean: Education

T: +27 (0)51 401 9683 | F: +27 (0)86 546 1113 | E: RamohaiJ@ufs.ac.za
Winkie Direko Building | P.O. Box/Posbus 339 | Bloemfontein 9300 | South Africa
www.ufs.ac.za



Appendix G

PERMISSION LETTER

Researcher

Kelello Alicia Rakolobe

Ha Lekhema

P.O. Box 649

Lesotho 0800

Tel: +26663010809/ 0733597591

2009070539@ufs4life.ac.za

Study Leader

Dr. KLG. Teise

Faculty of Education

P.O Box 339

Bloemfontein 9300

Tel (051) 491 3421

TeiseKL@ufs.ac.za

18 August 2016

Senior Education Officer

Mohale's Hoek

Dear Sir/Madam,

RE: REQUEST TO CONDUCT RESEARCH IN PRIMARY SCHOOLS IN
MASHALENG COUNCIL F 02 MOHALE'S HOEK DISTRICT

This letter serves as my request to conduct interviews with school board members, principals and teachers in four primary schools in Mohale's Hoek district.

I, Kelello Alicia Rakolobe, student number 2009070539, am a registered student at the University of the Free State pursuing the degree, Masters in Education Policy Studies and Governance in Education. Currently I am busy with a research project aimed at exploring the realities regarding the implementation of the Lesotho Education Sector HIV and AIDS Policy 2012. Hence the preliminary topic of my study is:

The Realities Regarding the Implementation of the Lesotho Education Sector HIV and AIDS Policy 2012.

As part of my project I need to conduct interviews with various stakeholders in education. I therefore humbly request your permission to conduct interviews with school board members, principals and teachers in four primary schools in Mohale's Hoek district. I believe their expertise in the field of Education and the Lesotho Education Sector HIV and AIDS Policy 2012, would add value to my study and it will enable me to achieve the aim of this project.

Interviews are completely voluntarily, that is participants are free to choose whether or not to participate. Participants are also free to withdraw from the interview at any time should they feel that they cannot continue. Interviews are confidential and data generated will be handled with utmost care to protect participants' identities and that of the schools they are affiliated to. To ensure confidentiality, I will use pseudonyms.

Let me further assure you that participant participation in the study will not be harmful to anyone or their schools and that as a researcher I will try my best to protect both, and to treat them with utmost respect and dignity. Interviews will be tape recorded as a way of capturing all the information and the interview will be approximately thirty minutes long. Interviews will be conducted at a time and a place that is convenient to the participants. However, it will not be during school hours or disrupt normal schooling activities at any school. I promise to answer any questions that you might have about, during or after the interviews as honestly as I can.

My contact numbers as well as those of my supervisor appears on the cover page of this request. Please feel free to contact any one of us should you need more information.

I am awaiting in anticipation on your response.

Sincerely

.....

Kelello Alicia Rakolobe



MINISTRY OF EDUCATION AND TRAINING - MOHALE'S HOEK

P.O. BOX 50, MOHALE'S HOEK 800
22785291 / 22780366

TELEPHONE:

24 August 2016

REF: Ms K A. Rakolobe

P.O. Box 649

Mohale's Hoek

Dear madam,

RE: Request for permission to conduct research in schools in Mashaleng F02 Council
Mohale's Hoek District.

Receipt of your request to conduct research in some schools in Mohale's Hoek is acknowledged and granted.

The Ministry of Education and Training is highly concerned with the repercussions of the HIV/AIDS pandemic on the youth and education in Lesotho and we believe your study has potential to provide insight to this dilemma. As a result, your request to conduct research in some schools in Mohale's Hoek district is granted. We are looking forward to getting findings of the research.

Thank you.

Yours faithfully



Manana Ratau - Senior Education Officer- Mohale's Hoek.



Appendix I

PERMISSION LETTER

Ha Lekhema

P.O. Box 649

Mohale'sHoek 0800

Lesotho

25 August 2016

The Principal

XX Primary

Mohale's Hoek

Dear Sir/Madam,

RE: REQUEST TO CONDUCT RESEARCH IN YOUR SCHOOL

This letter serves as my request to conduct interviews with school board members, the principal and teachers at Bulu-Bulu Government Primary school.

I, Kelello Alicia Rakolobe, student number 2009070539, am a registered student at the University of the Free State pursuing the degree, Masters in Education Policy Studies and Governance in Education. Currently I am busy with a research project aimed at exploring the realities regarding the implementation of the Lesotho Education Sector HIV and AIDS Policy 2012. Hence the preliminary topic of my study is:

The Realities Regarding the Implementation of the Lesotho Education Sector HIV and AIDS Policy 2012.

As part of my project I need to conduct interviews with various stakeholders in education. I therefore humbly request your permission to conduct interviews with you, school board members, and teachers in your school. I believe your expertise in the field of Education and the Lesotho Education Sector HIV and AIDS Policy 2012, would add value to my study and it will enable me to achieve the aim of this project. In addition, I am hopeful that my study will assist in gathering valuable information that may be helpful for policy makers engaged in the fight against HIV/AIDS in Lesotho education.

My contact numbers as well as those of my supervisor appears on the cover page of this request. Please feel free to contact any one of us should you need more information.

I hope my request will be favourably considered.

Sincerely

.....

Kelello Alicia Rakolobe

CONSENT FORM

Researcher

Kelello Alicia Rakolobe

Ha Lekhema

P.O. Box 649

Mohale's Hoek

Lesotho 0800

Tel: +26663010809/ 0733597591

2009070539@ufs4life.ac.za

Study Leader

Dr. KLG. Teise

Faculty of Education

University of Free State

P.O Box 339

Bloemfontein 9300

Tel (051) 491 3421

TeiseKL@ufs.ac.za

08 September 2016

Dear Sir/Madam

I, Kelello Alicia Rakolobe, student number 2009070539, am a registered student at the University of the Free State pursuing the degree, Masters in Education Policy Studies and Governance in Education. Currently I am busy with a research project aimed at exploring the realities regarding the implementation of the Lesotho Education Sector HIV and AIDS Policy 2012. Hence the preliminary topic of my study is:

The Realities Regarding the Implementation of the Lesotho Education Sector HIV and AIDS Policy 2012.

As part of my project I need to conduct interviews with various stakeholders. As an expert in the field of Education and HIV/AIDS, I would like to interview you on your experience of the implementation of the Lesotho Education Sector HIV and AIDS Policy 2012.

The interview is completely voluntarily, that is you are free to choose whether or not to participate. Please also be informed that you are free to withdraw from the interview at any time should you feel that you cannot continue. The interview is confidential and data generated will be handled with utmost care to protect your identity and that of the school you are affiliated to. To ensure confidentiality, I will use pseudonyms.

Let me further assure you that your participation in the study will not be harmful to you or your school and that as a researcher I will try my best to protect you and your school, and to treat you with utmost respect and dignity. The interview will be tape recorded as a way of capturing all the information and the interview will take approximately thirty minutes of your time. Interviews will be conducted at a time and a place that is convenient to you. I promise to answer any questions that you might have about, during or after the interviews as honestly as I can.

I greatly appreciate your expert participation in this study and the valuable contribution your will make.

Should any personal issues, related to my project arise during the course of this research, I will endeavour to ensure that a qualified expert is contacted and able to assist you.

My contact numbers as well as those of my supervisor appears on the cover page of this request. Please feel free to contact any one of us should you need more information.

Sincerely

.....

Kelello Alicia Rakolobe

CERTIFICATE OF LANGUAGE EDITING

Dr. L. Hoffman

Kroonstad

BA, BA(Hons), MA (Afrikaans), DLitt et Phil (Afrikaans)

Cell no: 079 193 5256

Email: larizahoffman@gmail.com

DECLARATION

To whom it may concern

I hereby certify that the English language of the following dissertation meets the requirements of academic publishing. This dissertation was linguistically edited and proofread by me, Dr. L. Hoffman.

Title of dissertation

Realities regarding the implementation of the Lesotho Education
Sector HIV and AIDS Policy 2012

Candidate

Kelello Alicia Rakolobe



Lariza Hoffman

Kroonstad

3 July 2017