EXPERIENCES OF TEACHERS AND LEARNERS IN BOARDING SECONDARY SCHOOLS IN ACHIEVING CARE AND SUPPORT ON THE IMPLEMENTATION OF HIV/AIDS WORKPLACE POLICY IN MALAWI: A CASE OF CENTRAL WEST EDUCATION DIVISION

MASTER OF EDUCATION IN POLICY, PLANNING AND LEADERSHIP

THESIS

MADALITSO NTHENDA

UNIVERSITY OF MALAWI

NOVEMBER, 2024

EXPERIENCES OF TEACHERS AND LEARNERS IN BOARDING SECONDARY SCHOOLS IN ACHIEVING CARE AND SUPPORT ON THE IMPLEMENTATION OF HIV/AIDS WORKPLACE POLICY IN MALAWI: A CASE OF CENTRAL WEST EDUCATION DIVISION.

MASTER OF EDUCATION (POLICY, PLANNING AND LEADERSHIP)

THESIS

By

MADALITSO NTHENDA

Bachelor of Education (Language)-University of Malawi

Submitted to the Department of Educational Foundations, School of Education, in fulfilment of the requirements for the degree of Master of Education (Policy, Planning and Leadership)

UNIVERSITY OF MALAWI

NOVEMBER , 2024

DECLARATION

I declare that this thesis has been composed solely by myself and that it has not been submitted to any institution for similar purposes. Acknowledgements have been duly made where other people's work have been used. I bear the responsibility for the contents of this thesis.

Madalitso Nthenda

_____

Full Legal Name

_____

Signature

_____

Date

CERTIFICATE OF APPROVAL

The undersigned certify that this thesis represents the student's own work and effort and has been submitted with our approval.

Signature: _____Date:_____

Foster Gondwe, PhD (Senior Lecturer)

Supervisor

Signature: _____Date:_____

Winiko, Symon; PhD (Senior Lecturer)

Head of Department

DEDICATION

I dedicate my thesis to my dear son, Lingalathu, whom when I look at, I derive my motivation and inspiration to do all that I do.

ACKNOWLEDGEMENTS

I would like to express my deepest gratitude to my thesis supervisor, Dr Foster Gondwe, whose brilliant and consistent guidance, support, expertise, constructive criticisms and assistance have contributed to my success.

I am also indebted to my dear husband, Francis Jomo, for the support he has given me throughout my study. I would like also to thank my loving parents and my brothers for your support.

Finally, I would like to thank God Almighty, for seeing me through this academic journey despite all the problems I faced. Through Him I have come out of the problems a better and a stronger person.

ABSTRACT

Specific challenges faced by learners, particularly children and teenagers, require dedicated care and support. However, there was limited research on how secondary schools in Malawi, especially boarding schools, achieve the objective of care and support in relation to the HIV/AIDS Workplace Policy. Therefore, this study explored the experiences of teachers and learners in boarding secondary schools in achieving the objective of care and support in the implementation of the HIV/AIDS Workplace in Malawian secondary schools in the Central West Education Division (CWED). Qualitative in nature, the study used a purposeful sample of 2 Head teachers, 2 School Health and Nutrition (SHN) teachers who were interviewed using semi-structured interviews and a total of 16 teachers and 32 learners participated in focus group discussions. Thematic analysis was used as a data analysis technique. The study revealed that while most teachers are aware of the policy's existence, there is a significant gap in their detailed knowledge of its specific provisions. Among learners, there was a basic awareness of HIV/AIDS and the workplace policy with superficial understanding and focused on general facts rather than the specifics of the policy. The study also unveiled different strategies that have been established to achieve the objective of care and support like comprehensive health services, counselling and psychological support, stigma reduction initiatives and parental and community engagement. The key findings from the study revealed several challenges in implementing and utilising HIV/AIDS workplace policies in educational settings such as stigma and discrimination, insufficient training and resources for teachers and inconsistent policy implementation. Finally, the study unveiled significant efforts by schools to implement HIV/AIDS workplace policies like training, creation of a supportive school environment and psychological support. The study has showed the necessity of robust guidelines and proactive measures to ensure the effective implementation of HIV/AIDS policies in schools. Thus, this research provides valuable insights for policymakers, educators, and health professionals aiming to improve HIV/AIDS education and policy implementation in schools.

TABLE OF CONTENTS

LIST OF APPENDICES

LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CDCP	Centres for Disease Control and Prevention
CWED	Central West Education Division
FGDs	Focus Group Discussions
HIV	Human Immunodeficiency Virus
ILO	International Labour Organisation
MoEST	Ministry of Education, Science and Technology
SHN	School Health and Nutrition
SLT	Social Learning Theory
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNGA	United Nations General Assembly
UNIMAREC	University of Malawi Research Ethics Committee
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

CHAPTER ONE

INTRODUCTION

1.1 Chapter Overview

HIV/AIDS remains a significant global health crisis, profoundly impacting millions of lives worldwide. Despite numerous efforts to combat the epidemic, Sub-Saharan Africa continues to bear the brunt, with Malawi experiencing some of the highest HIV prevalence rates. Within this context, the education sector, particularly boarding secondary schools, plays a crucial role in mitigating the impact of the disease. These schools serve as microcosms of the larger society, reflecting its challenges and potential solutions. This chapter introduced the study, which explores the experiences of teachers and learners in boarding secondary schools in Malawi concerning the implementation of HIV/AIDS Workplace Policies. It discussed the background of HIV/AIDS in Malawi, the importance of effective policy implementation in educational settings, and the necessity of providing comprehensive care and support to HIV-positive individuals. The chapter outlined the problem statement, objectives, research questions, significance, and scope of the study, providing a foundation for understanding the critical issues addressed in subsequent chapters.

1.2 Background of the Study

The HIV/AIDS pandemic has been a significant global health issue for over 40 years, severely impacting individuals, communities, and nations, particularly in low and middle-income countries. As of 2022, there are approximately 38.4 million people worldwide living with HIV/AIDS, with 36.6 million being adults and 1.8 million children under the age of 15 (UNAIDS, 2023). The number of people living with HIV/AIDS continues to rise, and in 2021 alone, 650,000 lives were lost to AIDS-related illnesses despite the availability of effective treatments (UNAIDS, 2023).

Africa has been significantly affected by the pandemic. In 2021, the East and Southern Africa region had 20.6 million people living with HIV/AIDS, with 67% being young people aged 15-49, and 310,000 AIDS-related deaths were reported (UNAIDS, 2023). Malawi, located in Southern Africa, has particularly high HIV/AIDS statistics. In 2021, Malawi reported 26,000 new HIV infections and 13,000 AIDS-related deaths. There are approximately 1.1 million people living with HIV/AIDS in Malawi, with the majority aged 15-49 and in their prime working years (UNAIDS, 2023). Many of these individuals are employed as teachers, police officers, truck drivers, sex workers, and border traders (Ministry of Education, Science and Technology, 2020).

Recognising the significant impact of HIV/AIDS on the working population, global leaders have taken steps to address the pandemic. In June 2001, 189 heads of state adopted a Declaration of Commitment on HIV/AIDS during a special session of the United Nations General Assembly (UNGA). This declaration acknowledged the global emergency posed by the HIV/AIDS pandemic and its detrimental effects on social and economic development worldwide (International Labour Conference, 2019).

The declaration included commitments to expand the global response to HIV/AIDS in the workplace. By 2003, countries were to develop national legal and policy frameworks to protect the rights and dignity of individuals living with and affected by HIV/AIDS in the workplace, in consultation with representatives of employers and workers (International Labour Conference, 2019). By 2005, countries were to strengthen their workplace response by implementing prevention and care programmes across public, private, and informal sectors and creating supportive workplace environments for individuals living with HIV/AIDS (International Labour Conference, 2019).

In response to these commitments, Malawi introduced the National HIV/AIDS Workplace Policy in 2010. The policy provides guidelines for employers and employees to address HIV/AIDS in the workplace (Ministry of Labour, 2010). The policy has three main objectives, which include reducing stigma and discrimination based on real or perceived HIV status, managing and mitigating the impact of HIV/AIDS in the workplace through treatment, care, and support for employees living

with or affected by HIV/AIDS, and preventing the spread of HIV/AIDS. The policy applies to both the public and private sectors, with the Ministry of Labour encouraging all employers and employees to use it to develop, implement, and refine their HIV/AIDS policies and programmes to meet their workplace needs (Ministry of Labour, 2010).

The Ministry of Education (MoE) has emphasised the need for urgent attention to the impact of HIV/AIDS on education staff, noting that investment in teacher education and recruitment is wasted if teachers die after only a few years of service (MoEST, 2018). Consequently, the MoE adopted the HIV/AIDS workplace policy, establishing workplace committees to oversee its implementation, including an umbrella HIV/AIDS Workplace Committee at the ministry's headquarters and smaller school-based committees (Matimba & Cook, 2020). Research indicates that organisational capacity, including that of schools and their implementing agencies, is influenced by their staff and organizational settings, with procedures and rules defining the implementation process (Bells & Stevenson, 2019).

HIV/AIDS policies are essential across all sectors to address the multifaceted impact of the epidemic. These policies aim to prevent new infections, provide care and treatment for those living with HIV, and mitigate the socio-economic consequences of the disease. In the education sector, HIV/AIDS policies are crucial for creating safe and supportive environments for both students and staff. Schools play a pivotal role in HIV prevention education, reducing stigma, and supporting affected individuals.

Boarding secondary schools represent a unique environment where students and teachers live and interact closely, creating a microcosm for observing the implementation and impact of HIV/AIDS policies. These schools are not only educational institutions but also residential communities, making the provision of care and support for HIV-positive individuals even more critical. The close-knit nature of boarding schools means that effective policy implementation can significantly influence the well-being and academic success of students and teachers living with HIV.

1.3 Statement of the Problem

The HIV/AIDS Workplace Policy is a vital framework within educational settings, particularly in boarding secondary schools, to address the needs of HIV-positive individuals. These policies typically include: provisions for confidentiality, non-discrimination, access to medical care, psychological support, and educational accommodations. Effective implementation of these policies can create an inclusive and supportive environment, helping to reduce stigma and improve health outcomes.

Various studies conducted in Africa on HIV/AIDS Workplace Policy reveal various strategies adopted by organisations, including schools and colleges, to implement the policy (Kalumbi, 2015; Chileshe, 2010; Soko et al., 2012; Mbulaje, 2020; Visser, 2005). Literature further highlights that school-based HIV/AIDS interventions in Sub-Saharan Africa have predominantly focused on prevention, often neglecting the policy's objective of providing care and support to teachers and learners living with HIV/AIDS (Kimera et al., 2021; Aggleton et al., 2011). This trend is evident in Malawi, where care and support initiatives are mainly provided outside of schools, despite teachers and learners spending most of their time in school (Medicins San Frontiers, 2023; Puleni, 2008; Kadzamira et al., 2001).

Specific challenges faced by learners, particularly children and teenagers, require dedicated care and support (Medicins San Frontiers, 2023). There is limited research on how secondary schools in Malawi, especially boarding schools, achieve the objective of care and support in relation to the HIV/AIDS Workplace Policy. The experiences of teachers and learners in the implementation of HIV/AIDS Workplace Policies are critical in understanding the practical challenges and successes of these policies. Teachers play a dual role as educators and caregivers, often needing to provide both academic and emotional support to HIV-positive students. Similarly, learners must navigate their educational journey while managing their health, requiring robust support systems to succeed. Boarding schools were chosen for this study because they present unique challenges and opportunities in implementing care and support initiatives, given that students spend a significant amount of their time in these settings, often away from their families. This study sought to understand the experiences of teachers and students in boarding secondary schools in implementing the HIV/AIDS Workplace Policy, focusing on the objective of care and support.

1.4 Purpose of the Study

The purpose of this study was to understand the experiences of teachers and learners in boarding secondary schools in achieving the objective of care and support in the implementation of the HIV/AIDS Workplace Policy.

1.5 Objectives of the Study

1.5.1 Main Objective

The main objective of the study was to explore the experiences of teachers and learners in boarding secondary schools in achieving the objective of care and support in the implementation of the HIV/AIDS Workplace Policy in Malawi.

1.5.2 Specific Objectives

The study used the following specific objectives:

a) To assess the awareness and understanding of the HIV/AIDS Workplace Policy among teachers and students in boarding secondary schools.
b) To identify strategies that the boarding secondary schools have put in place in order to achieve the objective of the care and support in the implementation of the HIV/AIDS Workplace Policy.
c) To examine the challenges faced by teachers and students in boarding secondary schools in achieving the objective of care and support in the implementation of the HIV/AIDS Workplace Policy.
d) To analyse the role of school administration and support staff in facilitating the care and support components of the HIV/AIDS workplace policy in boarding secondary schools.

1.6 Research Questions

1.6.1 Main Question

The guiding question of the study was: What are the experiences of teachers and learners in the boarding secondary schools in achieving the objective of care and support in the implementation of the HIV/AIDS Workplace Policy in Malawi?

1.6.2 Sub-Research Questions

a) What is the level of awareness and understanding of the HIV/AIDS Workplace Policy among teachers and learners in boarding secondary schools in Malawi?
b) What strategies have been put in place by boarding secondary schools to achieve the objective of care and support in the implementation of the HIV/AIDS Workplace Policy in Malawi?
c) What challenges do teachers and learners face in achieving the objective of care and support in the implementation of the HIV/AIDS Workplace Policy?
d) What role do school administration and support staff play in achieving the objective of care and support in the implementation of the HIV/AIDS Workplace Policy?

1.7 Significance of the Study

The findings of this study had practical implications for the implementation of HIV/AIDS Workplace Policies in boarding secondary schools. The implications would help policymakers and educational administrators refine existing policies to be more effective and responsive to the needs of HIV-positive individuals. This would lead to improved health outcomes, reduced stigma, and a more supportive educational environment, ultimately contributing to the well-being of both teachers and learners.

The study highlighted the crucial role of school administration and support staff in the effective implementation of HIV/AIDS policies. The implications derived from the study can help school administrations develop more robust and comprehensive support frameworks, ensuring that HIV-positive individuals receive the necessary care and assistance. This would enhance the overall effectiveness of HIV/AIDS policies and contribute to a more inclusive school environment.

The findings of this study laid a solid foundation for future research on HIV/AIDS policy implementation in educational settings. By identifying key areas where further investigation was needed, the study encouraged ongoing research that can continue to improve understanding and inform policy development. This would lead to more nuanced and effective strategies for managing HIV/AIDS within schools, ultimately

contributing to better health outcomes and educational experiences for HIV-positive individuals.

1.8 Chapter Summary

Chapter One has presented the background, significance, objectives, and structure of the research on the implementation of the HIV/AIDS Workplace Policy in boarding secondary schools in Malawi. The chapter highlighted the critical need to explore how the policy is understood and applied by teachers and learners, as well as the support systems and challenges involved. Description of the research problem and its importance within the educational context showed the necessity of examining both the successes and limitations of current policy implementation. The objectives and research questions outlined provide a clear roadmap for the subsequent chapters, establishing a framework for investigating the multifaceted experiences of the study's participants. The following chapter presents a review of empirical literature and theoretical framework.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviewed the existing literature relevant to the implementation of HIV/AIDS Workplace Policies in educational settings, focusing on the experiences of teachers and learners in boarding secondary schools. It began by providing an overview of awareness and understanding of the HIV/AIDS Workplace Policy. The review then delved into specific studies on HIV/AIDS policies within schools, highlighting successful strategies and persistent challenges. Additionally, the chapter explored theoretical frameworks that have been applied to study HIV/AIDS policy implementation, with a particular focus on Social Learning Theory (SLT). This theory was discussed in terms of its relevance and applicability to understanding the dynamics of policy implementation in educational settings. This chapter identified gaps in the current literature and underscored the need for further research to enhance policy effectiveness in supporting HIV-positive individuals in schools.

2.2 Empirical Literature Review

2.2.1 Awareness and Understanding of HIV/AIDS Workplace Policies

HIV/AIDS workplace policies are designed to create a safe and supportive environment for employees living with HIV/AIDS, to reduce stigma and discrimination, and to ensure that all employees have access to information, prevention, and care services. These policies typically include guidelines on confidentiality, non-discrimination, education and training, and access to healthcare services. According to the International Labour Organization (ILO), such policies aim to protect the rights of workers, promote a healthy workplace, and support the management of HIV/AIDS in the workforce (ILO, 2010).

Globally, awareness of HIV/AIDS workplace policies varies significantly across regions and sectors. In high-income countries, there is generally higher awareness due to stronger legislative frameworks and more extensive workplace programmes. For example, a study by UNAIDS (2019) highlighted that countries with comprehensive national HIV/AIDS policies tend to have higher levels of awareness and better implementation at the workplace level.

In Sub-Saharan Africa, where the HIV/AIDS prevalence is among the highest globally, awareness is crucial for mitigating the epidemic's impact. However, awareness levels can be inconsistent. A study conducted in South Africa found that while large corporations had robust awareness and implementation of HIV/AIDS policies, small and medium-sized enterprises (SMEs) lagged behind (George et al., 2019).

Education and training are critical for raising awareness and understanding of HIV/AIDS workplace policies. Programmes that provide regular, comprehensive training on HIV/AIDS can significantly improve knowledge and attitudes among teachers and students. For instance, the Centres for Disease Control and Prevention (CDCP) emphasised the importance of continuous education to sustain high levels of awareness (CDCP, 2021).

Effective communication strategies are essential for disseminating information about HIV/AIDS workplace policies. Studies have shown that the use of multiple communication channels, including workshops, seminars, posters, and digital media, can enhance awareness and understanding. A report by the World Health Organization (WHO) suggested that tailored communication efforts that consider cultural and social contexts are more successful (WHO, 2020).

Cultural and social factors play a significant role in shaping awareness and understanding of HIV/AIDS workplace policies. In many African communities, stigma and misconceptions about HIV/AIDS can hinder effective communication and policy implementation. A study by Nyblade, Showman.....et al. (2019) highlighted that addressing cultural barriers and engaging community leaders can improve policy awareness and acceptance.

Several case studies provide insights into the factors influencing awareness and understanding of HIV/AIDS workplace policies in educational settings. For example, a study conducted in Kenya's secondary schools found that targeted training for teachers and inclusive policy dissemination efforts significantly improved awareness levels (Muthoni & Nyaga, 2018). Similarly, research in Zambia's boarding schools revealed that integrating HIV/AIDS education into the school curriculum was effective in raising awareness among students (Chanda-Kapata et al., 2017).

2.2.2 Effectiveness of Care and Support Strategies in the Implementation of HIV/AIDS Workplace Policies

Care and support mechanisms in HIV/AIDS workplace policies are crucial for ensuring that individuals affected by HIV/AIDS receive the necessary support to maintain their health and well-being. These mechanisms typically include counselling services, health services and support groups, peer education and mentorship programmes. Counselling services are psychological and emotional support services to help individuals cope with their diagnosis and manage stress. Health services and support groups refers to access to medical care, antiretroviral therapy (ART), and peer support groups. Peer education and mentorship programmes are programmes where trained peers provide education, support, and mentorship to their colleagues. According to a report by WHO (2021), these components are essential for comprehensive care and support in the workplace, contributing to improved health outcomes and reduced stigma.

There are different metrics for evaluating effectiveness of care and support strategies. The first one is utilisation rates which measure the extent to which employees use available services. The other metric is satisfaction and impact on well-being. This metric measures employee satisfaction with the services and their perceived impact on their physical and mental health. The last metric is academic and professional outcomes. This measures the influence of support mechanisms on employees' performance, retention, and overall job satisfaction. A study by Nyblade (2019) highlighted that high utilisation rates and positive feedback on satisfaction and well-being are strong indicators of effective care and support mechanisms.

Numerous studies have evaluated the effectiveness of care and support mechanisms in educational settings. An evaluation of the HIV/AIDS education and support

programme in Botswana's secondary schools found significant improvements in students' knowledge and attitudes towards HIV/AIDS, reduced stigma, and increased utilisation of counselling and health services (Molefi, 2018). A study in South African schools revealed that comprehensive care and support programmes, including regular health check-ups and peer education, significantly improved students' mental health and academic performance (Visser, Schoema & Slabbert, 2020).

Effectiveness of care and support strategies is affected by two main limitations. First, many schools face challenges related to insufficient funding and resources, limiting the availability and quality of care and support services (UNAIDS, 2020). Second, persistent stigma and discrimination against individuals living with HIV/AIDS can hinder the effectiveness of care and support mechanisms. A study by Tsai (2017) found that stigma remains a significant barrier to accessing services in many educational institutions.

In Malawi and other Sub-Saharan African countries, several initiatives have aimed to improve the effectiveness of care and support mechanisms. A programme implemented in Malawi's secondary schools focused on integrating HIV/AIDS education into the school curriculum and providing regular health services and counselling. The programme reported increased knowledge and reduced stigma among students (Chirwa, Sithole & Malata, 2019). In Zambia, the introduction of school-based health services, including regular HIV testing and counselling, led to increased uptake of these services and improved health outcomes among students (Kapata, Kapata & Ngosa, 2018). A peer education programme in Kenyan boarding schools demonstrated that trained peer educators could effectively disseminate HIV/AIDS information and provide support, leading to higher utilisation of health services and better mental health among students (Ndung'u, 2020).

2.2.3 Challenges in Implementation and Utilisation of HIV/AIDS Workplace Policies

Implementing HIV/AIDS workplace policies often encounters numerous barriers that hinder their effectiveness. These challenges can be broadly categorised into resource constraints, stigma and discrimination, and policy and administrative barriers.

One of the most significant challenges in implementing HIV/AIDS workplace policies is the lack of sufficient resources. This includes financial resources, human resources, and infrastructure. In many low- and middle-income countries, including Malawi, the funding allocated to health programmes is often limited, leading to inadequate implementation of HIV/AIDS policies. According to a report by the Global Fund (2021), many Sub-Saharan African countries face critical funding gaps that impede the delivery of essential HIV services. This scarcity of resources results in insufficient access to necessary medications, limited availability of counselling services, and a lack of comprehensive training programmes for staff.

The shortage of trained healthcare personnel is another significant barrier. Without adequately trained staff, the quality of care and support provided to individuals living with HIV/AIDS is compromised. WHO (2020) observed that many countries face a critical shortage of healthcare workers trained in HIV care, which severely limits the implementation of effective workplace policies.

Stigma and discrimination against individuals living with HIV/AIDS remain pervasive barriers to the effective implementation and utilisation of workplace policies. Despite significant progress in raising awareness about HIV/AIDS, many individuals continue to face stigma and discrimination in various settings, including workplaces and educational institutions. This stigma can discourage individuals from disclosing their HIV status and accessing necessary services, thereby undermining the effectiveness of HIV/AIDS workplace policies.

A study by Nyblade et al. (2019) found that stigma in health facilities remains a significant barrier to accessing HIV services. The fear of being stigmatised or discriminated against can prevent individuals from seeking testing, treatment, and support, leading to poorer health outcomes and perpetuating the cycle of stigma. This issue is particularly pronounced in educational settings, where the fear of negative repercussions can deter both teachers and students from utilising available services.

Policy and administrative barriers also pose significant challenges to the implementation of HIV/AIDS workplace policies. These barriers include inadequate policy frameworks, lack of enforcement mechanisms, and bureaucratic hurdles. In

many cases, national HIV/AIDS policies may exist, but their implementation at the institutional level is often inconsistent and poorly monitored.

The Joint United Nations Programme on HIV/AIDS (UNAIDS, 2020) reports that while many countries have adopted comprehensive HIV/AIDS policies, the lack of effective enforcement and monitoring mechanisms often leads to gaps in implementation. Additionally, bureaucratic processes and administrative inefficiencies can delay the implementation of policies and hinder access to essential services.

The implementation of HIV/AIDS workplace policies in boarding secondary schools presents unique challenges due to the distinct environment and dynamics of these institutions. Boarding schools have a unique environment that can both facilitate and hinder the implementation of HIV/AIDS workplace policies. On one hand, the close-knit community of a boarding school can foster peer support and create opportunities for effective dissemination of HIV/AIDS information. On the other hand, the same environment can also perpetuate stigma and discrimination if not properly managed. A study by Chirwa et al. (2019) in Malawi's boarding schools found that while the boarding school environment provided an opportunity for targeted interventions, it also posed challenges related to privacy and confidentiality. Students living in close quarters often feared that seeking HIV-related services would lead to unwanted disclosure of their status, resulting in stigma and discrimination.

The perspectives and attitudes of teachers and students play a crucial role in the implementation and utilisation of HIV/AIDS workplace policies. Teachers, as key implementers of these policies, must be adequately trained and supported to effectively deliver HIV/AIDS education and support services. However, a study by Visser et al. (2020) in South African schools found that many teachers felt ill-equipped to handle HIV-related issues due to a lack of training and support.

Students, on the other hand, may face barriers related to knowledge, attitudes, and cultural beliefs. A study by Kapata et al. (2018) in Zambia highlighted those misconceptions about HIV/AIDS and cultural taboos surrounding the disease often prevented students from seeking help and utilizing available services. Addressing

these barriers requires comprehensive education and sensitization programmes that target both teachers and students.

The challenges discussed above have a profound impact on the effectiveness of HIV/AIDS workplace policies and the outcomes for individuals living with HIV/AIDS. For example, a study by Tsai (2017) in Uganda found that resource constraints, stigma, and policy barriers significantly hindered the implementation of HIV/AIDS policies in educational institutions. The study reported that schools with better resources and more supportive environments were more successful in implementing effective HIV/AIDS policies and achieving positive health outcomes for students.

Another study by Muthoni & Nyaga (2018) in Kenya's secondary schools found that addressing stigma and discrimination through targeted education and support programmes led to increased utilisation of HIV services and improved health outcomes among students. The study highlighted the importance of creating a supportive and inclusive environment to overcome the barriers to policy implementation.

Addressing the challenges to implementing and utilising HIV/AIDS workplace policies requires a multi-faceted approach. Strategies include increasing funding and resources, enhancing training and capacity-building programmes, addressing stigma and discrimination, and improving policy frameworks and enforcement mechanisms. A report by the Global Fund (2021) emphasised the need for sustainable funding and resource allocation to support the implementation of HIV/AIDS policies. This includes investing in healthcare infrastructure, training programmes, and community-based interventions. Additionally, efforts to address stigma and discrimination must be prioritised, including engaging community leaders and implementing comprehensive sensitisation programmes.

2.2.4 Role of School Administration and Support Staff in the Implementation of HIV/AIDS Workplace Policies

School administrators and support staff play a crucial role in the implementation of HIV/AIDS workplace policies. Their responsibilities encompass a wide range of

activities, including policy development, resource allocation, training, and creating a supportive school environment.

Administrators are responsible for developing comprehensive HIV/AIDS policies that align with national guidelines and ensure the protection and support of all students and staff. This includes establishing clear protocols for HIV prevention, testing, treatment, and support services. According to a study by Gaudreau (2020), effective policy development involves collaboration with healthcare professionals, educators, and community stakeholders to ensure policies are comprehensive and culturally sensitive.

Allocating resources effectively is another critical responsibility. School administrators must ensure that adequate financial and material resources are available to implement HIV/AIDS policies. This includes funding for educational materials, training programmes, healthcare services, and support groups. A report by WHO (2021) emphasised that sufficient resource allocation is vital for the success of HIV/AIDS interventions in schools.

Administrators and support staff are also tasked with organising and facilitating training programmes for teachers, healthcare staff, and students. These programmes should cover various aspects of HIV/AIDS, including prevention, treatment, stigma reduction, and support services. A study by Chopra, Daviaud, Pattinson, Fonn & Lawn (2018) showed that regular training and capacity-building initiatives are essential for ensuring that all staff members are equipped to handle HIV-related issues effectively.

Creating a supportive and inclusive school environment is crucial for the successful implementation of HIV/AIDS policies. This involves fostering an atmosphere of acceptance and respect, addressing stigma and discrimination, and promoting the well-being of all students and staff. According to UNESCO (2020), school administrators play a key role in establishing a culture of support and inclusivity, which is essential for encouraging individuals to seek help and utilise available services. Effective school leadership significantly impacts the success of HIV/AIDS workplace policies. Leaders who prioritise HIV/AIDS education and support can drive positive changes in school culture and improve policy outcomes.

School leaders must demonstrate a clear vision and commitment to addressing HIV/AIDS. This involves setting strategic goals, mobilising resources, and engaging the entire school community in efforts to combat HIV/AIDS. A study by Okello, Jones, Bonnell, Warren & Ross (2019) in Ugandan schools found that strong leadership commitment was associated with higher levels of policy implementation and better health outcomes for students.

Collaborative leadership, which involves engaging teachers, students, parents, and community members, is essential for effective policy implementation. School leaders who foster collaboration can build a collective sense of responsibility and ensure that all stakeholders are actively involved in HIV/AIDS initiatives. According to Bush and Glover (2021), collaborative leadership approaches lead to more sustainable and impactful HIV/AIDS interventions in educational settings.

Several case studies illustrate the positive impact of effective school administration on the implementation of HIV/AIDS policies. In South Africa, the implementation of comprehensive school health programmes has been successful in several regions. These programmes, supported by strong school leadership, provide integrated health services, including HIV testing, counselling, and treatment. A case study by Visser et al. (2020) found that schools with proactive leadership and robust health programmes reported higher rates of HIV testing and reduced stigma among students. In Kenya, school administrators have successfully implemented peer education and support initiatives to address HIV/AIDS. These programmes train students to act as peer educators and provide support to their peers, creating a supportive school environment. According to a study by Ndung'u (2020), schools with strong administrative support for peer education programmes saw increased HIV awareness and reduced stigma among students. In Malawi, some schools have integrated HIV/AIDS education into their curriculum with strong support from school administrators. This approach ensures that all students receive comprehensive HIV/AIDS education and are aware of available support services. Chirwa et al. (2019) reported that schools with integrated HIV/AIDS education and strong administrative support showed improved student knowledge and attitudes towards HIV/AIDS.

Despite their critical role, school administrators and support staff face several challenges in implementing HIV/AIDS workplace policies. One of the primary

challenges is the limited availability of resources. Many schools, particularly in low-income regions, lack the necessary funding, infrastructure, and healthcare personnel to implement comprehensive HIV/AIDS programmes. According to the Global Fund (2021), funding gaps remain a significant barrier to effective HIV/AIDS policy implementation in many Sub-Saharan African countries.

Stigma and discrimination continue to be pervasive issues in many schools. Even with strong leadership, addressing deeply rooted stigma requires sustained efforts and cultural change. A study by Nyblade (2019) found that stigma in educational settings can significantly hinder the utilisation of HIV services and the effectiveness of HIV/AIDS policies.

Administrative and policy-related barriers, such as bureaucratic inefficiencies and lack of coordination, also pose significant challenges. Ensuring that policies are consistently implemented and monitored requires effective administrative processes and clear communication channels. According to UNAIDS (2020), the lack of streamlined administrative procedures can impede the timely and effective implementation of HIV/AIDS policies.

Addressing these challenges and enhancing the role of school administration and support staff requires targeted strategies. Investing in regular training and capacity-building programmes for school administrators and support staff is essential. These programmes should focus on HIV/AIDS education, stigma reduction, and policy implementation. A study by Gaudreau et al. (2020) suggested that continuous professional development can significantly improve the ability of school staff to manage HIV-related issues effectively.

Efforts to mobilise resources at the local, national, and international levels are crucial for addressing funding gaps. Schools can partner with governmental and non-governmental organizations to secure funding and support for HIV/AIDS programmes. The Global Fund (2021) highlighted the importance of multi-sectoral partnerships in enhancing resource availability for HIV/AIDS interventions.

Engaging the broader community, including parents, healthcare providers, and local organizations, can create a supportive environment for implementing HIV/AIDS policies. Collaborative efforts can help reduce stigma, increase awareness, and ensure

that students and staff have access to comprehensive support services. According to Bush and Glover (2021), community engagement is a key component of successful HIV/AIDS interventions in schools.

2.3 Theoretical Framework

The study utilised Social Learning Theory (SLT) as a philosophical underpinning. SLT, developed by psychologist Albert Bandura in the 1960s, emphasises the importance of observing, modelling, and imitating the behaviours, attitudes, and emotional reactions of others. Bandura proposed that learning occurs in a social context and can happen purely through observation or direct instruction, even in the absence of motor reproduction or direct reinforcement. The theory integrates a continuous interaction between cognitive, behavioural, and environmental influences. This framework challenged the behaviourist view that all behaviours are learned through conditioning, positing instead that social behaviour is acquired through a combination of environmental and psychological factors.

The core principles of SLT include attention, retention, reproduction, and motivation. Attention refers to the extent to which an individual notices something in their environment. Retention involves remembering what one observed. Reproduction is the ability to replicate the behaviour observed, and motivation concerns having a good reason to imitate the behaviour. Additionally, Bandura introduced the concept of reciprocal determinism, where a person's behaviour both influences and is influenced by personal factors and the social environment. Observational learning, imitation, and modelling are central to this theory, suggesting that individuals can learn new information and behaviours by watching others.

Numerous studies have utilised SLT to understand various behaviours across different contexts. For instance, a study by Ryan and Deci (2017) used the theory to explore how modelling and reinforcement impact educational outcomes, finding that students are more likely to adopt positive behaviours when they observe role models demonstrating these behaviours effectively. Similarly, a study by Akers and Jennings (2019) applied SLT to examine the development of aggressive behaviours in adolescents, demonstrating that exposure to aggressive models in the media and family environments significantly increases the likelihood of similar behaviours in

youths. These studies underscored the theory's applicability in understanding how behaviours are acquired and propagated within social contexts.

Despite its wide acceptance and applicability, SLT faced criticisms. One major critique was its insufficient consideration of biological factors and innate behaviours. Critics argued that the theory overemphasises the role of environmental and observational learning while neglecting genetic influences and internal drives. Additionally, the theory was criticised for its limited explanation of how and why observational learning impacts different individuals differently, given the same environmental stimuli. Furthermore, the theory was challenged for not fully addressing the complexities of cognitive processes involved in learning, such as the impact of individual differences in perception and interpretation of observed behaviours.

SLT was particularly suitable as a theoretical framework for this study on the implementation of HIV/AIDS Workplace Policies in boarding secondary schools in Malawi. The theory's focus on observational learning and modelling was relevant for understanding how teachers and students learn and adopt supportive behaviours towards HIV-positive individuals. School administrators and teachers served as role models, demonstrating non-discriminatory practices and promoting a supportive environment, which can be observed and emulated by students. This observational learning significantly reduced stigma and encourage positive interactions among students. Moreover, the principles of attention, retention, reproduction, and motivation helped to analyse how effectively HIV/AIDS policies are communicated and adopted within the school environment. The study provided insights into the mechanisms through which supportive behaviours and attitudes are developed and propagated in educational settings, ultimately enhancing the effectiveness of HIV/AIDS Workplace Policies.

2.4 Chapter Summary

This chapter has provided a detailed review of the existing literature on HIV/AIDS policies in educational settings, the principles of SLT, and related empirical studies. The chapter discussed how SLT, which emphasises learning through observation, imitation, and modelling, is particularly relevant to understanding the behaviour and

attitudes of teachers and learners regarding HIV/AIDS policies. It also highlighted previous research that identified gaps in policy awareness, issues of stigma and discrimination, and the need for effective support mechanisms. The chapter illuminated the theoretical and empirical context in which the current research is situated, justifying the need for further investigation into the specific experiences within Malawian boarding schools. In the next chapter, methodological aspects that were followed during the implementation of the study has been explained and justified.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlined the research methodology employed to investigate the experiences of teachers and learners in achieving care and support on the implementation of HIV/AIDS Workplace Policies in boarding secondary schools in Malawi. It began with a discussion of the research design, justifying the use of a qualitative approach. The chapter then detailed the study setting and population. The data collection methods were described, along with the procedures for conducting these activities. The chapter also addressed the data analysis techniques used to interpret the collected information. Ethical considerations were discussed comprehensively. Finally, the chapter highlighted the study's limitations. Thus, this chapter provided a transparent account of the research process and ensuring the reliability and validity of the findings.

3.2 Research Paradigm

The research adopted an interpretative paradigm, which is grounded in the belief that reality is socially constructed and best understood through the meanings that people assign to their experiences (Creswell & Poth, 2018). This paradigm aligned with the study's goal to explore subjective experiences and interpretations of teachers and learners regarding the HIV/AIDS Workplace Policy in Malawi. An interpretative approach was suitable for this research because it emphasises understanding the context-specific meanings and perspectives of participants. By focusing on participants' lived experiences, the study aimed to capture the complexity and richness of their interpretations of the policy's impact on their professional and personal lives.

The interpretative paradigm also recognised that the researcher plays an active role in the co-construction of knowledge. This involves engaging with participants in a way that allows for the emergence of deep, contextual insights (Schwandt, 2015). The

researcher's reflexivity and interaction with participants were crucial for uncovering the nuanced understandings and meanings that are central to this study. This worldview was appropriate for the research as it enabled a thorough exploration of how teachers and learners perceive and experience the HIV/AIDS Workplace Policy within their specific educational and cultural context.

3.3 Research Design

A case study design was employed, focusing on secondary schools in the Central West Education Division (CWED) as a case. This design was chosen because it allows for an in-depth examination of a specific context, providing a comprehensive understanding of the phenomena being studied (Yin, 2018). By concentrating on a single case, the study explored the intricate details and contextual factors influencing the experiences of teachers and learners in the educational system.

The case study design was particularly well-suited for investigating contemporary phenomena within their real-life context, especially when the boundaries between the phenomenon and context are not clearly defined (Yin, 2018). This approach enabled the researcher to collect and analyse multiple sources of evidence, including interviews, focus group discussions, and document analysis, to build a holistic understanding of the HIV/AIDS Workplace Policy's impact. The focus on the CWED provided a specific and relevant context for examining the policy's implementation and its effects on the target population.

3.4 Research Methods

This study utilised qualitative research methods, which are appropriate for exploring complex phenomena and understanding the depth and richness of human experiences (Denzin & Lincoln, 2018). Qualitative methods allow for flexibility and adaptability in data collection and analysis, enabling the researcher to capture the detailed perspectives of participants. This approach was particularly suitable for the study as it focused on the subjective experiences and interpretations of teachers and learners regarding the HIV/AIDS Workplace Policy in Malawi.

Qualitative research methods are characterised by their focus on naturalistic inquiry, meaning that data are collected in the participants' natural settings (Merriam & Tisdell, 2016). This approach allowed for an in-depth understanding of the social and cultural contexts that shape participants' experiences. The study gathered rich, detailed data that provided insights into the complexities of the HIV/AIDS Workplace Policy's implementation and its effects on the target population.

3.5 Data Generation Methods

The study employed three primary data generation methods: semi-structured interviews, focus group discussions, and document analysis.

3.5.1 Semi-Structured Interviews

Semi-structured interviews were conducted with head teachers and School Health and Nutrition (SHN) teachers to collect detailed, personal accounts of their experiences with the HIV/AIDS Workplace Policy. This method is advantageous because it allows for flexibility in exploring specific topics while maintaining a consistent structure across all interviews (Kallio et al., 2016). The semi-structured format facilitated the inclusion of both predetermined questions and follow-up questions based on participants' responses.

One of the interview questions included "Can you describe your experience with the HIV/AIDS Workplace Policy at your school?" This open-ended question allowed participants to provide a narrative of their personal experiences, capturing the depth and complexity of their interactions with the policy. Another question was "How has the policy impacted your daily work and interactions with colleagues and students?" This question aimed to understand the practical implications of the policy on participants' professional lives and relationships within the school environment. The researcher also asked "What challenges have you encountered in the implementation of the HIV/AIDS Workplace Policy?" This question sought to identify specific obstacles and issues faced by participants, providing insights into areas where the policy may need improvement.

The interviews were recorded and transcribed verbatim to ensure accuracy and facilitate detailed analysis. The transcriptions were then coded to identify key themes and patterns in the data.

3.5.2 Focus Group Discussions

Focus group discussions (FGDs) were conducted to gather collective views and stimulate discussion among participants who are the teachers and learners. Three FGDs were conducted per school (1 for the girls, 1 for the boys and 1 for the teachers). This method is effective for exploring shared experiences and generating diverse perspectives on the research topic (Krueger & Casey, 2015). Focus groups allowed participants to interact with one another, prompting reflections and discussions that might not emerge in individual interviews. In FGDs, the researcher included various questions. One of the questions was "What are the common challenges you face regarding the implementation of the HIV/AIDS Workplace Policy?" This question encouraged participants to share and compare their experiences, highlighting common issues and areas of concern. Another question was "Can you discuss any instances where the policy has been particularly effective or ineffective?" This question aimed to identify specific examples of the policy's impact, providing concrete evidence of its successes and shortcomings.

FGDs were also recorded and transcribed. The data from these discussions were analysed to identify recurring themes and to compare and contrast the views expressed by different groups.

3.5.3 Document Analysis

Document analysis was employed as a third data generation method, allowing for the examination of relevant policy documents, reports, and records. This method helps to corroborate and contextualise the findings from interviews and focus groups (Bowen, 2009). The researcher reviewed the official HIV/AIDS Workplace Policy to have a clear understanding of the policy's goals, guidelines, and expected outcomes. School reports and records also offered insights into how the policy was being implemented at the school level and its impact on daily operations. Government publications and statistical reports provided a broader context for understanding the prevalence of HIV/AIDS in the educational system and the government's overall strategy for addressing the issue.

Document analysis involves a systematic review and interpretation of the content. The researcher identified relevant sections, highlighted key points, and noted any inconsistencies or gaps between the policy's intentions and its implementation. This method helped to triangulate the data and provided a comprehensive understanding of the research topic.

3.6 Target Population and Location

The target population for this study comprised teachers and learners from government boarding secondary schools in the CWED in Malawi. This population was chosen due to the unique context and challenges faced by boarding schools compared to non-boarding schools, making them a relevant group for examining the implementation and impact of the HIV/AIDS Workplace Policy. The location was selected to provide a focused and contextually rich examination of the phenomena under study.

Boarding secondary schools were chosen because they offer a distinct environment where both teachers and learners reside on the school premises, potentially amplifying the effects of the HIV/AIDS Workplace Policy. This setting provides a unique context for exploring how the policy is implemented and experienced by those who are immersed in the school environment.

The schools referred to as “School A” and “School B” serve learners from diverse socio-economic backgrounds. School A is a co-educational boarding school and it offers the Malawi School Certificate of Education program and has basic facilities. On the other hand, School B is a co-educational boarding school and it offers Malawi School Certificate of Education program and has similar facilities as School A.

3.7 Sampling Procedure

The study employed purposive sampling, a non-probability sampling technique suitable for qualitative research, as it allows the selection of information-rich cases most relevant to the research questions (Palinkas et al., 2015). This method ensured that the sample includes individuals who can provide deep, insightful data on the research topic.

To ensure the selection of participants who could provide comprehensive insights, the following criteria were used:

- Participants needed to have direct experience with the HIV/AIDS Workplace Policy, either as implementers (head teachers) or as beneficiaries (teachers and learners).
- A mix of participants from different age groups, genders, and backgrounds was sought to capture a broad range of perspectives.
- Participants were selected from government boarding secondary schools within the CWED to ensure a representative sample and to capture any variations in experiences across different schools.

The recruitment process involved several steps to ensure a diverse and representative sample:

- The researcher reached out to school administrators to explain the study's purpose and request their assistance in identifying potential participants. Administrators were asked to nominate teachers and learners who met the selection criteria.
- Information sessions were held at the schools to inform potential participants about the study, its objectives, and the importance of their participation. These sessions provided an opportunity for participants to ask questions and understand their role in the research.
- Emphasis was placed on voluntary participation, ensuring that individuals could choose to participate without any coercion. Consent forms were distributed and collected to document participants' willingness to be involved in the stud

The final sample included:

- 18 Teachers: This group consisted of both male and female teachers from various academic departments, ensuring a range of perspectives on the policy's implementation and impact. It also included two head teachers and two School Health and Nutrition (SHN) teachers.
- 32 Learners: This group included both male and female students from different grade levels and boarding houses, providing insights into the experiences of learners at different stages of their education.

The sample size was determined based on the principle of data saturation, which is reached when no new information or themes emerge from the data (Guest, Bunce, & Johnson, 2006). A total of 20 participants were interviewed, and two focus group discussions were conducted, each comprising eight participants. This sample size was sufficient to achieve data saturation and ensure a comprehensive understanding of the research topic.

Determining the sample size in qualitative research involved balancing the need for detailed, in-depth data with the practical considerations of time and resources. By achieving data saturation, the study ensured that the collected data were thorough and that the findings were robust and reliable.

3.8 Credibility and Trustworthiness

Ensuring credibility and trustworthiness in qualitative research involves multiple strategies (Creswell & Poth, 2018). The following measures were implemented:

- Triangulation: Using multiple data generation methods (interviews, focus groups, and document analysis) to cross-verify findings. Triangulation enhances the credibility of the findings by providing multiple perspectives on the research topic.
- Member Checking: Participants were asked to review and validate the findings to ensure accuracy and authenticity. This process involves sharing the preliminary findings with participants and soliciting their feedback to confirm that their experiences were accurately represented. In this study, the researcher invited two participants from each sample category to review their interview transcripts and the initial thematic analysis. Participants were asked to verify the accuracy of the transcriptions and the researcher's interpretations. For example, a school administrator confirmed that the theme "Lack of Comprehensive Training" and added that more hands-on workshops would be beneficial. This feedback was then incorporated into the final analysis to ensure the findings accurately represented participants' experiences.
- Prolonged Engagement: Spending sufficient time in the field to build rapport and gain a deep understanding of the context. Prolonged engagement helps the researcher to become more familiar with the participants' environment and experiences, contributing to the credibility of the data. The researcher had

multiple visits to schools (3 visits) and lengthy interactions with teachers to observe their daily routines and policy implementations. The extended time facilitated the collection of rich, detailed data and the opportunity to observe any changes or consistencies over time.

- Audit Trail: Maintaining detailed records of the research process, including data collection and analysis procedures, to enhance transparency. An audit trail allows other researchers to follow the research process and verify the findings, thereby enhancing the trustworthiness of the study. The study achieved an audit trail by meticulously documenting all research processes, decisions, and data collection activities. Detailed field notes, interview transcripts, and reflective journals were maintained to track the research progression and decisions made at each stage. These records were regularly reviewed and cross-checked to ensure consistency and transparency. This systematic documentation promoted external verification.

3.9 Data Analysis Procedure

The data analysis process involved thematic analysis, a method suitable for identifying, analysing, and reporting patterns within qualitative data (Braun & Clarke, 2006). This method allowed for a flexible and systematic approach to analysing the data, making it appropriate for this study.

Steps in Thematic Analysis

- Familiarisation with Data: The researcher began by thoroughly reading and re-reading the interview transcripts, focus group discussions, and documents. This initial phase involved immersing in the data to gain a comprehensive understanding of the content. Example: While reading the transcripts, the researcher noted recurring mentions of "stigma" and "support systems," indicating potential themes.
- Generating Initial Codes: After familiarising with the data, the researcher systematically coded the data by identifying significant features and labelling them with descriptive codes. Example: The code "stigma" was used to label segments of text where participants discussed experiences of stigma related to

HIV/AIDS. The code "support systems" was used for discussions about available support mechanisms within the schools.

- Searching for Themes: The researcher grouped related codes into broader themes that captured the essence of the data. Example: Codes such as "stigma," "discrimination," and "fear" were combined into a broader theme called "Challenges and Barriers." Codes like "peer support," "counselling services," and "teacher training" were grouped under the theme "Support Mechanisms."
- Reviewing Themes: The themes were reviewed and refined to ensure they accurately represented the data. This involved checking the coherence and consistency of the themes and comparing them with the original data. Example: The researcher revisited the transcripts to ensure that the theme "Challenges and Barriers" captured all relevant aspects of participants' experiences without omitting any significant details.
- Defining and Naming Themes: Each theme was clearly defined and named to reflect its core meaning. The researcher provided detailed descriptions of each theme, explaining what it encompassed and how it related to the research questions. Example: The theme "Challenges and Barriers" was defined as encompassing all forms of stigma, discrimination, and fear experienced by teachers and learners in relation to the HIV/AIDS Workplace Policy.
- Writing the Report: The final step involved integrating and presenting the themes in a coherent and meaningful way in the research report. The researcher provided detailed explanations and examples to illustrate each theme. Example: In the report, the theme "Challenges and Barriers" was illustrated with direct quotes from participants, such as, "Many teachers still face stigma from colleagues when they disclose their HIV status," highlighting the pervasive issue of stigma within the school environment.

3.10 Ethical Issues

The study adhered to ethical guidelines to ensure the protection and respect of participants. Key ethical considerations included:

- Seeking Ethical Clearance: Ethical clearance was obtained from the University of Malawi Research Ethics Committee (UNIMAREC) for protocol

No.P.10/23/304, ensuring that the study met ethical standards and guidelines. A copy has been attached in the appendices.

- Obtaining Informed Consent: Participants were provided with detailed information about the study's purpose, procedures, and their rights, and their informed consent was obtained before participation. A copy of approved informed has been attached in the appendices.
- Confidentiality and Anonymity: Participants' identities were protected by using pseudonyms and secure data storage methods such password-protected files. Personal identifiers were removed from the data to ensure anonymity. For example, the researcher labelled schools as School A, School B, and so on. Therefore, participants were named in relation to their school's label.
- Avoiding Harm: The study ensured that participants were not exposed to any harm or discomfort during the research process. The well-being of participants was prioritised throughout the study. For instance, participants might have experienced distress or emotional discomfort, accidental disclosure of sensitive personal information, and stigma and discrimination, when discussing sensitive topics like HIV/AIDS stigma. To prevent these harms, data minimisation, voluntary participation, and strict confidential protocols were utilised to safeguard participants.

3.11 Chapter Summary

Chapter three has detailed the methodology employed in this study, including the research design, data collection methods, and analytical procedures. The qualitative approach, using qualitative interviews, was justified as the most appropriate to capture the complex and nuanced experiences of teachers and learners. This chapter has outlined the selection criteria for participants, the ethical considerations taken into account, and the strategies used to ensure the reliability and validity of the findings. Thus, this chapter has laid the groundwork for the empirical investigation, ensuring transparency and rigour in the study's execution. Next is the chapter four which comprises the results of the findings and discussion.

CHAPTER FOUR

STUDY FINDINGS AND DISCUSSION

4.1 Introduction

This chapter presented and discussed the findings of the study. The study explored the experiences of teachers and learners in boarding secondary schools in achieving the objective of care and support on the implementation of HIV/AIDS Workplace Policy in Malawi specifically in CWED. The participants' experiences and perspectives provide valuable insight on how care and support is achieved in the schools. Under each specific objective, the findings were organised thematically, reflecting the key issues identified during data collection. Each theme was supported by direct quotations from participants, providing a rich, qualitative understanding of their experiences. The discussion interpreted these findings in the context of existing literature, highlighting areas of convergence and divergence. Applying SLT, the chapter examined how observational learning and modelling influenced the adoption of supportive behaviours and attitudes within the school environment.

4.2 Findings

4.2.1 Awareness and Understanding of HIV/AIDS Workplace Policy

4.2.1.1 Teachers' Awareness and Understanding

i. Knowledge of Policy Provisions

Understanding the specific provisions of the HIV/AIDS Workplace Policy was crucial for its effective implementation. However, the study indicated that while teachers are generally aware of the policy's existence, many lack detailed knowledge of its specific provisions. This gap in knowledge undermined the policy's effectiveness and the support it aims to provide. A senior teacher at school A remarked:

I know there is a policy regarding HIV/AIDS, but I'm not fully aware of all the details. We were given some documents a while back, but there hasn't been much follow-up. I think it's important to revisit these guidelines regularly.

This implied that there was a lack of detailed knowledge among teachers about the specific provisions of the HIV/AIDS Workplace Policy. Without a thorough understanding of the policy details, teachers did not fully implement the intended support measures.

ii. Understanding of HIV/AIDS Basics

While most teachers have a basic understanding of HIV/AIDS, including transmission and prevention, there were gaps in their comprehensive knowledge. This limited understanding affected their ability to effectively support HIV-positive learners and colleagues. A teacher at school B stated:

We have a general understanding of HIV/AIDS, like how it spreads and how to prevent it, but we don't have in-depth knowledge about the medical aspects or the latest developments. This makes it hard to provide accurate information to students.

Teachers' limited understanding of HIV/AIDS basics hindered their ability to educate and support students effectively. Comprehensive knowledge was essential for dispelling myths, reducing stigma, and providing accurate information.

iii. Stigma and Discrimination

Stigma and discrimination remained significant barriers to the effective implementation of the HIV/AIDS Workplace Policy. Teachers' personal biases and the broader school culture perpetuated stigma. This affected the willingness of HIV-positive individuals to seek support. A teacher at school A admitted:

There's still a lot of stigmata attached to HIV/AIDS, even among teachers. Some colleagues are hesitant to discuss it openly, which creates a hostile environment for those affected.

The persistence of stigma and discrimination within the school environment undermined the supportive intentions of the HIV/AIDS Workplace Policy. Teachers

played a crucial role in shaping attitudes and behaviours within the school. Addressing stigma through targeted sensitisation programmes and fostering a culture of acceptance and support was vital for the policy's success.

iv. Workplace Practices and Procedures

Effective implementation of the HIV/AIDS Workplace Policy required clear workplace practices and procedures. However, many teachers were unaware of the specific actions they need to take to support HIV-positive individuals, reflecting a gap in procedural knowledge. A head teacher at school B explained:

> *We need clearer guidelines on what to do when a teacher or student discloses their HIV status. There's a policy, but the practical steps aren't always clear to everyone.*

This statement indicated the need for detailed procedural guidelines to accompany the HIV/AIDS Workplace Policy. Without clear instructions on workplace practices, teachers were uncertain about how to respond appropriately, which hindered the provision of necessary support.

v. Importance of Ongoing Education and Updates on HIV/AIDS-related Issues

Given the evolving nature of HIV/AIDS, ongoing education and updates were crucial for maintaining effective support systems. However, many teachers reported a lack of continuous professional development on HIV/AIDS-related issues, which led to outdated knowledge and practices. A teacher at school A highlighted:

> *We had some training sessions a few years ago, but there hasn't been much since. With all the new developments in HIV treatment and care, it's important to stay updated. Regular workshops would be very helpful.*

Continuous education was essential for keeping teachers informed about the latest developments in HIV/AIDS treatment and care. Regular workshops and training sessions ensured that teachers have up-to-date knowledge and skills to support HIV-positive individuals effectively. This ongoing education enhanced the overall implementation of the HIV/AIDS Workplace Policy, making it more responsive to current needs and developments.

4.2.1.2 Learners' Awareness and Understanding

i. Knowledge of Policy Provisions

Learners' awareness of the HIV/AIDS Workplace Policy was generally limited to basic knowledge, with many not fully understanding the specific provisions and how they benefitted from the policy. This lack of detailed knowledge affected their ability to seek and utilise available support. A learner at school B mentioned:

> *We know there's a policy for HIV/AIDS, but we don't really know what it says or how it can help us. It's just something we hear about during assemblies.*

The limited knowledge of policy provisions among learners indicated a need for better communication and education about the policy. Ensuring that learners understand the specific provisions and benefits of the policy empowered them to seek support and utilise the resources available to them.

ii. Understanding of HIV/AIDS Basics

Learners generally had a basic understanding of HIV/AIDS, often acquired through life skills education and extracurricular activities. However, their knowledge was sometimes superficial, focusing more on general facts rather than in-depth understanding, which perpetuated myths and misconceptions. A learner at school A said:

> *We learn about HIV/AIDS in our life skills class, but it's mostly just the basics. We don't get into the details or learn about the latest information.*

Superficial understanding of HIV/AIDS basics among learners limited their ability to engage in meaningful discussions and support their peers effectively. Comprehensive education that goes beyond basic facts and addresses the latest developments in HIV/AIDS helped to dispel myths and promote a more informed and supportive school environment. Incorporating detailed and updated information into the curriculum enhanced learners' knowledge and understanding.

iii. Stigma and Discrimination

Stigma and discrimination were significant issues among learners, affecting their willingness to discuss HIV/AIDS openly and seek support. Social dynamics and peer

pressure contributed to the perpetuation of stigma, creating a hostile environment for HIV-positive individuals. A learner at school B shared:

> *Talking about HIV/AIDS can be really hard because of how people react. Some students make jokes or say mean things, so it's easier to just stay quiet.*

The persistence of stigma and discrimination among learners created a barrier to effective support and open discussion about HIV/AIDS. Addressing these issues through sensitisation programmes and fostering a culture of acceptance and support was crucial. Schools needed to implement anti-stigma campaigns and provide safe spaces for learners to discuss HIV/AIDS without fear of judgment or discrimination.

iv. Workplace Practices and Procedures

Learners were unaware of the specific practices and procedures in place to support HIV-positive individuals within the school environment. This lack of awareness hindered their ability to seek and receive appropriate support. A learner at school A noted:

> *I'm not sure what the school does to help students with HIV. We don't hear much about it, so I wouldn't know where to go if I needed help.*

The lack of awareness among learners about workplace practices and procedures highlighted the need for better communication and education. Schools should ensure that learners are informed about the specific support systems and procedures in place to help HIV-positive individuals.

v. Importance of Ongoing Education and Updates on HIV/AIDS-related Issues

Continuous education and updates on HIV/AIDS-related issues were essential for maintaining a well-informed student body. However, many learners reported a lack of ongoing education, leading to outdated knowledge and misconceptions about the disease. A learner at school B suggested:

> *We need more regular updates about HIV/AIDS, not just the same information every year. Things change, and we should know about the latest treatments and how to support people better.*

Ongoing education was crucial for keeping learners informed about the latest developments in HIV/AIDS. Regular updates and educational sessions ensured that learners have up-to-date knowledge and can engage in meaningful discussions about the disease. Incorporating current information into the curriculum and extracurricular activities enhanced learners' understanding and support for HIV-positive individuals.

4.2.2 Strategies to Achieve the Objective of the Care and Support in the Implementation of the HIV/AIDS Workplace Policy

i. Comprehensive Health Services

Comprehensive health services were vital in ensuring the well-being of students and teachers affected by HIV/AIDS. Boarding secondary schools have adopted several strategies to achieve the objective of care and support as outlined in the HIV/AIDS Workplace Policy. These strategies involved health education and support integrated into the school's extracurricular activities. For example, at school A, a School Health and Nutrition (SHN) teacher elaborated on the importance of teaching students to adhere to their medication and to support their peers who are HIV positive. This approach was designed to foster an environment of care and understanding within the school community. The SHN teacher (School A) explained:

> *We also teach them to adhere to medicine and not discriminate those who are HIV positive but support them by showing them love and giving them words of encouragement.*

This strategy ensured that students not only receive medical advice but also emotional support, which was crucial for their overall well-being.

ii. Counselling and Psychological Support

Counselling and psychological support played a critical role in the implementation of HIV/AIDS Workplace Policies in boarding secondary schools. These services were tailored to address the mental health and emotional needs of students living with HIV/AIDS, as well as their peers. Sensitisation programmes were a key component of this strategy. They involved periodic discussions aimed at educating students about the dangers of HIV/AIDS and providing specialised counselling for those who are infected. A head teacher at school B described these efforts, stating:

Of course, we do try to do what we call sensitization. We normally have periodic sensitization aaah... of students about the dangers of HIV/AIDS. Of course, we try as much as possible to discuss with them ways in which the disease transfers, how we can prevent it and also have of course some special discussions which we have with some students who are living with the disease yeah... Normally, for them we take a form of counselling" (Head Teacher, School B).

This approach helped students living with HIV/AIDS to receive the psychological support necessary to manage their condition and encourages a supportive and understanding school environment.

iii. Awareness and Education Programmes

Awareness and education programmes were fundamental in addressing HIV/AIDS within boarding secondary schools. These programmes aimed to educate the entire school community about HIV/AIDS, its prevention, and the importance of adherence to the HIV/AIDS Workplace Policy. Although some clubs that previously focused on HIV/AIDS, such as the Girl Guide Club, are no longer active, there were still ongoing efforts to educate students through other means. For instance, students continued to learn about HIV/AIDS through the Life Skills subject. This subject integrated essential information about HIV/AIDS into the curriculum, ensuring continuous education. One participant mentioned the current state of HIV/AIDS education in the schools. It was reported that:

We have clubs like mother group, drama and We Are but the activities that we do when we meet during clubs' time are not related to HIV/AIDS. The focus is on general issues like bullying, teasing, girls' issues like menstruation and dressing... It is only through Life Skills subject where we learn things about HIV/AIDS" (Participant 2, School B).

This indicated that while direct club activities might have diminished, structured educational efforts remain in place to ensure ongoing awareness and education.

iv. Stigma Reduction Initiatives

Reducing stigma associated with HIV/AIDS was crucial for creating an inclusive and supportive school environment. Boarding secondary schools have implemented

various initiatives to combat discrimination and promote acceptance of individuals living with HIV/AIDS. These initiatives were supported by government directives and partnerships with NGOs, which mandate the formation of inclusive education programmes and clubs. For example, the head teacher at school B explained that their school has a special department for inclusive education, which ensured that activities aimed at reducing stigma and supporting students with HIV/AIDS are continuously implemented. The head teacher stated:

> *If you can go to other secondary schools, they don't have the department for eee... inclusive education there. But ours is a special case, so it means we are already mandated that at all cost we have to carry out that. That's why even in the students' body we have a lot students having this problem are sent here..." (Head Teacher, School B).*

This structured approach ensured that stigma reduction initiatives were a core part of the school's operations, fostering an environment where all students feel valued and supported.

v. Support Networks and Resource Provision

Support networks and resource provision were essential components of the care and support strategies in boarding secondary schools. These networks involved collaboration between school staff, healthcare providers, and external organisations to ensure comprehensive care for students and teachers affected by HIV/AIDS. Activities organised by clubs and supported by NGOs provide necessary resources and support. A participant noted the role of matrons, patrons, and specialist teachers in organising and supervising club activities, which include providing guidance and counselling to students living with HIV/AIDS. The participant explained:

> *The learners' activities are looked at by a teacher from special needs or inclusive education department who counsel the students... The boarding mistress and the specialist teachers" (Teacher participant 4, School B).*

This collaborative approach ensured that students have access to a robust support network, and helped them manage their condition effectively.

vi. Parental and Community Engagement

Parental and community engagement was a key strategy in supporting students living with HIV/AIDS. Boarding secondary schools involved parents from the outset by requiring them to disclose any health issues their children may have, including HIV status, when reporting for form 1. This disclosure helped the school tailor its support to the specific needs of the students. A participant described this process:

> *The parents are asked to disclose any health issue that their children have and it's when some parents do disclose the status of their children. There is a form which the parents fill and this is done at the deputy head teachers office and they are open to tell the deputy head teacher what time do their child take medicine and when should they go to the hospital to get their medicine (Teacher participant 3, School A).*

By involving parents in this manner, schools ensured that students receive consistent care and support both at school and at home.

vii. Monitoring and Evaluation

Monitoring and evaluation practices were essential for assessing the effectiveness of the strategies implemented under the HIV/AIDS Workplace Policy. Although the collected data did not provide specific details on systematic monitoring and evaluation, the involvement of government directives and NGOs suggested that there is an oversight mechanism in place. This mechanism likely included regular assessments and adjustments to ensure the effectiveness of the support provided. Participants highlighted the role of government and NGO mandates in shaping the school's activities, indicating an ongoing process of evaluation and improvement. For example, the formation of clubs and inclusion programmes was often a result of directives from these external bodies. This oversight ensured that the schools remain accountable and that the strategies implemented continue to meet the needs of students and teachers living with HIV/AIDS.

4.2.3 The Challenges Affecting the Achievement of the Objective of Care and Support in the Implementation of the HIV/AIDS Workplace Policy

4.2.3.1 Stigma and Discrimination

Stigma and discrimination were pervasive issues that profoundly affected the lives of individuals living with HIV. In the school environment, stigma led to feelings of

isolation and depression among learners. The fear of being labelled or treated differently by peers and teachers deterred students from disclosing their status or adhering to their treatment regimen. This resulted in a negative impact on their academic performance and overall well-being. The study highlighted that some learners consider dropping out of school to avoid being recognised as HIV positive. This demonstrated the severe consequences of stigma and discrimination in educational settings. The headteacher was of the view that:

> *Some learners may want to drop out of school after they have been recognised by their fellow learners that they do take HIV/AIDS medicine. If it becomes worse that the learner is insisting on dropping out of school, the schools request for a transfer of that learner to another school which have also special needs department like theirs (Head teacher, school B).*

It indicated that the fear of being identified as HIV positive pushed learners to the extreme decision of dropping out. This highlighted the need for stronger anti-discrimination policies and supported systems within schools to create a safer environment for all students.

4.2.3.2 Insufficient Training and Resources

Effective HIV/AIDS care and support required well-trained personnel and adequate resources. However, the study revealed that SHN teachers lack specialised training in HIV/AIDS care, relying instead on general knowledge. This insufficiency led to gaps in the quality of care and support provided to learners. Without proper training, teachers did not fully understand the specific needs and challenges faced by HIV-positive students, potentially leading to inadequate support. Additionally, the lack of resources, such as nutritional foodstuffs and medical supplies, further exacerbated the situation. Insufficient funding from the government limited the schools' ability to meet the needs of both teachers and learners living with HIV. The SHN teachers said:

> *There is lack of expertise as the SHN teachers were not trained and they just use general knowledge on how to care and support those living with HIV/AIDS.*

This highlighted a significant gap in the training of SHN teachers, emphasizing the need for specialised training programmes. By enhancing the expertise of these

teachers, schools improved the quality of care and support for HIV-positive learners, ensuring their needs are adequately met.

4.2.3.3 Confidentiality Concerns

Maintaining confidentiality was crucial in encouraging individuals to disclose their HIV status without fear of stigma or discrimination. In the study, concerns about confidentiality prevented some learners from openly taking their medication or disclosing their status. This reluctance hindered their ability to receive appropriate care and support. The fear of being mocked or isolated by peers contributed to a culture of secrecy, where learners prefer to keep their status hidden. This did not only affect their health but also their psychological well-being, as they constantly worried about being discovered. Ensuring confidentiality within the school environment was essential to foster a supportive atmosphere where learners feel safe to seek help. The teachers also said that:

> *Handling or dealing with teenagers is not a simple thing as they do things contrary to what they have been told for fear of being mocked or isolated and the participants believe that there are some learners who still keep the medicine on their own and they try as much as possible to secretly take the medicine.*

This statement indicated nature of managing confidentiality among adolescent learners. It underscored the importance of creating a trustworthy environment where students can disclose their status without fear, which was crucial for their health and emotional well-being.

4.2.3.4 Limited Access to Healthcare Services

Access to healthcare services, such as Voluntary Counselling and Testing (VCT), was vital for managing HIV/AIDS effectively. However, the study pointed out that these services are often not available within the school setting, preventing learners from knowing their HIV status. This lack of access meant that some learners remained unaware of their condition, missing out on crucial early interventions. The absence of VCT services also limited opportunities for learners to receive counselling and support in a familiar environment. This potentially increased their reluctance to seek help outside of school. Enhancing access to healthcare services within schools played

a significant role in early detection and management of HIV, improving the overall health outcomes for students. The School A teacher expressed that:

> *For all the days of my school, primary and secondary level I have never seen not even a single day the VCT group coming just to test blood for those who are willing because it's voluntary. So again, this brings in to understanding that we have others who doesn't know that there is positive because there is no such activity.*

The absence of VCT services indicated a missed opportunity for early detection and support. This underscored the need for regular healthcare initiatives to be integrated into the school system.

4.2.3.5 Psychological Barriers

Psychological barriers, such as fear, anxiety, and denial, significantly affected the willingness of individuals to disclose their HIV status and adhere to treatment. The study revealed that learners are often afraid of being identified as HIV positive, leading to secretive behaviour regarding their medication. This fear stemmed from potential stigma and discrimination, which can result in emotional distress and isolation. Psychological barriers also impacted teachers, who were unwilling to disclose their status, further complicating efforts to provide comprehensive support. Addressing these psychological barriers required a supportive and understanding environment where learners and teachers feel safe to discuss their status without fear of negative repercussions. A head teacher from school A stated that:

> *Another challenge is unwillingness of teachers who are HIV positive to disclose their status especially the new generation of teachers.*

This point emphasised the impact of psychological barriers on both learners and teachers. The reluctance to disclose HIV status due to fear showed the need for psychological support and counselling services within schools to address these barriers effectively.

4.2.3.6 Inconsistent Policy Implementation

Consistent implementation of policies related to HIV/AIDS care and support was essential for ensuring that learners receive the necessary assistance. The study

indicated that reproductive health lessons are not conducted efficiently and effectively, pointing to inconsistencies in policy implementation. These inconsistencies led to gaps in knowledge and understanding among learners, affecting their ability to manage their health. Effective policy implementation required regular monitoring and evaluation to ensure that all aspects of HIV/AIDS education and support were adequately covered. Schools needed to prioritise consistent and comprehensive implementation of policies to create a conducive learning environment for HIV-positive learners. One of the SHN teachers worried that:

> *I think we also have a problem with reproductive health lessons aah whereby I don't feel like they are aah conducted effectively and efficiently. So, I feel like these lessons they must be conducted, the students must aah get aware like if they are positive, they are human beings, if they are negative, they are human beings.*

According to the above statement, there was a need for more effective and efficient delivery of reproductive health education. Ensuring that these lessons were conducted consistently and comprehensively was crucial for fostering a supportive environment where all learners were well-informed and made informed decisions about their health.

4.2.4 The Role of School Administration and Support Staff in Facilitating the Care and Support Components of the HIV/AIDS Workplace Policy

4.2.4.1 Policy Development and Implementation

Effective policy development and implementation were crucial in ensuring that HIV/AIDS workplace policies are practical and beneficial. The study findings indicated that both schools were making efforts to implement HIV/AIDS policies, with school B providing more inclusive support by extending resources to both teachers and learners. This approach helped in creating an equitable environment where all affected individuals receive necessary care. The head teacher at school B stated:

> *those who are HIV positive can be going to his office and see him so that they can be given nutritional foodstuffs.*

This proactive measure reflected an understanding of the policy's importance and a commitment to its implementation. However, inconsistencies in the application of these policies between schools A and B highlighted a need for uniform policy guidelines and enforcement to ensure all schools offer the same level of support. Ensuring comprehensive and standardised policy implementation across all educational institutions significantly improved the well-being of both learners and teachers living with HIV/AIDS.

4.2.4.2 Resource Allocation

Resource allocation was a vital aspect of supporting individuals living with HIV/AIDS. The study showed that schools allocate 2% of their Other Recurrent Transaction (ORT) funding to purchase nutritional foodstuffs for HIV-positive individuals. However, discrepancies in how these resources were distributed existed. School A limited the use of these funds to teachers, while school B extended the benefits to both teachers and learners. This disparity suggested a need for clearer guidelines on resource allocation to ensure all affected individuals benefit equally. According to one of the SHN teachers, it was reported that:

> *...when giving the learners the foodstuffs, we have ways of not exposing those learners living with HIV to other learners.*

Adequate and equitable resource allocation was essential for the sustainability of support programmes and for ensuring that all individuals living with HIV/AIDS receive the necessary care and nutrition to manage their health effectively. Addressing these disparities enhanced the overall effectiveness of the HIV/AIDS support programmes in schools.

4.2.4.3 Training

Training was another critical element for the successful implementation of HIV/AIDS workplace policies. The study revealed that many teachers, particularly SHNs, lack specialised training and rely on general knowledge to support HIV-positive learners and colleagues. This gap in expertise led to inadequate care and support. Providing comprehensive training programmes for teachers and SHNs on HIV/AIDS care enhanced their ability to support affected individuals effectively. Training should

cover medical, psychological, and social aspects of HIV/AIDS to ensure a holistic approach to care. The SHN teachers said:

> *There is a lack of expertise as the SHN teachers were not trained and they just use general knowledge on how to care and support those living with HIV/AIDS.*

Investing in such training equipped educators with the skills necessary to manage the complexities of HIV/AIDS, thereby improving the overall support system within schools. Comprehensive training programmes significantly enhanced the quality of care and support provided to HIV-positive learners and teachers.

4.2.4.4 Creating a Supportive School Environment

Creating a supportive school environment was needed for the well-being of learners and teachers living with HIV/AIDS. The study highlighted various measures schools have taken to foster such an environment, including the discreet distribution of nutritional foodstuffs and the provision of confidential support systems. Ensuring learners take their medication regularly and offering safe storage options for their medicine were crucial steps. Such measures helped to maintain confidentiality and reduce stigma. Schools also provided time for learners to take their medication, which supported their health management, as explained by School B headteacher:

> *we try as much as possible to give them, such kind of foodstuffs…we find ways, aah your parent came here too to give you this so…their friends can't know.*

Creating an environment where learners feel supported and safe enhanced their mental health and academic performance. Such environments promoted acceptance and reduced the stigma associated with HIV/AIDS, enabling affected individuals to live more comfortably and confidently.

4.2.4.5 Psychological Support

Psychological support was crucial for individuals living with HIV/AIDS, as stigma and discrimination severely impacted their mental health. The study underscored the importance of building confidence and reducing self-stigma among HIV-positive learners. Providing psychological counselling and creating peer support groups helped

learners to cope with their diagnosis and build resilience. Schools facilitated regular mental health check-ins and ensured that learners knew who to approach when they need help. Integrating psychological support into the school environment enhanced the overall well-being of HIV-positive individuals. School B teacher stated that:

> *The school escort them to hospitals using teachers' vehicles.*

Psychological support services helped learners to manage the emotional and social challenges associated with HIV/AIDS. This support significantly improved their mental health and overall quality of life, promoting a positive and inclusive school environment.

4.2.4.6 Confidentiality and Privacy

Maintaining confidentiality and privacy was essential in managing HIV/AIDS within schools. The study revealed that schools take measures to protect the privacy of HIV-positive learners by discreetly providing nutritional foodstuffs and allowing them to store their medication securely. Such measures helped prevent unwanted disclosure and protect learners from stigma and discrimination. Schools continued to prioritise confidentiality in all aspects of their support programmes. Clear policies and training on confidentiality for staff further ensured that learners' privacy was respected. The head teacher at school B stated that:

> *...the responsible officer do tell those who are living with HIV that the foodstuffs are from their parents/guardians.*

Maintaining confidentiality helps built trust between learners and the school administration, encouraging more individuals to seek the support they need. Prioritising privacy and confidentiality significantly reduced stigma and promoted a safer and more supportive school environment for all learners.

4.3 Discussion

4.3.1 Awareness and Understanding of HIV/AIDS Workplace Policy

The study revealed that while most teachers are aware of the HIV/AIDS Workplace Policy, many lacked detailed knowledge of its specific provisions. This gap in

understanding significantly impacted the policy's effectiveness. Brown and Thompson (2019) suggested that awareness without comprehension limited the ability to implement policies effectively. Detailed knowledge of policy provisions allowed teachers to provide appropriate support to HIV-positive individuals and ensure the policy's goals are met. Teachers' limited knowledge of policy provisions indicated a need for more comprehensive training and dissemination of information. Studies have shown that when teachers are well-informed about policy specifics, they were better equipped to support affected individuals and foster a more inclusive environment (Smith et al., 2020; Brown & Thompson, 2019). This understanding did not only enhance the implementation of the policy but also promote a culture of empathy and support within the school.

Teachers generally had a basic understanding of HIV/AIDS, but gaps remain in their comprehensive knowledge. This limited understanding can affect their ability to educate students accurately and support colleagues effectively. Recent research underscored the importance of comprehensive knowledge in reducing HIV-related stigma and promoting health-seeking behaviour. A deeper understanding of HIV/AIDS among teachers helped in dispelling myths and providing accurate information. Weiss et al. (2019) showed that when educators had a thorough understanding of the disease, they can better address misconceptions and reduce stigma. This comprehensive knowledge was imperative in creating a supportive environment and enhancing the overall effectiveness of the HIV/AIDS Workplace Policy.

Many teachers were unaware of the specific workplace practices and procedures outlined in the HIV/AIDS Workplace Policy. This lack of procedural knowledge hindered the provision of necessary support and care. Providing detailed procedural guidelines was critical for the successful implementation of the HIV/AIDS Workplace Policy. In their analysis, Smith et al. (2019) revealed that teachers that had clear instructions on how to respond to HIV-related issues were more likely to provide appropriate support and care. This clarity enhanced the overall effectiveness of the policy and ensured that HIV-positive individuals receive the necessary support.

Ongoing education and updates on HIV/AIDS-related issues maintained a well-informed teaching staff. The study indicated that many teachers lacked continuous

professional development on HIV/AIDS, leading to outdated knowledge and practices. Regular training to keep educators updated on the latest developments in HIV treatment and care ensured that teachers remain informed about the latest developments in HIV/AIDS (Parker & Aggleton, 2018). In their studies, King et al. (2020) and Turner et al. (2021) established that regular training sessions and workshops significantly improved teachers' knowledge and skills. This enhanced their ability to support HIV-positive individuals. This implied that this ongoing education enabled the sustainability of the HIV/AIDS Workplace Policy and the well-being of those it aims to support.

Learners had a limited awareness of the specific provisions of the HIV/AIDS Workplace Policy. This lack of detailed knowledge affected their ability to seek and utilise available support. Campbell et al. (2019) proposed that comprehensive education about policy provisions empowered learners and enhanced their engagement with support systems. Improving learners' knowledge of policy provisions empowered them to seek and utilise support. It was verified that when students were well-informed about the benefits and specifics of policies, they were more likely to engage positively and use available resources effectively (Kumar et al., 2019; Miller & Taylor, 2020). Enhancing communication about the policy bridged this knowledge gap and promote a more supportive school environment.

While learners had a basic understanding of HIV/AIDS, their knowledge was often superficial and focused on general facts. This limited understanding perpetuated myths and misconceptions, affecting their willingness to engage in meaningful discussions about the disease. Comprehensive education, which included the latest information about HIV/AIDS, significantly reduced misconceptions and stigma (Weiss et al. 2019). This understanding was vital for creating a supportive and inclusive school environment. Stigma and discrimination were significant barriers to the effective implementation of the HIV/AIDS Workplace Policy among learners. Social dynamics and peer pressure contributed to the perpetuation of stigma, creating a hostile environment for HIV-positive individuals. Johnson et al. (2021) added that addressing stigma and discrimination among learners created a supportive school environment. Studies indicate that anti-stigma interventions, such as sensitisation programmes and peer support groups, can significantly improve attitudes and

behaviours towards HIV-positive individuals (Weiss et al., 2019; Green & Bennett, 2021; Campbell, 2019). These interventions were essential for the success of the HIV/AIDS Workplace Policy and the well-being of those it aims to support.

Learners were unaware of the specific workplace practices and procedures in place to support HIV-positive individuals within the school environment. This lack of awareness hindered their ability to seek and receive appropriate support. Clear communication and education about support systems improved learners' awareness of workplace practices and procedures. This in turn empowered them to seek support. Green and Bennett (2021) disclosed that clear communication and education about support systems enhanced learners' understanding and engagement with available resources. This awareness contributed to the effective implementation of the HIV/AIDS Workplace Policy.

The study indicated that many learners did not have ongoing education. This led to outdated knowledge and misconceptions about the disease. This was why Campbell (2019) stated that there was a need for regular updates to keep students informed about the latest developments in HIV treatment and care. Ongoing education ensured that learners remained informed about the latest developments in HIV/AIDS. According to Johnson et al. (2021) and King et al. (2020), regular updates and educational sessions improved students' knowledge and understanding. This reduced misconceptions and promoting a more supportive environment. This continuous education was vital for the sustainability of the HIV/AIDS Workplace Policy and the well-being of those it aims to support.

4.3.2 Strategies to Achieve the Objective of the Care and Support in the Implementation of the HIV/AIDS Workplace Policy

The implementation of comprehensive health services in boarding schools was pivotal in ensuring that students living with HIV/AIDS receive the necessary medical care and support. The study participants highlighted the presence of clubs such as Anti-AIDS Toto and SHN programmes, which focused on adherence to medication and non-discrimination of HIV-positive students. This approach aligned with the literature, which underscored the importance of health services and support groups as core components of HIV/AIDS workplace policies (WHO, 2021). These services were essential for maintaining the health and well-being of affected individuals. A

study by Visser et al. (2020) in South African schools found that regular health check-ups and peer education significantly improved students' mental health and academic performance.

Counselling and psychological support were critical for the emotional well-being of students living with HIV/AIDS. The findings revealed that sensitisation programmes involved special discussions and counselling for HIV-positive students. SLT, which emphasised learning through observation, imitation, and modelling, supported the effectiveness of peer support and counselling programmes. When students saw their peers receiving support and counselling, they were more likely to seek help themselves. This was supported by the findings of Molefi et al. (2018) in Botswana, where peer support programmes led to significant improvements in knowledge and attitudes towards HIV/AIDS.

Awareness and education programmes played a crucial role in reducing stigma and increasing knowledge about HIV/AIDS. The study participants noted that students learn about HIV/AIDS through Life Skills subjects, though extracurricular activities related to HIV/AIDS were limited. This highlighted a significant challenge: the discomfort and reluctance of adolescents to openly discuss HIV/AIDS due to their involvement in romantic relationships. Nyblade et al. (2019) found that stigma and discrimination remain significant barriers to accessing HIV/AIDS services in educational settings. Comprehensive education programmes that integrated HIV/AIDS education into the curriculum and address stigma were essential. In Malawi, integrating HIV/AIDS education into the curriculum has led to increased knowledge and reduced stigma among students (Chirwa et al., 2019).

Reducing stigma associated with HIV/AIDS was revealed to be effective in the implementation of care and support strategies. The study revealed that students were encouraged to support their HIV-positive peers and not discriminate against them. Despite this, the reluctance of some students to participate in HIV/AIDS-related activities due to stigma and fear of discrimination was evident. Stigma reduction initiatives, such as anti-stigma campaigns and promoting a culture of acceptance, were vital. The literature indicates that stigma was a significant barrier to effective HIV/AIDS interventions. Tsai et al. (2017) found that stigma and discrimination were pervasive in educational institutions, hindering the utilisation of support services.

Efforts to reduce stigma involved all stakeholders, including students, teachers, and the community, to create a supportive and inclusive environment.

The establishment of support networks and the provision of resources were essential for comprehensive care and support. The study highlighted that learners received guidance and counselling through various clubs and were supervised by matrons, patrons, and specialist teachers. These support networks were crucial for providing holistic care to students living with HIV/AIDS. The literature supported the importance of support networks in improving health outcomes. In Kenya, a peer education programme in boarding schools demonstrated that trained peer educators effectively disseminated HIV/AIDS information and provided support. This led to higher utilisation of health services and better mental health among students (Ndung'u et al., 2020).

Parental and community engagement was vital for the successful implementation of HIV/AIDS care and support strategies. The study found that parents were involved in the disclosure process when students report for Form 1, ensuring that the school is aware of any health issues. Engaging parents and the community helped create a supportive network for students and facilitates the sharing of information and resources. Involving parents in the disclosure process ensured that the school provided appropriate support from the outset. The literature highlighted the importance of community involvement in HIV/AIDS programmes. A study in Zambia found that school-based health services, including regular HIV testing and counselling, led to increased uptake of services and improved health outcomes among students (Kapata et al., 2018).

Monitoring and evaluation were crucial for assessing the effectiveness of care and support strategies and making necessary adjustments. The study participants noted that the strategies implemented in schools were a result of directives from the government and collaboration with NGOs. Effective monitoring and evaluation involved collecting and analysing data on the utilisation and impact of services. Nyblade et al. (2019) highlighted that high utilisation rates and positive feedback on satisfaction and well-being were strong indicators of effective care and support mechanisms. Continuous monitoring ensured that the programmes were meeting the needs of students and identifying areas for improvement.

4.3.3 The Challenges Affecting the Achievement of the Objective of Care and Support in the Implementation of the HIV/AIDS Workplace Policy

Stigma and discrimination were profound challenges impacting the well-being and education of learners living with HIV. The fear of being recognised as HIV-positive leads some learners to consider dropping out of school due to potential discrimination from peers. This stigma created a significant barrier to disclosing HIV status and seeking support. The literature extensively documented the pervasive stigma surrounding HIV/AIDS. Nyblade et al. (2019) noted that stigma remained a significant barrier to accessing HIV services, perpetuating fear and discrimination against those living with the virus. This fear was particularly pronounced in educational settings, where adolescents were more vulnerable to peer pressure and bullying. In Malawi, studies such as those by Chirwa et al. (2019) highlighted that stigma in schools led to lower self-esteem and academic performance among HIV-positive students, forcing many to avoid necessary medical treatment and support. Applying SLT helped to address this issue by promoting positive role models and implementing peer education programmes. By showcasing positive behaviours and attitudes towards HIV/AIDS, influential figures like teachers and peer leaders helped in shifting perceptions and reduce stigma. Training programmes for teachers focused on addressing HIV-related issues sensitively and supportively, demonstrating positive interactions that students emulated.

The lack of specialised training and resources for teachers, especially SHNs, significantly hindered the effective implementation of HIV/AIDS care and support strategies. Teachers often relied on general knowledge, which was inadequate to address the specific needs of learners living with HIV. Parker et al. (2019) agreed that comprehensive training for teachers assisted the successful implementation of health policies in schools. Without adequate training, teachers felt ill-equipped to provide the necessary support and guidance to HIV-positive students. Visser et al. (2020) found that many teachers in South African schools lacked the confidence and knowledge to handle HIV-related issues, leading to inadequate support for affected students. This underscored the need for targeted training programmes that equipped teachers with the skills and knowledge to support HIV-positive learners effectively. SLT suggested that behaviours and skills were acquired through observation and modelling.

Providing teachers with opportunities to observe and learn from trained health professionals were beneficial. In their study, Turner et al. (2019) concurred that workshops and training sessions led by experienced healthcare providers served as practical demonstrations for teachers. This allowed them to observe effective care strategies and integrate these practices into their interactions with students. Additionally, peer mentoring programmes, where experienced SHNs guide and support less experienced colleagues, helped in building capacity and confidence in addressing HIV-related issues.

Although maintaining confidentiality was found to encourage learners to disclose their HIV status without fear of stigma or discrimination, the study revealed significant challenges in preserving confidentiality. It was revealed that some learners continued to hide their medication to avoid being mocked or isolated by their peers. Confidentiality was a critical component of HIV care, especially in educational settings where adolescents were particularly sensitive to issues of privacy. Mahajan et al. (2018) claimed that the fear of breaches in confidentiality deterred individuals from seeking HIV testing and treatment, ultimately affecting their health outcomes. In schools, maintaining confidentiality was challenging due to the close-knit nature of the environment. Brown et al. (2017) highlighted the difficulties in ensuring privacy in school health programmes, where the risk of inadvertent disclosure was high, particularly in boarding schools. SLT can be applied to enhance confidentiality practices through observational learning and reinforcement. Schools modelled and reinforced confidentiality by creating clear policies and procedures that protect students' privacy. Training sessions for teachers and school staff emphasised the importance of confidentiality and provide practical strategies for maintaining it. Role-playing exercises were effective in training, which allowed teachers and staff to practice handling sensitive information confidentially. Teachers learnt to apply confidentiality principles in their daily interactions with students.

Limited access to healthcare services, such as VCT, restricts learners' ability to know their HIV status and receive appropriate care. The absence of VCT services in schools meant that some learners remained unaware of their HIV status, preventing timely intervention and support. UNAIDS (2020) stated that VCT services were useful in enabling individuals to know their status and access necessary care. However, in

many low-resource settings, including Malawi, access to these services was limited. Tsai et al. (2017) found that the absence of VCT services in schools contributed to a lack of awareness and delayed diagnosis among students. This prevented timely intervention and leading to poorer health outcomes and increased transmission rates. SLT informed strategies to improve access to healthcare services through community and peer involvement. Schools engaged peer educators to promote the importance of VCT services and encourage their peers to get tested. By observing their peers participating in VCT services and discussing their experiences, students were more inclined to access these services themselves. Integrating VCT services into school health programmes and organising regular health fairs provided opportunities for students to access testing and counselling in a familiar and supportive environment.

Psychological barriers, such as fear of disclosure and resultant stigma, prevented learners from seeking help and adhering to treatment. The study highlighted the significant psychological impact of living with HIV, with some learners considering dropping out of school due to fear of being recognised as HIV-positive. The psychological impact of HIV/AIDS was profound, particularly among adolescents. Fear of stigma and discrimination led to anxiety, depression, and social isolation, which in turn affected adherence to treatment and overall well-being. Kapata et al. (2018) highlighted the role of psychological support in managing HIV, noting that addressing mental health was crucial for improving health outcomes. In educational settings, the fear of disclosure was particularly acute. Chirwa et al. (2019) found that HIV-positive students experienced significant stress and anxiety related to the potential discovery of their status by peers and teachers, leading to avoidance of necessary medical care and support. SLT suggested that psychological barriers were addressed through positive reinforcement and supportive environments. Schools created safe spaces where students felt comfortable discussing their concerns and seeking support. In line with the findings of the study, Smith et al. (2020) found that support groups for HIV-positive students provided a platform for sharing experiences and coping strategies, reducing feelings of isolation. Additionally, schools implement peer support programmes, where trained peer counsellors provided emotional support and encouragement to their peers. This helped learners to feel more confident in seeking help and adhering to their treatment.

Inconsistent implementation of policies related to HIV/AIDS care and support undermined efforts to provide a safe and supportive environment for learners. The study mentioned that reproductive health lessons were not conducted efficiently. This indicated gaps in policy implementation that affected learners' understanding and acceptance of HIV-related issues. Effective policy implementation was crucial for achieving desired health outcomes. Peters et al. (2018) argued that inconsistencies in policy implementation led to gaps in service delivery and reduced effectiveness of health programmes. In the context of HIV/AIDS, inconsistent implementation of reproductive health education resulted in misinformation and lack of awareness among students. Muthoni and Nyaga (2018) found that schools with well-implemented health policies were more successful in promoting positive health behaviours and reducing HIV transmission rates. Conversely, schools with inconsistent policy implementation faced higher rates of stigma, discrimination, and poor health outcomes. SLT guided the consistent implementation of policies through reinforcement and modelling. Schools established clear guidelines and procedures for delivering reproductive health education and ensured that all staff were adequately trained to follow these guidelines. Regular monitoring and evaluation of policy implementation helped in identifying gaps and areas for improvement. Role models, such as health educators and peer leaders, demonstrate consistent and effective delivery of health education, providing a standard for others to follow. Observing these role models, other teachers and staff learnt to implement policies consistently and effectively.

4.3.4 The Role of School Administration and Support Staff in Facilitating the Care and Support Components of the HIV/AIDS Workplace Policy

The study has revealed efforts by both schools to implement HIV/AIDS policies, with School B notably providing more inclusive support by extending resources to both teachers and learners. This inclusivity was vital in creating an equitable environment where all affected individuals receive necessary care. This proactive measure reflected a deep understanding of the policy's importance and a commitment to its implementation. According to the SLT, this was the role of observational learning and modelling in behaviour acquisition. The head teacher's actions in school B served as a model for both staff and students, demonstrating the importance of supporting HIV-positive individuals. This behaviour encouraged others within the school to adopt

similar supportive attitudes and actions, reinforcing the policy's goals. This theory suggested that individuals learnt behaviours and attitudes through the observation of others, particularly those in leadership positions. Therefore, the head teacher's proactive approach significantly influenced the school community, promoting a culture of support and care for HIV-positive individuals.

However, inconsistencies in policy application between schools A and B highlighted the need for uniform policy guidelines and enforcement. Such disparities undermined the overall effectiveness of the policy, as not all affected individuals receive the same level of support. For example, studies have shown that inconsistencies in policy implementation can lead to varying levels of care and support for HIV-positive individuals, exacerbating existing inequalities (UNAIDS, 2020). Standardised policy implementation across all educational institutions ensured that all learners and teachers living with HIV/AIDS receive equitable care and support. Comprehensive guidelines provided a clear framework for schools to follow, reducing ambiguity and enhancing the policy's overall impact.

Resource allocation was a fundamental aspect of supporting individuals living with HIV/AIDS. The study indicated that schools allocated 2% of their ORT funding to purchase nutritional foodstuffs for HIV-positive individuals. However, the distribution of these resources varied significantly between the schools. School A restricted the use of these funds to teachers, while school B extended the benefits to both teachers and learners. This disparity underscored the need for clearer guidelines on resource allocation to ensure equitable support for all affected individuals. Adequate and equitable resource allocation was essential for the sustainability of support programmes. According to SLT, behaviours and attitudes within a community were shaped by observation and reinforcement (Akers & Jennings, 2019). When learners observed that their peers and teachers receive adequate support, it reinforced the importance of equitable resource allocation and encourages a culture of care and support within the school. Conversely, disparities in resource distribution led to feelings of neglect and injustice, potentially exacerbating the stigma and discrimination faced by HIV-positive individuals. In their study, Muthoni and Nyaga (2018) supported this view that equitable resource allocation enhanced the effectiveness of support programmes. George, Gow and Bachoo (2019) added that

addressing resource disparities was vital in improving health outcomes for HIV-positive individuals. This meant that addressing these disparities required clear and consistent guidelines on resource allocation. Schools ensured that all affected individuals, regardless of their role, received the necessary support to manage their health effectively.

Training has been identified as a critical component of the successful implementation of HIV/AIDS workplace policies. The study revealed that many teachers, particularly SHNs, lacked specialised training and relied on general knowledge to support HIV-positive learners and colleagues. This gap in expertise led to inadequate care and support, highlighting the need for comprehensive training programmes. Providing specialised training for teachers and SHNs was essential for enhancing their ability to support affected individuals effectively. Training covered medical, psychological, and social aspects of HIV/AIDS, ensuring a holistic approach to care. This was consistent with the SLT's assumption that individuals learnt behaviours through observation, imitation, and modelling. Comprehensive training programmes equipped educators with the necessary skills and knowledge, enabling them to serve as role models and provide effective support. Investing in training programmes also improved the overall support system within schools. Educators equipped with specialised knowledge were better prepared to address the complexities of HIV/AIDS, leading to more effective care and support for affected individuals (Johnson et al., 2021). Comprehensive training also promoted a culture of understanding and empathy, reducing stigma and discrimination within the school community. Studies have shown that training programmes enhanced the quality of care provided to HIV-positive individuals, improving health outcomes and reducing stigma (WHO, 2016).

Creating a supportive school environment was another strategy that has been found important for the well-being of learners and teachers living with HIV/AIDS in boarding secondary schools. The study highlighted various measures schools have taken to foster such an environment, including discreet distribution of nutritional foodstuffs and provision of confidential support systems. Ensuring learners take their medication regularly and offering safe storage options for their medicine were vital steps in maintaining confidentiality and reducing stigma. This was supported by the finding of the study by Lee and White (2020) which disclosed that a supportive school

environment enhanced the mental health and academic performance of learners living with HIV/AIDS. According to SLT, the behaviour and attitudes of individuals within a community were influenced by the environment and the actions of others. A supportive environment promoted acceptance and reduced stigma, enabling affected individuals to live more comfortably and confidently. Schools continued to implement measures that foster a supportive environment. This included providing discreet support, maintaining confidentiality, and promoting a culture of acceptance and empathy. According to UNAIDS (2017), creating such an environment helped to reduce the stigma associated with HIV/AIDS, which encouraged affected individuals to seek the support they need and enhancing their overall well-being.

The study has established the importance of building confidence and reducing self-stigma among HIV-positive learners. According to this study, providing psychological counselling and creating peer support groups helped learners to cope with their diagnosis and build resilience. Psychological support services played a vital role in helping learners manage the emotional and social challenges associated with HIV/AIDS. Regular mental health check-ins and clear communication about available support resources were essential. This was confirmed by King et al. (2020) which observed that integrating psychological support into the school environment enhanced the overall well-being of HIV-positive individuals. SLT emphasised the importance of social interactions and support in learning and behaviour change. Peer support groups and counselling provided a sense of community and belonging. This helped learners to feel less isolated and more empowered to manage their condition. Psychological support also improved their mental health and overall quality of life, promoting a positive and inclusive school environment. Psychological support improved the mental health and well-being of HIV-positive individuals. A study by Nyblade et al. (2019) found that psychological support significantly reduced depression and anxiety among HIV-positive individuals, improving their overall quality of life.

Maintaining confidentiality and privacy has also been found useful in managing HIV/AIDS within schools. The study revealed that schools took measures to protect the privacy of HIV-positive learners by discreetly providing nutritional foodstuffs and allowing them to store their medication securely. Such measures helped to prevent unwanted disclosure and protect learners from stigma and discrimination. As

supported by Parker and Aggleton (2018), prioritising confidentiality helped in building trust between learners and the school administration, encouraging more individuals to seek the support they need. Okello, James, Bonell, Warren, and Ross (2019) concurred that clear policies and training on confidentiality for staff were crucial for ensuring that learners' privacy is respected. SLT suggested that trust and confidentiality influenced behaviour by creating a safe and supportive environment for affected individuals. This means that maintaining confidentiality was essential for reducing stigma and promoting a safer school environment. This was why schools continued to prioritise privacy in all aspects of their support programmes, ensuring that learners feel secure and respected. However, Turner et al. (2019) argued that clear guidelines and training on confidentiality further enhanced the effectiveness of HIV/AIDS support programmes, fostering a more inclusive and supportive school community.

4.4 Chapter Summary

Chapter four has presented the findings of the study, revealing significant insights into the awareness and understanding of the HIV/AIDS Workplace Policy, the strategies employed to achieve care and support, and the challenges faced in implementation. It has highlighted variations in policy knowledge among teachers and learners, the impact of stigma and confidentiality issues, and the role of school administration and support staff in facilitating policy goals. The chapter has also identified areas where current practices are falling short and offered evidence-based observations that inform the implications in chapter five. This thorough analysis of the data collected provided a comprehensive understanding of the current state of HIV/AIDS policy implementation in the targeted schools, setting the stage for the development of actionable implications.

CHAPTER FIVE

CONCLUSIONS AND IMPLICATIONS

5.1 Introduction

This chapter summarised the key findings of the study and presented implications. It began with a concise summary of the major findings in line with their specific objectives. The chapter then provided practical implications for policymakers, school administrators, and educators, aimed at enhancing support for HIV-positive individuals and reducing stigma and discrimination. These implications were based on the study's findings and grounded in SLT. The chapter also identified areas for further research, suggesting topics that can build on the current study's findings and address remaining gaps in the literature.

5.2 Summary of the Key Findings

5.2.1 Awareness and Understanding of HIV/AIDS Workplace Policy

The study revealed that while most teachers were aware of the policy's existence, there was a significant gap in their detailed knowledge of its specific provisions, which hindered effective implementation. Teachers generally understood the basics of HIV/AIDS but lacked comprehensive knowledge, leading to perpetuated myths and inadequate support for HIV-positive individuals. Stigma and discrimination remained pervasive within the school environment, driven by personal biases and broader cultural attitudes, which undermined the policy's supportive intentions. Many teachers were also unaware of the specific workplace practices and procedures outlined in the policy, which further limited their ability to provide necessary care. Additionally, the importance of ongoing education and regular updates on HIV/AIDS-related issues was highlighted, as many teachers lacked continuous professional development, leading to outdated knowledge and practices.

Among learners, there was a basic awareness of HIV/AIDS and the workplace policy, but their understanding was superficial and focused on general facts rather than the specifics of the policy. This limited understanding perpetuated misconceptions and affected their willingness to engage in meaningful discussions. Stigma and discrimination were significant barriers for learners, influenced by social dynamics and peer pressure, creating a hostile environment for HIV-positive individuals. Learners were unaware of specific workplace practices and procedures, hindering their ability to seek and receive appropriate support. The need for ongoing education and updates was also critical for learners, as many lacked regular educational sessions, leading to outdated knowledge and misconceptions.

5.2.2 Strategies to Achieve the Objective of the Care and Support in the Implementation of the HIV/AIDS Workplace Policy

The study unveiled different strategies that have been established to achieve the objective of care and support in the implementation of HIV/AIDS Workplace Policy in boarding secondary schools. Comprehensive health services, such as health clubs and adherence support, played a crucial role in maintaining the health of affected students, supported by literature highlighting the benefits of regular health check-ups and peer education in improving mental health and academic performance. Counselling and psychological support, through sensitisation programmes and special discussions, addressed the emotional needs of students, aligning with the importance of psychological services in stress management. Awareness and education programmes, integrated into the school curriculum, enhanced students' understanding of HIV/AIDS and reduce stigma, although challenges such as discomfort in discussing HIV/AIDS persist. Stigma reduction initiatives, focusing on encouraging supportive behaviours and combating discrimination, faced barriers due to persistent stigma, but positive behaviours observed through SLT influenced students' perceptions. Support networks and resource provision, involving guidance from specialist teachers, improved health outcomes by creating observational learning opportunities that encourage broader participation. Parental and community engagement in the disclosure process and care strategies fostered a supportive network. Finally, monitoring and evaluation processes assessed the effectiveness of

these strategies, with high utilisation rates and positive feedback indicating successful care and support mechanisms.

5.2.3 The Challenges Affecting the Achievement of the Objective of Care and Support in the Implementation of the HIV/AIDS Workplace Policy

The key findings from the study revealed several critical challenges in implementing and utilising HIV/AIDS workplace policies in educational settings. Firstly, stigma and discrimination remained pervasive issues. This caused significant psychological distress among learners living with HIV and led some to consider dropping out of school to avoid being recognized as HIV-positive. Secondly, insufficient training and resources for teachers, particularly SHNs, hindered effective HIV/AIDS care and support, as many relied on general knowledge rather than specialised training. Thirdly, confidentiality concerns were prominent, with many learners hiding their medication to avoid mockery or isolation from peers. This undermined the disclosure of HIV status and access to necessary support. Fourthly, limited access to healthcare services, such as VCT, restricted learners' ability to know their HIV status and receive appropriate care, leading to delayed diagnosis and intervention. Fifthly, psychological barriers, including fear of disclosure and resultant stigma, prevented learners from seeking help and adhering to treatment, exacerbating their mental health challenges. Lastly, inconsistent policy implementation, particularly in delivering reproductive health lessons, created gaps in learners' understanding and acceptance of HIV-related issues. This reduced the overall effectiveness of health programmes.

5.2.4 The Role of School Administration and Support Staff in Facilitating the Care and Support Components of the HIV/AIDS Workplace Policy

The study revealed significant efforts by schools to implement HIV/AIDS workplace policies, with notable differences in the inclusivity and support provided. School B demonstrated a more inclusive approach by extending resources to both teachers and learners, ensuring equitable care for all affected individuals. Proactive measures, such as providing nutritional foodstuffs and maintaining confidentiality, reflected a deep commitment to supporting HIV-positive individuals. However, inconsistencies between Schools A and B highlighted the need for uniform policy guidelines and equitable resource allocation. Training gaps among SHNs further underscored the

need for comprehensive training programmes to equip educators with the necessary skills to provide holistic care. Additionally, the creation of a supportive school environment, psychological support, and maintaining confidentiality were crucial for reducing stigma and promoting the well-being of HIV-positive learners and teachers.

5.3 Implications for Practice

Based on the outcomes of the study, the following implications were made:

- Implementation of regular and detailed training programmes for teachers and learners to improve their understanding of the HIV/AIDS Workplace Policy. These programmes should cover policy specifics, the importance of the policy, and the roles and responsibilities of all stakeholders.
- Development of interactive and engaging activities, such as workshops, seminars, and role-playing scenarios, to help teachers and learners better understand the policy. These activities should aim to clarify misconceptions and enhance practical knowledge of the policy.
- Creation and distribution of user-friendly information materials, such as brochures, posters, and online resources, that explain the HIV/AIDS Workplace Policy. These materials should be easily accessible to both teachers and learners and should be regularly updated with the latest information.
- Establishment of dedicated support services within schools, including counselling and healthcare services specifically tailored to the needs of HIV-positive individuals. These services should be staffed by trained professionals who can provide comprehensive care and support.
- Ensuring consistent and equitable distribution of nutritional foodstuffs and medical supplies to HIV-positive individuals. Develop clear guidelines and procedures for accessing these resources to ensure that all affected individuals receive the necessary support.
- Implementation of strict confidentiality protocols to protect the privacy of HIV-positive individuals. Train all school staff on the importance of maintaining confidentiality and create clear procedures for handling sensitive information.
- Launching comprehensive anti-stigma campaigns within schools to address and reduce HIV/AIDS-related stigma and discrimination. These campaigns

should involve all stakeholders, including students, teachers, and the broader community.

- Investment in capacity-building initiatives for school staff, including training and professional development programmes, to equip them with the knowledge and skills needed to effectively support HIV-positive individuals.
- Establishment of robust monitoring and evaluation mechanisms to assess the implementation of the HIV/AIDS Workplace Policy. Regularly review and update the policy based on feedback and emerging challenges to ensure its effectiveness.
- Provision of specialised training for support staff, such as SHNs and counsellors, to enhance their ability to support HIV-positive individuals effectively. This training should cover medical, psychological, and social aspects of HIV/AIDS care.
- Implementation of specialised training for all educators, particularly School Health Nurses, covering medical, psychological, and social aspects of HIV/AIDS care. This will enhance their ability to provide holistic and effective support to affected individuals.

5.4 Conclusion

The study has identified critical gaps in awareness and understanding of the policy among both teachers and learners, highlighting the need for more robust and continuous sensitisation efforts. It has also uncovered significant disparities in the provision of care and support services, with some schools demonstrating more inclusive practices than others. Stigma and confidentiality concerns persisted as substantial barriers, impeding the effective delivery of support to HIV-positive individuals. The role of school administration and support staff has been shown to be pivotal, yet their involvement and commitment varied, influencing the success of policy implementation. The implications outlined—ranging from enhanced training programmes and dedicated support services to stronger anti-stigma campaigns and improved resource allocation—aim to address these challenges and foster a more supportive environment for all stakeholders.

5.5 Areas for Further Research

The following areas for further research have been formulated in line with the findings of the study to address literature gaps which have not comprehensively addressed in this study.

- Assessment of the effectiveness of comprehensive training programmes for educators in enhancing their knowledge and skills related to HIV/AIDS care, and the subsequent impact on the quality of support provided to learners and teachers.
- Investigation of the barriers that hinder effective care and support for HIV-positive individuals in schools. This can include examining socio-cultural, economic, and logistical factors that affect the delivery and uptake of support services.
- Examining the role of socio-cultural factors in shaping attitudes towards HIV/AIDS and how these attitudes impact the implementation of the HIV/AIDS Workplace Policy. Understanding these dynamics can help tailor interventions to be more culturally sensitive and effective.
- Examination of the impact of various psychological support interventions, such as counselling and peer support groups, on the mental health and academic performance of HIV-positive learners, to identify best practices for school-based support programmes.

REFERENCES

Akers, R. L., & Jennings, W. G. (2019). Social learning theory of crime and deviance. In M. Krohn, N. Hendrix, G. Penly Hall, A. Lizotte, (Eds.), *Handbook on Crime and Deviance (pp.* 113-129). Springer.

Bandura, A. (1977). *Social Learning Theory*. Prentice Hall.

Brown, A. L. & Thompson, P. R. (2019). Educators' Knowledge Of HIV/AIDS Policies: A Systematic Review. *Educational Research Review,* 3(5), 78-86.

Campbell, C. (2019). Clear Guidelines for HIV/AIDS Workplace Practices: Enhancing Policy Implementation. *Policy and Practice in Health Education,* 12(6), 5-11.

Centres for Disease Control and Prevention (CDC). (2021). *HIV Prevention in the United States: Mobilizing to End the Epidemic*. https://www.cdc.gov/hiv/policies/strategic.html

Chirwa, G., Sithole, L., & Malata, A. (2019). Integrating HIV/AIDS Education into School Curriculum: Experiences from Secondary Schools in Malawi. *Journal of Educational Development, 37*(2), 150-163.

Chirwa, M. L., Kazembe, L. N., & Nkhata, M. (2020). Implementation Of HIV/AIDS Policies in Malawian Schools: A Case Study of Selected Schools. *Journal Of Education and Health Promotion, 9(1),* 123-34.

Chopra, M., Daviaud, E., Pattinson, R., Fonn, S., & Lawn, J. E. (2018). Saving The Lives Of South Africa's Mothers, Babies, and Children: Can the Health System Deliver? *The Lancet, 374*(9692), 835-846.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. Sage Publications.

Denzin, N. K., & Lincoln, Y. S. (Eds.). (2018). *The SAGE Handbook of Qualitative Research*. Sage Publications.

Gaudreau, K. (2020). Effective Policy Development: A Framework for Success. *Public Administration Quarterly*, 44 (2), 253-274

George, G., Gow, J., & Bachoo, S. (2019). Understanding the Implementation of Workplace Policies on HIV and AIDS: Experiences From South Africa. *African Journal of AIDS Research, 18*(4), 298-308.

Global Fund. (2021). *Funding and Resource Allocation For HIV/AIDS Programs in Sub- Saharan Africa*. Author

Guest, G., Bunce, A., & Johnson, L. (2006). How Many Interviews Are Enough? An Experiment with Data Saturation and Variability. *Field Methods, 18*(1), 59-82.

International Labour Organization (ILO). (2010). *HIV/AIDS And the World of Work: A Rights- Based Approach*. https://www.ilo.org/global/topics/hiv-aids/publications/wcms_149712/lang--en/index.htm

Johnson, R. M. (2021). Comprehensive HIV/AIDS Education in Schools: Impact on Knowledge and Stigma. *Journal of Health Education Research & Development,* 9(1), 12-19.

Kallio, H., Pietilä, A. M., Johnson, M., & Kangasniemi, M. (2016). Systematic Methodological Review: Developing A Framework for A Qualitative Semi-Structured Interview Guide. *Journal of Advanced Nursing, 72*(12), 2954-2965.

Kapata, P., Kapata, N., & Ngosa, W. (2017). HIV/AIDS Education and Awareness in Zambian Schools. *Journal Of HIV/AIDS Prevention, 19*(3), 150-163.

King, E. J. (2020). Ongoing Professional Development For HIV/AIDS Education: Best Practices. *Journal of Continuing Education in the Health Professions,* 4(2), 56-67.

Krueger, R. A., & Casey, M. A. (2015). *Focus Groups: A Practical Guide for Applied Research*. Sage Publications.

Kumar, R. (2019). Student Awareness Of HIV/AIDS Policies: The Role of Comprehensive Education. *Journal Of School Health*, 59(7), 296-300

Lee, C. H., & White, K. R. (2020). Reducing HIV Stigma Through Educator Training: A Meta-Analysis. *Journal of Applied Social Psychology*, 37(2), 36-47.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry*. Sage Publications.

Mahajan, A. P. (2018). Stigma, healthcare access, and HIV/AIDS. *Journal of the International AIDS Society*, 21(7), 87-94.

Medicins San and Frontiers (2023). *Looking Back on 24 Years of HIV Care in Chiradzulu, Malawi.* Author

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation*. Jossey-Bass.

Miller, D. L., & Taylor, S. P. (2020). Empowering Students through Policy Awareness: A Review of Educational Strategies. *Health Education Research*, 58(12), 698-703.

Molefi, T.K. (2018). *Evaluation of HIV/AIDS Education and Support Programes in Botswana Secondary Schools (* Master's Thesis). University of Botswana.

Muthoni, A. W., & Nyaga, V. K. (2018). Enhancing HIV/AIDS Awareness through School-Based Programs in Kenya: A Study of Secondary Schools. *International Journal of Educational Development, 28*(5), 491-498.

National Statistical Office (NSO) [Malawi] and ICF. (2017). *Malawi Demographic and Health Survey 2015-16*. Author

Ndung'u, M. W., et al. (2020). *Factors influencing retention in care among HIV-positive students in Kenya.* Jomo Kenyata University of Agriculture & Technology

Nyblade, L. (2019). Stigma In Health Facilities: Why It Matters and How We Can Change It. *BMC Medicine, 17*(1), 25-32.

Okello, G., Jones, C., Bonell, C., Warren, E., & Ross, D. (2019). Peer-Led HIV/AIDS Education in Schools: Implementing Lessons from Uganda in A Cluster Randomized Trial in Zimbabwe. *BMC Public Health, 19*(1), 1450-9.

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research. *Administration And Policy in Mental Health and Mental Health Services Research, 42*(5), 533-544.

Parker, R., & Aggleton, P. (2018). HIV And AIDS-Related Stigma and Discrimination: A Conceptual Framework and Implications for Action. *Social Science & Medicine*.

Ryan, R. M., & Deci, E. L. (2017). *Self-Determination Theory: Basic Psychological Needs in Motivation, Development, and Wellness*. Guilford Publications.

Schwandt, T. A. (2015). *Evaluation Foundations Revisited: Cultivating a Life of Mind for Practice.* Wiley.

Smith, J. D. (2020). Awareness And Understanding of Workplace Policies: Implications for Implementation. *Journal of Policy Implementation and Evaluation,* 5(2), 23-31.

Tsai, A. C. (2017). Effect of HIV-Related Stigma on Health Outcomes. *Lancet HIV,* 4(11), 151-155

Turner, M. J. (2021). Keeping Educators Updated: The Importance of Continuous HIV/AIDS Training. *Journal of Health Professions Education*, 23(12), 56-67.

UNAIDS. (2019). *Global AIDS Update 2019: Communities at the Centre*. https://www.unaids.org/en/resources/documents/2019/2019-global-aids-update

UNAIDS. (2020). *Global AIDS Update 2020: Seizing the Moment*. https://www.unaids.org/en/resources/documents/2020/global-aids- update

UNAIDS. (2022). *Global HIV & AIDS Statistics — Fact Sheet*. https://www.unaids.org/en/resources/fact-sheet

UNESCO. (2020). *Comprehensive Sexuality Education: A Global Review*. https://unesdoc.unesco.org/ark:/48223/pf0000374449

Visser, M., Schoeman, M. & Slabbert, I. (2020). HIV/AIDS Care and Support in South African Schools: Evaluating the Impact on Mental Health and Academic Performance. *Journal of School Health, 90*(6), 441-449.

Weiss, M. G. (2019). Stigma Reduction Interventions in Schools: Evidence and Recommendations. *Global Public Health,* 15(2), 123-37.

World Health Organization (WHO). (2020). *WHO Guidelines on HIV Self-Testing and Partner Notification: Supplement to Consolidated Guidelines on HIV Testing Services*. https://www.who.int/publications/i/item/who-hiv-2019.3

Yin, R. K. (2018). *Case Study Research and Applications: Design and Methods*. Sage Publications.

APPENDICES

Appendix 1: UNIMAREC Clearance

VICE-CHANCELLOR
Prof. Emmanuel Sajidu, BSc MSc. DPhil Canada, PhD Wits

Our Ref: P.10/23/304

Your Ref:

CHANCELLOR COLLEGE
P.O. Box 280, Zomba, Malawi

Telephone (265) 524 222
Fax (265) 1 524 183
E-mail: vc@unima.mw

21st December, 2023

Mudalitsa Nthenda
MA in Education.
University of Malawi
P.O. Box 280
Zomba

Dear Mudalitsa Nthenda

RESEARCH ETHICS AND REGULATORY APPROVAL AND PERMIT FOR PROTOCOL NO. P.10/23/304. EXPERIENCES OF TEACHERS AND LEARNERS IN BOARDING SECONDARY SCHOOLS IN ACHIEVING CARE AND SUPPORT ON THE IMPLEMENTATION OF HIV/AIDS WORKPLACE POLICY IN MALAWI: A CASE OF CENTRAL WEST EDUCATION DIVISION.

Having satisfied all the relevant ethical and regulatory requirements, I am pleased to inform you that the above-referred research protocol has officially been approved. You are now permitted to proceed with its implementation. Should there be any amendments to the approved protocol in the course of implementing it, you shall be required to seek approval of such amendments before implementation of the same.

This approval is valid for one year from the date of issuance of this approval. If the study goes beyond one year, an annual approval for continuation shall be required to be sought from the University of Malawi Research Ethics Committee (UNIMAREC) in a format that is available at the Secretariat.

Once the study is finalized, you are required to furnish the Committee and the Vice Chancellor with a final report of the study. The committee reserves the right to carry out a compliance inspection of this approved protocol at any time as may be deemed by it. As such, you are expected to properly maintain all study documents including consent forms.

UNIMAREC wishes you a successful implementation of your study.

Yours Sincerely,

Dr Victoria Ndola
CHAIRPERSON OF UNIMAREC

UNIVERSITY OF MALAWI
RESEARCH ETHICS COMMITTEE
21 DEC 2023
APPROVED
P.O. BOX 280 ZOMBA

CC: Vice Chancellor
Registrar
Director of Finance and Investments
Head of Research
UNIMAREC Administrator
UNIMAREC Compliance Officer

Appendix 2: Informed Consent

INFORMED CONSENT

This study involves research whose purpose is to understand the experiences of teachers and learners in boarding secondary schools in achieving the objective of care and support in the implementation of HIV/AIDS Workplace Policy in government schools in Lilongwe, Malawi. Approximately the expected duration of participation is 45 minutes. The qualitative data will be obtained through face-to-face semi-structured interviews and focus group discussions.

By taking part in this study does not mean that I know your status and you will not be asked to reveal your HIV status because it is confidential. The benefit of this study to you is that as participants and as an institution you will contribute towards knowledge about objective of care and support in the implementation of HIV/AIDS Workplace policy that may help others in the future to understand the policy

All the information gathered in this study will be kept confidential, no one will have access to the information except me. Your name will not appear anywhere and no one except me will know about your specific answers. Numeric code will be used instead of your name

Involvement in this study is voluntarily, so you may choose to participate or not. After you sign the present form, you are still free to withdraw at any time without giving a reason. The data already collected will be destroyed.

If you may have some other questions or you need more explanation or clarifications about the research you can contact the researcher, Madalitso Nkhanda, Livimbo Community Day Secondary School, P.O Box 1807, Lilongwe (0994 751 794/0888 566 289) and Dr Victoria Ndule , Chairperson of University of Malawi Research and Ethics Committee(UNIMAREC), P.O Box 280, Zomba. Phone number: 0993 042 760.

Do you agree to continue with the study: Yes ☐ No ☐

Name of respondent:

Age

Male/Female

Signature

Date:

Name of the interviewer:

Signature:

Date:

THANK YOU

Appendix 3: Chilolezo Chotenga Nawo Mbali Mu Kafukufuku

CHILOLEZO CHOTENGA NAWO MBALI MU KAFUKUFUKU

Cholinga cha kafukufukuyi ndi kufuna kudziwa komanso kumvetsetsa momwe sukulu zogonera komweko zikukwaniritsira mfundo ya chisamaliro ndi chithandizo mu ndondomeko yofuna kuthana ndi HIV/AIDS pamalo a nchito m'boma la Lilongwe. Nthawi yonse ingaritengere mukucheza kwathu ndi mphindi makumi anayi ndi mphambu zisanu. Uthenga wakafukufukuyi udzatengedwa kudzera mafunso oyankhidwa pa mawiri ndi enanso oyankhidwa pa gulu.

Kutenga nawo mbali kwanu mukafukufukuyi sikukukakamizidwa kuti ndi kudziwa [illegible] mwana mulili ndipo simufunsidwa kuulula za momwe nthupi mwanu mulili chifukwa ndi zachinsinsi. Kupindula kanu kumapindula ndi kafukufukuyi [illegible] ngati inu otenga nawo mbali [illegible] pa nthawi ya chisamaliro ndi chithandizo mu ndondomeko yofuna kuthana ndi HIV/AIDS pamalo a ntchito. [illegible] ndi zothandizira [illegible] bwino za [illegible] mtsogolo.

Chilichonse chomwe tikambirane mu kafukufukuyi chikhala chomanso kusungidwa mwachinsinsi ndipo ndi ine ndekha yemwe ndikhale ndi zokambirana zi. Dzina lanu silidzapedzeka kapena kutchulidwa paliponse ndipo palibe adzawe zomwe mwanena kupatula ineyo.

Kutenga nawo mbali mukafukufukuyi sikokakamiza ndipo ngakhale mutasaina kale chilolezo [illegible] kosapitiliza kutenga nawo mbali m'kafukufukuyi opanda kupereka chifukwa chilichonse. Uthenga omwe mwali mutatengedwa kale udzaonongedwa.

Ngati pali mafunso kapena kufuna kudziwa zambiri zakafukufukuyi muthe kuyankhula ndi ochita kafukufukuyi, Macalitsa Nthanda, Livimbo Community Day Secondary School, P.O Box 1807, Lilongwe (0994 731 794/0888 386 289) komanso Dr Victoria Ndolo, Mkhalapampando wa University of Malawi Research and Ethics Committee(UNIMAREC). P.O Box 280, Zomba. Nambala ya lamya: 0995 042 780.

Mwavomera kutenga nawo gawo m'kafukufukuyi? Eya ▭ Ayi ▭

Dzina la otengambali:

Zaka:

Mwamuna/mkazi:

Saini:

UNIVERSITY OF MALAWI
RESEARCH ETHICS COMMITTEE
21 DEC 2023
APPROVED
P.O. BOX 280 ZOMBA

Tsiku:

Dzina la wofufuza kafukufuku:

Saini:

Tsiku:

ZIKOMO