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Using participatory action research to develop an HIV and Aids school plan

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In this article we report on the manner in which participatory action research (PAR) was utilised by teachers in developing a Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) school plan, in collaboration with university researchers. The need for a structured HIV and Aids school plan emerged during the course of a broader research project (of which this study formed part) during which a school principal and teachers expressed a need to support infected and affected children more effectively. The study involved three phases, used interpretivism as meta-theoretical lens, and relied on PAR principles. Following the first phase of data generation, findings indicated that teachers were keen to transfer their knowledge and skills to neighbouring schools in support of the community; they were of the view that the transfer of knowledge and skills was needed to support infected and affected children more effectively in the classroom; and they experienced the need to document knowledge and skills in the form of an HIV and Aids school plan. In addition to determining expectations regarding an HIV and Aids school plan, fundamental principles and implementation of such a plan were identified in collaboration with the participating teachers. In this manner, the content of an HIV and Aids school plan was identified, resulting in a documented plan.

Keywords: education system; HIV and Aids; HIV and Aids school plan; participatory action research (PAR); supporting HIV and Aids infected and affected learners; teachers; vulnerable learners

Introduction and background to the study

The study we report on forms part of a broad research project – STAR[1] (Supportive Teachers, Assets and Resilience). Within the STAR project, Ferreira and Ebersöhn (2012) have been partnering with teachers since 2003, in order to investigate the potential way in which teachers and schools may support children and communities in coping with adversity. Even though the STAR project commenced in one primary school in a resource-constrained community in the Eastern Cape province of South Africa in 2003, the STAR intervention has since been replicated in 11 additional schools in two other South African provinces, involving 74 teachers as participants in this participatory action research (PAR) project (Ebersöhn & Ferreira, 2011; Ferreira & Ebersöhn, 2011).

The need for this particular study arose during the initial stages of the broader STAR project, when the school principal of the initial school and teachers participating in the intervention voiced the need for guidance to all teachers in the school on ways of dealing with children infected with and affected by HIV and Aids in their class-

rooms. Following a PAR approach, Ferreira and Ebersöhn (2012) subsequently undertook a study, together with teachers and a postgraduate student (KB), with the purpose of developing an HIV and Aids school plan, which could potentially guide teachers in more effectively dealing with the challenge they faced. The school's need for such a plan was based on the teachers' experience of increasing numbers of infected and affected children in their classrooms, and their willingness to support such children but their uncertainty of exact ways of support that would align with policy requirements.

The study was guided by the following primary research question: *How can an HIV and Aids school plan be developed by primary school teachers, in collaboration with university researchers?* In support of this research question, the following sub-questions were addressed:

- What is the status of teachers' knowledge and insight into existing school policy on HIV and Aids?
- What is the rationale behind the development of an HIV and Aids school plan in the participating school?
- Which content should be included in an HIV and Aids school plan for the participating school?
- How and by whom can an HIV and Aids school plan be implemented in the general classroom?

Current HIV and Aids policy in South African schools

In August 1999, the former Minister of Education, Kadar Asmal, after consultations with the then Council of Education Ministers, announced the Department of Education's National policy on HIV&Aids for learners and educators in public schools, and students and educators in further education and training institutions (Department of Education, 1999). This policy stresses the vulnerability of young children to HIV infection and contains voluntary guidelines for schools, with much of the content already incorporated in legislation such as the right to privacy and the protection of this right.

The overarching aims of the Department of Education's national policy (Department of Education, 1999) are to prevent the spread of HIV infection, to reduce the stigma surrounding HIV and Aids, to promote non-discriminatory behaviour, to develop knowledge, skills, values, and attitudes for the protection of people against HIV infection, and to support infected and affected individuals. The policy also aims to provide a framework for the development of provincial and school policy as well as strategic plans for the implementation of such policy.

According to the policy (Department of Education, 1999), all schools are expected to formulate an HIV and Aids school plan, being guided by the principles stipulated in the policy document. In this manner, schools are encouraged to use legislation in developing individualised HIV and Aids plans, against the backdrop of each school's

or institution's unique characteristics and needs, as well as those of the communities they serve. As such, an HIV and Aids school plan may be used to address complex questions in the specific school and community regarding the HIV and Aids pandemic (Department of Education, 1999). Important role players in the school environment and the broader community may thus be involved in the development and drafting of implementation plans for the combating of HIV and Aids in a school or institution. It is the responsibility of the school principal and the governing body to ensure that such a plan is practical and implemented by all teachers concerned (Maile, 2004; Coombe, 2000).

Belknap, Roberts and Nyewe (2003) state that contemporary teachers face numerous demands, amongst others fulfilling the diverse and changing roles in their everyday teaching practice. According to the South African Norms and Standards for Educators (Department of Education, 2000), the current roles of teachers are to facilitate learning; to assess learning; to interpret and design teaching programmes and materials; to be subject specialists; to act as leaders, administrators and managers; to fulfil supportive, pastoral and community civic roles; and to be lifelong learners and researchers (see also Le Roux, 2011). However, Robinson (2003) found that teachers often feel ill-equipped to deal with the demands made on them. Although teachers generally have the will and inclination to help children, they often feel they lack the necessary skills to effectively deal with challenges such as HIV and Aids infected and affected children in the classrooms (Swart & Pettipher, 2003).

Method

We employed the following methodology.

Paradigmatic choices

We followed a PAR (Bhana, 2002) approach and relied on interpretivism (Silverman, 2005) as meta-theory. We opted for this approach based on the fact that the study formed part of the STAR project, which has utilised PAR since 2003. Our choice for PAR and interpretivism allowed us to obtain in-depth information about the manner in which teachers co-developed an HIV and Aids plan, in discussion with us, and the meanings they attached to the plan they developed (Chambers, 2005). As such, we were able to focus on a specific phenomenon (how primary school teachers co-developed an HIV and Aids school plan) in a particular context (resource-constrained community in the Eastern Cape province of South Africa).

Bhana (2002:228) mentions that the purpose of PAR is "… *to produce knowledge in an active partnership with those affected by that knowledge, and for the express purpose in improving their social, educational and material conditions*". During our study we were therefore guided by the basic approach of involving teachers as co-researchers, signifying a strong partnership between the participating teachers and university research team. Our collaboration followed the cyclical steps of practice, reflection, research, planning, and action, as proposed by Ebersöhn, Eloff and Ferreira

(2007). In this manner, PAR allowed the participating teachers to obtain insight into their situation as well as their own networks, abilities and resources, leading to their mobilisation of relevant social action (Bhana, 2002). It follows that our study provides one example of how PAR may be used by teachers and researchers to develop an HIV and Aids school plan in a primary school setting, in following the basic steps of PAR.

Because this study formed part of a broader research project we did not face the challenges typically associated with PAR. Namely, we did not experience any problems in building relationships of trust with the participating teachers, guiding participants to take ownership and steer action, or dealing with differences and power-related challenges between researchers and participating teachers, as these potential challenges had been overcome by the time we conducted our study.

By relying on interpretivism as meta-theoretical lens, we were able to focus on the subjective experiences and ideas of the teacher participants. More specifically, an interpretivist approach allowed us to gain insight into the participating teachers' perceptions on a suitable HIV and Aids school plan, and the content and implementation thereof, against the background of their unique context, needs and resources. As such, we did not focus on developing a school plan that could be generalised and implemented in its current format in other schools – we aimed merely to describe the developed plan against the unique context of the participating school.

As this study formed part of the broader STAR project, the school where we conducted the study was conveniently selected (Silverman, 2005). Eight Xhosa-speaking primary school teachers with ages ranging between 40 and 50 participated. The participating teachers were selected based on their involvement in the STAR project and the fact that they identified the need for the study. The eight teachers thus represented the 26 teachers of the school. We believe they possessed the necessary knowledge due to their involvement in the STAR project and discussions they had been involved in focusing on HIV and Aids-related issues.

In addition, the school principal participated in one focus group discussion. All of the teachers had been initially selected purposively in 2003 for the broader STAR research project (Silverman, 2005). Based on this method of sampling, the participants were familiar with the research process and PAR processes when we commenced with this study, and they had established relationships of trust with the research team.

Data generation, documentation and analysis

The data generation, documentation and analysis processes took place simultaneously and entailed three phases. The first phase focused on data related to the participants' prior knowledge and perceptions, regarding HIV and Aids, and possible components of a school plan. Our data generation for this phase involved two main activities. First, we completed a document analysis of some of the preceding studies in the STAR project. As indicated, this was done to obtain baseline information on the participants' expressed need for an HIV and Aids school plan, as well as their prior knowledge in

this area. For this purpose we thematically analysed the transcripts of selected focus group discussions (two in total) and individual interviews (three in total) from Ferreira's (2006) and Loots' (2005) studies in order to identify the participants' possible needs and ideas regarding an HIV and Aids school plan, as well as their views on dealing with HIV and Aids in the school and the community. In support of this analysis, we studied the national policy document on HIV&Aids for learners and educators in public schools, and students and educators in further education and training institutions (Department of Education, 1999), in order to identify suggested important components of such a plan. Secondly and following this analysis, we conducted two focus group discussions, one lasting two and a half hours (with the school principal and teacher participants 1 to 3), and one lasting an hour (with teacher participants 4 to 8).

Focus group discussions allowed us to obtain several views of participants in interaction with one another, within a short period of time and in a cost-effective manner (Nieuwenhuis, 2007). The data obtained through the focus group discussions were captured by means of audio recordings, which were transcribed verbatim after the discussions. This process turned out to be rather time-consuming based on the length of the discussions. After transcribing the focus groups, we analysed the descriptions and identified potential sections of foci for an HIV and Aids plan for the school, based on the teachers' and school principal's input, but also against the background of our analysis of related studies' data and our consultation of the national policy document.

For the second phase of the research process, we focused on the specific content of the HIV and Aids plan that was developed. For this purpose, we conducted a three-hour PAR workshop with the eight participating teachers. We presented the analysed data from phase one to the teachers (captured in the Results section later, related to themes 1 and 2), in terms of the main ideas or potential components of an HIV and Aids plan that we identified during analysis of the related studies' data and policy documents, and the focus group discussions we had facilitated. The groups of ideas focused on the content of the HIV and Aids school plan for the school concerned, the identification of infected and affected children, where to refer these children to, how they could be supported and, finally, the potential transferability of the school plan to other schools in the community.

For the purpose of the PAR workshop, we listed these ideas and potential components, or sub-sections of each, on separate pieces of cardboard (indicating the potential main groups and possible sub-sections that we had identified prior to the workshop) and requested the participants, who worked in two groups, to cut out the ideas and organise them on larger cardboard sheets, under suitable main groups. The participants grouped the ideas that belonged together, omitted some unnecessary ideas, and added others where needed. In this way, the major factors that, according to the participants, should be part of an HIV and Aids school plan were included. After com-

pleting the group work activity, the two groups presented their proposed HIV and Aids school plans. Based on the discussions that followed and similarities in terms of the proposed plans, we as facilitators compiled a summarised HIV and Aids school plan, which we presented to the eight participants at the end of the session. In this manner we completed a member checking activity, in order to ensure that the plan included the various elements identified by the participants and not by us as researchers.

Following this process of categorisation by the participants, during which they identified the main components and content of an HIV and Aids plan that would suit their school, the third phase of the research process entailed the documentation of the HIV and Aids plan. For this purpose, we summarised the plan in the form of a document as well as a placard. The latter was requested by the school principal, who indicated the need to have such a summary or placard up in each classroom in the school for easy access by all teachers.

Throughout the research process, we adhered to the guidelines for ethical research. We obtained informed consent from all participants prior to the study and followed the stipulations related to confidentiality, anonymity and the right of participants to withdraw from a research project should they wish to do so. We did not deceive the participants in any manner, informed them of the potential value of the study within their specific context, and discussed the research processes and purpose throughout the various phases of the study. We guarded against the participants being harmed in any manner and relied on trust as guiding principle in our research relationship with them (Silverman, 2005).

Results

In this section, we relate the results of the study to the phases we described in the previous section. Themes 1 and 2 present the results of the first phase of the study, based on our analysis of related studies (completed prior to any research field visit) and the two focus group discussions we facilitated with the participants (first field visit), in order to determine their prior knowledge. Theme 3 captures the results we obtained during the second phase of the study, focusing on the content of the HIV and Aids school plan that the participants identified during the PAR workshop we facilitated (second field visit). For the third phase of the study, a document and placard was developed and handed to the school principal (third field visit), capturing the HIV and Aids plan as developed by the teachers in collaboration with the research team. We present an image of the placard at the end of this section.

Theme 1: Underlying rationale for an HIV and Aids school plan

According to the teachers, the rationale for developing an HIV and Aids school plan could primarily be related to the transfer of knowledge and skills, and documenting these in the form of a school plan. To them, such knowledge and skills transfer could support other schools, as well as infected and affected children in the classroom.

Sub-theme 1.1: Transfer of knowledge and skills to neighbouring schools in support of the broader community

During the focus group discussions we facilitated, the participants indicated that neighbouring schools were aware of the work that had been done at their school to support HIV and Aids infected and affected children since 2003: "*Other schools know about us, they know about our knowledge and want us to come and teach them*" (focus group 1, teacher participant 3). In addition, the teachers were of the view that they possessed the necessary knowledge and skills to reach out and support other schools and the community. According to one of the participants: "*We have something special in our hands and we want to give back to other schools*…." (focus group 2, teacher participant 8). The participants seemingly viewed themselves as sources of information who could share their knowledge and skills with others to deal with the effects of the HIV and Aids pandemic. This perception was evident in comments such as the following: "*We do have information we want to share with other teachers*" (focus group 2, teacher participant 6); and "*It is a matter of interacting with the community and giving them information on HIV and Aids*" (focus group 2, teacher participant 7).

Sub-theme 1.2: Transfer of knowledge and skills to support infected and affected children in the classroom

The participating teachers seemingly felt sufficiently empowered and motivated to use their knowledge and skills to support HIV and Aids infected and affected children in their classrooms. During a focus group discussion, one of the participants expressed her willingness as follows: "*I want to do more to help the children affected by Aids in my class*" (focus group 1, teacher participant 2). Other participants indicated their positive attitude and dedication to support these children in the classroom in the following manner: "*I didn't know I have so much to offer to these infected and affected children and my community, I didn't know, but today I know I can give so much back*" (focus group 2, teacher participant 7); and "*The important issue is that we are able to help the children in our school, as well as children in the other schools. The community knows that our school helps people affected by HIV and Aids*" (focus group 2, teacher participant 8).

Sub-theme 1.3: Need to document knowledge and skills in the form of a HIV and Aids school plan

Based on our analysis of the related studies' focus groups and interviews, as well as the focus group discussions we facilitated, the need for an HIV and Aids plan in the school seemed clear. One of the participants summarised this need: "*We want universal steps indicating how to handle infected, as well as affected children in our school*" (focus group 1, teacher participant 2), thereby indicating the desire for direction on dealing with infected and affected children in the classroom. Another teacher remarked: "*We need a plan for our classrooms, because as educators we are dealing with learners who are infected, who are affected because their parents are very sick*"

(focus group 1, teacher participant 3). According to the school principal, who participated in the first focus group: "*We need to capacitate the educators with a plan so that they are able to deal with these learners in their classrooms*" (focus group 1, school principal).

As background to this need, the participants reported that not all teachers in the school knew how to deal with vulnerable children in the classroom and that an HIV and Aids school plan was needed to provide teachers with directive principles. In addition to potentially supporting teachers, the participants apparently believed that infected and affected children could also indirectly be empowered by such a plan. In exploring participants' reasons for wanting a documented HIV and Aids school plan, we attempted to ascertain to what extent they were familiar with national policy on HIV and Aids plans at the time (Department of Education, 1999), which could potentially provide direction for such a plan. The two focus group discussions suggested that the teachers at that stage were aware of the existence of the national policy (Department of Education, 1999) but they had only had limited exposure to the document: "*We were not exposed to the Department's policy. We were told about the policy, but haven't seen it*" (focus group 2, teacher participant 8); and also: "*That HIV and Aids policy is a long thing, we have not yet discussed it but we do have it…*" (focus group 2, teacher participant 6).

Theme 2: Expectations regarding an HIV and Aids school plan

In discussing their expectations with regard to the HIV and Aids school plan that was developed, the participating teachers referred to underlying principles of their plan, and also to the manner in which the plan would be implemented in the school.

Sub-theme 2.1: Fundamental principles of HIV and Aids school plan

The participants identified seven fundamental principles for the HIV and Aids school plan they were co-developing. The first principle relates to the idea that infected and affected children should be treated humanely and caringly: "*Treat learners with HIV and Aids in a just, humane and life-affirming way*" (focus group 2, teacher participant 5). As the second principle, the participants stressed the school's responsibility to function as an information and support centre: "*The school is a centre of information and support for HIV and Aids in the community it serves*" (focus group 1, teacher participant 3). The third principle covers unconditional acceptance, love, and support: "*An important part of educators' work is to educate people to accept, love and support learners affected by HIV and Aids*" (focus group 1, teacher participant 1).

As the fourth principle, the participants stated that the responsibility of all teachers was to ensure that children's rights and dignity were protected, while the fifth principle concerned teachers' moral responsibility to protect the lives and health of the children under their care and to give them the best possible advice when necessary: "*Educators have a strong moral responsibility to help protect the health and lives of children they educate and give the best possible advice to parents and learners*" (focus group 2,

teacher participant 7). Finally, the sixth and seventh principles relate, respectively, to the participants' view that an HIV and Aids school plan should be obligatory, and that it should be implemented by all teachers in the school.

Sub-theme 2.2: Implementation of the HIV and Aids school plan

The focus group discussions revealed that both the school principal and teacher participants thought that all teachers at the specific school should be involved in the implementation of the HIV and Aids school plan in their classrooms. One participant explained this proposed involvement of all teachers as follows: "*All the educators must be involved so that all the educators can deal with the problem, because we are living in the world of HIV and Aids*" (focus group 1, teacher participant 1). The school principal supported this view: "*All the educators must know how to deal with the infected and affected children in their classrooms. This plan will help them to do that*" (focus group 1, school principal).

In the participants' view, the school governing body, principal, management team and health committee of the school were supposed to take responsibility for overseeing the ongoing implementation of the HIV and Aids school plan. They proposed a workshop for all the teachers of the school to discuss the plan and its implementation after finalisation of the plan.

Theme 3: Content of the HIV and Aids school plan

The content of the HIV and Aids school plan, as identified by the participants during the PAR workshop, concerns three main aspects, namely, identification of children infected with and affected by HIV and Aids, referral of these children, and supporting them.

Sub-theme 3.1: Identification of infected and affected children

The participants referred to two aspects related to the identification of children infected with and affected by HIV and Aids in the general classroom. First, they emphasised that an HIV and Aids plan should stipulate who needed to be identified, and secondly, that such a plan should list the characteristics to be considered during the identification process. According to the participants, all teachers had the responsibility to identify vulnerable children in their classrooms, such as those with sick parents, those finding themselves in child-headed households, or those infected with HIV. For this purpose, participants emphasised the importance of all teachers being familiar with the characteristic symptoms of HIV and Aids, such as observable changes in children's behaviour and physical health, and incidences of poor concentration and low school attendance.

Sub-theme 3.2: Referral of infected and affected children

The participants recommended that teachers of the school should first refer infected and affected children to the group of teachers who had formed part of the STAR

project since 2003, as well as to the school principal. If necessary, such children could then later be referred to persons or institutions outside the school, such as the local clinic or hospital, doctors in the community, nurses known to the school, social workers, local psychologists, regional non-government organisations, and religious organisations in the community.

Sub-theme 3.3: Support for infected and affected children

The participants indicated that all teachers could support infected and affected children in their classrooms in two ways: through learning facilitation and by practising a caring culture in the school. In terms of other specific supportive strategies, such as referrals to external support structures, the participants indicated that this way of support would be primarily driven by them as a group with knowledge and experience based on their involvement in the STAR project, as well as by the school principal, as indicated under sub-theme 3.2.

Concerning the establishment of a caring culture in school, the participants mentioned the following possible strategies in pursuing this: awareness, respect, empathy, responsibility, acceptance, confidentiality, no discrimination, home visits, hospital visits, and letting children feel special. With regard to learning facilitation as a potential form of support, the participants emphasised the provision of age-appropriate information to children in support of them, within the context of HIV and Aids. One of the participants summarised this idea when reporting back during the PAR workshop:

> "*Age-appropriate education on HIV and Aids must form part of the curriculum for all learners and this information must be integrated in the life orientation educational programme for all learners. Techniques and activities can be implemented in the classroom, for example art activities, debates, stories, work sheets, songs, memory boxes, dramatization and rhymes*" (PAR workshop, group 2 report back).

Outcome of Phase 3: HIV and Aids school plan

Following our second field visit, we refined the data obtained during the PAR workshop and summarised the information in a written document as well as in placard form (Figure 1). The written document and placard were handed to the school principal, who indicated that he would keep the written document in his office, and display the placard in each classroom in the school. He valued the placard as an easily accessible document containing practical guidelines for teachers to support HIV and Aids infected and affected children.

Stemming from the basic structure of the plan, we linked the acronym *Children First* to the plan after consultation with the participants. *Children First* conveys the participating teachers' view that children were to be put first in the class and school context. In the *FIRST* acronym, the *F* refers to the fundamental principles of the HIV and Aids school plan that the participants identified, the *R* to the referral of infected and affected children in and/or outside the school, the *S* to the support provided to

infected and affected children in the form of a caring culture and learning facilitation at school, and the *T* to the transfer of HIV and Aids knowledge and information, also in terms of the school plan, to neighbouring schools in the community.

Figure 1 HIV and Aids school plan

Discussion

In our study, teachers co-developed an HIV and Aids school plan together with university researchers, based on the need for all teachers in the specific school to more effectively support vulnerable children, specifically within the context of HIV and Aids. The participants were, according to related reports on STAR (Ebersöhn, 2008; Ferreira, 2008a; Ferreira, 2008b; Ferreira, 2007), ready and motivated to support children and to equip the other teachers in the school as well as to provide the necessary support to them. This need to support children, as expressed by the participants, is in line with the requirements of the Department of Education's national policy (Department of Education, 1999) for the development of HIV and Aids plans by schools. The need corresponds furthermore with information in Education International (2008), which states that HIV and Aids plans typically arise from institutions' unique needs and are aimed at directing the choices and activities of the institutions while, at the same time, preventing the spread of HIV and Aids.

Our study reveals that the teachers were indeed prepared and willing to transfer their existing knowledge, information and skills to schools in the area and to the broader community. This finding supports the findings of Joint United Nations Programme on HIV and Aids (UNAIDS, 2009), which indicate that schools and communities can be supported by individuals who are committed to raising the general education levels of schools and supporting ordinary people. In this regard, Swart and Pettipher (2003) emphasise that the generation of knowledge and the transfer of information may lead to empowerment at ground level. In terms of this statement, the teachers in our study generated knowledge surrounding the content of an HIV and Aids plan that would be suitable in terms of the unique needs and context of the school. For this purpose they relied on existing knowledge and information, which they were motivated to transfer to others, yet which was selected and interpreted against the background of their specific context, against which they generated appropriate knowledge. Even though the teachers had not yet reached out to surrounding schools at the time of this study, they did so shortly after the field visits we undertook for the purpose of the current study, as reported by Ebersöhn and Ferreira (2012). In this manner their generated knowledge was transferred to others, with the effect of empowerment on a broader level.

During the development of the HIV and Aids school plan in our study, attention was given to the expectations of the participants, the content of the plan and possible ways of implementation. A focus on these components aligns with United Nations Educational, Scientific, and Cultural Organization (UNESCO, 2008) as well as the International Labour Organisation's HIV and Aids workplace policy for the education sector in Southern Africa (2006), indicating that the development of an HIV and Aids plan, as well as its implementation, requires careful consideration. The process that was followed in the present study, however, does not correspond entirely with that of Education International (2008), which indicates the collection of information as a strategic first step for developing an HIV and Aids plan. In our study, the discussion of the national policy on HIV and Aids (Department of Education, 1999) during the initial focus group discussions could be viewed as a revised step of 'collecting' or in this case 'discussing' information. Furthermore, as the participants had been involved in the STAR project for three years when the current study commenced, they had been involved in several discussions and activities focusing on HIV and Aids, and related aspects, prior to their development of the plan.

In terms of the fundamental principles that the participants identified as underlying an HIV and Aids school plan, some differences may be noted when compared to those stipulated in the International Labour Organisation's (2006) Code of Practice on HIV&AIDS and the World of Work. The latter document stresses principles such as recognition and awareness of the HIV and Aids pandemic, non-discrimination, gender equality, safe work environments, confidentiality, and cooperation and trust among different role players, which in essence coincide with, and are implied by, the

principles identified by the participants in the present study.

Concerning the implementation of the HIV and Aids plan in school, the participants in our study indicated that they would arrange a workshop to discuss the content of the plan with the other teachers in the school. This suggestion aligns with the recommendation of the Department of Education's (1999) national policy on HIV& Aids, stating that key role-players in the school and the broader community should be involved in the implementation process. To us, teachers who are knowledgeable in the field, such as the teachers who had participated in the STAR project and who had been involved in HIV and Aids related discussions as part of their participation, form part of such a group of key role-players. In addition, the participants identified the school governing body, principal, management team, and health committee as responsible for overseeing the ongoing implementation of the plan.

In terms of the specific content elements of the plan, the participating teachers included the following elements: fundamental principles, identification of infected and affected children, referrals to individuals and organisations inside and/or outside the school, and support for infected and affected children. A difference, between this structure and that of Education International (2008), is that the plan developed during the course of the present study did not include any financing or budget measures. Support and the transfer of knowledge, skills and information to other schools and the community apparently carried more weight than financial considerations. The participants' primary goal that drove their decisions on the content was seemingly to compile a plan that would make the modus operandi clear to all teachers having to deal with infected and affected children in their classrooms. For the participants, it was important that the school motto of "*Knowledge is light*" should serve as the basis for the school plan.

In terms of the criteria for identifying infected and affected children, the participants' ideas correspond with recommendations by Van Dyk (2005), Zungu-Dirwayi, Shisana, Udjo, Mosala and Seager (2004), as well as UNESCO's (2007) School-Centred HIV and Aids Care and Support, indicating that teachers should constantly be on the lookout for physical symptoms, behavioural changes, and frequent absenteeism on the part of infected and affected children. In terms of the recommendation that teachers should also pay regular home visits, the participants in our study thought, however, that home visits should form part of the support process rather than the identification process, and that a general caring culture should be created in the school. With regard to the referral process proposed by the participants, their guidelines align with UNESCO's (2007) guidelines according to which schools are considered as centres of teaching, care, and support. One idea that was not voiced by the participants relates to the suggestion that health workers should be invited to visit schools and render services in line with the schools' particular needs.

Concerning the methods of support that the participants proposed, correlations can be seen if read against the roles of teachers as set out in the South African Norms and

Standards for Educators (Department of Education, 2000), where teachers are expected to be, among other things, learning facilitators and pastoral support providers. Bennell (2003) and Coombe (2000) propose that school-based support should also include actions such as identification, referrals and monitoring, cooperation and greater involvement by parents and carers, as well as the provision of counselling facilities, financial assistance, and feeding programmes.

Conclusion

In our study we found that PAR is a suitable approach for researchers and teachers to co-develop an HIV and Aids school plan. Even though university researchers facilitated the process, they allowed teachers to take the lead in developing the school plan. The teacher participants agreed that they wanted to address the challenge of HIV and Aids infected and affected children in their classrooms in a positive way by all teachers offering effective support, being guided by a plan and specific guidelines they could follow. PAR thus allowed for a process during which the participants and researchers could compile an HIV and Aids plan in line with the specific needs and context of the participating school, based on participation and collaboration. This illustrates how PAR allows for flexibility in terms of the specific roles and responsibilities of research partners. The precise role of the various partners is determined by the specific context and research purpose. In our study, the possibility exists, for example, that other stakeholders such as nurses or social workers could also have been involved in addition to teachers, even though we did not follow this route. We were guided by our focus on teachers as experts of current classroom practice. The potential contribution of other stakeholders can be explored in related follow-up studies.

Despite the expectation that all schools in South Africa should develop an HIV and Aids plan, this has not yet been realised in all schools. Our study provides an example of how the said policy expectation can be met. The study namely indicates how the participants accepted ownership of the HIV and Aids school plan. Throughout, they gave their cooperation, which was based on an increasing awareness that social action could be mobilised through the forming of networks and the application of their own skills, knowledge, and abilities. It appears therefore that PAR principles can be used to good effect in the development of an HIV and Aids school plan. This may in turn result in the capacity development of teachers on ground level, who may then implement better practices and contribute to social transformation by treating HIV and Aids infected and affected children more suitably. Our conclusion and recommendation is that the PAR process we described in this article can be duplicated in other schools, in order to meet policy requirements.

Based on the limitation of our study being conducted in one school and context only, we suggest follow-up studies of this nature in order to confirm (or reject) our conclusion. Another challenge we experienced, which may be addressed in future studies, relates to differences in language, culture and background of the researchers and

participants, even though established relationships of trust between the researchers and participants, continuous reflexivity, and our constant awareness of the differences, allowed us to address this challenge.

Note

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