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Exploring the Implementation of HIV/AIDS Policies for Learner Support in Western Cape Schools in South Africa

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Abstract:

Introduction: Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) remains a critical public health concern globally, with Sub-Saharan Africa most profoundly impacted. South Africa requires schools to implement HIV/AIDS policies aimed at supporting affected learners. This study investigates how these policies are enacted in Western Cape schools, emphasizing the scope and limitations of the support offered.

Methods: Employing the Ecological Systems Theory, a qualitative study was conducted between July 2020 and March 2021, with a purposeful sample of 40 participants, comprising 20 School Management Team members and 20 Life Orientation (LO) teachers. Data were collected via semi-structured interviews and analyzed thematically via Atlas Ti.V8.

Results: Results revealed six major themes focusing on critical factors such as educator preparedness, stigma, resource shortages, leadership variation, external partnerships, and gaps between policy and practice. Although HIV/AIDS policies provide a vital framework for learner support, their effectiveness is undermined by inconsistent training, persistent stigma, insufficient funding, and variable leadership commitment. Conversely, strong internal mechanisms, such as School-Based Support Teams, and collaborative ties with non-government organizations (NGOs) and healthcare providers significantly bolster policy execution.

Discussion: The findings highlight the necessity of integrating HIV/AIDS policies into the everyday practices of schools, anchored by comprehensive training, adequate resources, and proactive leadership. This would ultimately promote Sustainable Development Goal 3 on Good health and well-being.

Conclusion: Recommendations include intensifying educator professional development, implementing targeted anti-stigma initiatives, securing consistent resource allocation, and expanding external collaborations, thereby offering valuable insights into future research and interventions aimed at enhancing support for HIV/AIDS -affected learners.

Keywords: HIV/AIDS, Policy implementation, Learner support, Schools, South Africa.

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1. INTRODUCTION

Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) has remained one of the most urgent public health concerns worldwide since its emergence in the early 1980s, exerting a profound impact on social structures, economies, and educational systems. As of 2024, around 40.8 million people were living with HIV/AIDS globally, with close to two-thirds residing in Sub-Saharan Africa [1]. This regional concentration has magnified the social and economic challenges associated with the epidemic, particularly for children and adolescents who bear a dual burden of

medical vulnerability and social stigma. Many such young people are either living with HIV/AIDS or have family members who are affected by the disease, placing them at heightened risk of both psychological distress and interrupted schooling [2]. Across many parts of Sub-Saharan Africa, the educational trajectory of learners from HIV/AIDS affected households is often disrupted by caregiving responsibilities, reduced family income, or pervasive community stigmatization [2].

Globally, nations have taken varied approaches to integrating HIV/AIDS education and support into school systems. In North America, large-scale efforts have promoted comprehensive sex education that includes HIV prevention, although cultural resistance and disparities in implementation have frequently reduced the consistency and effectiveness of these programs [3, 4]. In Europe, countries such as the United Kingdom and Germany have embedded HIV/AIDS awareness into broader health education curricula, aiming to diminish stigma and encourage inclusivity, yet efforts to reach marginalized migrant and refugee communities often fall short [5]. Australia and New Zealand have likewise sought to address the epidemic through a harm reduction lens, highlighting inclusivity in school programs, especially among Indigenous populations who face disproportionate vulnerability [6]. Across Asia, national responses vary; Thailand and India have taken significant strides in advancing school-based HIV/AIDS education, but other countries, particularly those with more conservative cultural norms, struggle to openly address HIV/AIDS, hindering effective policy enactment [7]. South American examples, notably in Brazil and Argentina, demonstrate significant progress in incorporating HIV education into standard curricula, yet barriers persist in rural and indigenous contexts where limited infrastructure restricts both healthcare and educational opportunities [8].

Africa, the region most severely affected by HIV/AIDS, has grappled with the epidemic using diverse strategies and resources [9]. Governments and non-governmental organizations have often collaborated to design HIV/AIDS policies centered around the prevention and support of affected learners, but these measures vary in depth and practical execution. In South Africa, where HIV/AIDS prevalence ranks among the highest globally, the Department of Basic Education (DBE) mandated that all schools implement official HIV/AIDS policies, laying out guidelines intended to foster safe and inclusive environments for every learner [9]. The overall objective is twofold: to mitigate the direct educational barriers HIV/AIDS affected youth face and to address the broader psychosocial challenges these learners encounter, such as stigma, discrimination, and the loss of familial support. By emphasizing teacher training and learner well-being, these policies aim to entrench holistic support systems that respond not only to academic needs but also to the emotional realities of living in a context of chronic illness [10].

While the national framework offers a strong impetus for schools to respond proactively, implementation trajectories can differ considerably by region, reflecting variations in resource availability, social attitudes, and institutional leadership. In the Western Cape, a province known for both urban centers and rural communities, the demographic mosaic presents unique challenges and opportunities for policy enactment. Rapid urbanization has led to overcrowded schools in certain areas, potentially straining the capacity of educators to implement comprehensive HIV/AIDS support [2]. Concurrently, localized socioeconomic disparities can exacerbate the vulnerability of already at-risk learners. The Western Cape's standing as a relatively well-resourced province creates an expectation of robust school-based programs, yet it also highlights inconsistencies between affluent urban regions and underfunded rural or peri-urban areas, where resources remain scarce or unevenly distributed [2]. As a result, students affected by HIV/AIDS may find their experiences shaped less by the presence of a province-wide policy and more by the concrete realities of the schools they attend, including the knowledge levels of their teachers, the attitude of the local community, and the degree of stigma that still surrounds HIV/AIDS [2].

Despite the conceptual strength and urgent necessity of these policies, tangible outcomes at the school level remain inconsistent. Some schools have fostered dedicated support structures ranging from regular educator training to community partnerships that actively address the psychosocial burdens of HIV/AIDS on learners. Others face significant hindrances in policy translation, often due to limited institutional capacity or entrenched prejudices that discourage open dialogue. Insufficient training on sensitive HIV-related topics may create hesitation among educators, undermining the intentions behind national and provincial guidelines. Persistent stigma within both school and community spaces further hampers efforts to provide comprehensive support, dissuading learners from disclosing their status or availing themselves of resources [10]. This disconnect between the existence of policies and their day-to-day practice reveals a gap that requires deeper exploration, as formal documents can become symbolic gestures rather than catalysts for meaningful interventions [2].

These challenges underscore the need to investigate how HIV/AIDS policies are being implemented in schools and how various stakeholders' educators, School Management Teams, health professionals, and learners experience these processes. A detailed exploration can shed light on the barriers that inhibit the policies' success and identify ways to refine training, allocate resources more judiciously, and address prejudicial attitudes that may undermine school-based initiatives [3-5]. It is crucial to recognize that meaningful policy implementation extends beyond mere awareness: it involves genuine integration into daily practices, collaborative networks, and a culture of empathy and inclusion among staff, students, and the wider community [3, 4]. Such a culture is central to mitigating stigma and supporting learners whose academic and psychosocial journeys are shaped by the multi-layered effects of HIV/AIDS [6].

This study responded to these imperatives by investigating how HIV/AIDS policies unfold in practice within Western Cape schools, focusing on the contextual factors ranging from leadership commitment to partnerships with local non-government organizations (NGOs) that ultimately determine policy efficacy [7-9]. The guiding research question asks how school HIV/AIDS policies are operationalized to support learners affected by HIV/AIDS, seeking to elucidate why certain schools excel in establishing effective support systems while others experience recurrent challenges [6]. Through a qualitative lens, the study aimed to reveal the on-the-ground perspectives of educators and School Management Teams, whose choices, beliefs, and constraints collectively determine whether formal directives yield tangible benefits for vulnerable learners. By illuminating the facilitators and barriers evident at the school level, these insights can serve as a roadmap for future programmatic efforts and policy refinements. The hope is that by identifying how a policy's impact can be shaped by factors such as stigma, resource allocation, and leadership dedication, stakeholders will be better equipped to create lasting change [6, 7].

Ultimately, the findings can guide not only the Western Cape but also broader regional and global efforts to translate HIV/AIDS policies into meaningful support for affected learners. Strengthening educator capacity, establishing robust referral pathways, forging partnerships with community organizations, and promoting an inclusive school ethos are steps that cannot be taken in isolation but must be collectively orchestrated to align policy intent with implementation reality. By emphasizing sustainable strategies that promote both psychosocial welfare and academic continuity, the study underscores the principle that policy documents alone cannot ensure the well-being of those facing the far-reaching consequences of HIV/AIDS. Instead, focused, evidence-based interventions, rooted in collaboration and genuine engagement with all stakeholders, hold the key to alleviating stigma, ensuring equitable resource distribution, and ultimately making a profound difference in the everyday lives of learners whose futures are overshadowed by the epidemic [7-9].

1.1. Theoretical Framework

Bronfenbrenner's Ecological Systems Theory offers a robust framework for understanding how multiple, nested environments jointly influence human development [11]. The theory posits that individuals exist within a network of overlapping systems, each of which can either facilitate or constrain processes of growth and adaptation over time. At the most immediate level (the microsystem), direct interactions with family, peers, and educators play a decisive role in shaping day-to-day experiences [11]. These interactions are then interconnected within the mesosystem, which links multiple microsystems, such as a learner's home and school settings [11]. Beyond these core environments lies the exosystem, encompassing broader structures including community health services, government agencies, and NGOs that indirectly influence individuals by shaping the resources and policies available to them [12]. The macrosystem comprises overarching societal values and cultural norms, which can either encourage or inhibit school-based HIV/AIDS initiatives. Lastly, the chronosystem underscores how changes over time, such as evolving public health guidelines or shifts in societal perceptions, impact individuals' experiences [12, 13].

In this study, we applied Bronfenbrenner's theory to examine how HIV/AIDS policies are implemented within schools and how various systems converge to either support or undermine learners affected by the epidemic [11, 13]. By focusing on the microsystem, we explored the daily interactions involving teachers, learners, and school leaders, capturing how the availability of training and the presence (or absence) of stigma affect policy enactment. At the mesosystem level, we investigated the strength of partnerships between schools and families, as well as the collaboration with external health services that can bolster learner support. At the exosystem level, we considered how policy directives, resource allocations, and NGO involvement influence the capacity of schools to translate official guidelines into practice [14]. The macrosystem lens was essential for revealing how persistent cultural misconceptions surrounding HIV/AIDS, along with broader social attitudes, either impede or promote policy implementation. Finally, the chronosystem perspective allowed me to situate current school practices within the wider historical context of HIV/AIDS education and shifting policy landscapes, thus acknowledging that attitudes toward HIV/AIDS can change over time [11].

Adopting this ecological approach proved particularly useful because it brings attention to the interplay among various layers of influence, rather than focusing narrowly on isolated factors [12, 13]. However, one challenge involves disentangling how different systems of school leadership, community norms, and government directives simultaneously shape learners' experiences, making it difficult to pinpoint direct causal pathways [12]. Despite this complexity, Bronfenbrenner's theory remains highly relevant, as it encourages a holistic understanding of the contexts in which HIV/AIDS policies take root. By recognizing that school-based interventions must be reinforced by supportive community attitudes, stable funding mechanisms, and inclusive cultural values, the theory underscores why even thorough policies can fail if any one layer of the environment lacks commitment or resources. Ultimately, this framework illuminates not only the challenges schools face in providing adequate support to HIV/AIDS affected learners but also the opportunities to enhance those efforts through more synchronized and context-sensitive interventions.

2. MATERIALS AND METHODS

2.1. Study Design

An exploratory inductive qualitative design was employed to investigate how HIV/AIDS policies are operationalized within Western Cape schools. This

approach, suited to contexts with limited prior data, captured rich, context-specific insights from 40 participants (20 School Management Team members, 20 Life Orientation teachers [LO]) who were purposively chosen for their direct involvement.

2.2. Location and Setting

The study was set in 20 schools in the Metro Central Education district and 20 in the West Coast Education district. The first 20 schools in the Metro Central education district cover the schools in Cape Town's heart. These schools are impoverished, with high levels of gang wars and unemployment [15]. These areas include Bonteheuwel, Heideveld, Bridgetown, and Langa. These areas are in low socio-economic conditions, and these families fall into low-income groups. In the second rural district were 20 schools selected from the West Coast education department. The areas are Saldana Bay, St Helena Bay, Vredenburg, and Graafwater. These communities also experience low socio-economic conditions, and most of the breadwinners in these communities are fishermen [15]. The challenges faced by the quota system for the fishermen were rife with unemployment, and poverty was visible [15]. The parents make their living by catching fish; if there are no fish, the whole community suffers, and the learners suffer at school without food. The areas were in Vredenburg, Saldana Bay, and Paternoster.

2.3. Participants and Sampling

The strategy used to choose research participants was purposive sampling. Participants who were selected on purpose form a group and share certain traits [16]. The 20 schools were from two educational districts, the Metro Central and West Coast Education Districts. These districts are within the Western Cape Education Department and were identified for this research. The social workers nominated the 20 schools selected in the two districts based on the psychosocial challenges the schools are experiencing. The second criterion used to select these schools was the quintile system that indicates a school's poverty level, the HIV/AIDS infection rate, the socio-economics of the community, and the health status of the school. The social workers' third criterion was that the 20 metro and rural district schools must fall under quintile one to quintile three schools. Since mainstream schools do not offer psychosocial support, teachers from learners with special educational needs (LSEN) schools were not included in this study. The researcher set out to find 20 senior management teams (SMTs) (principals/deputy principals) and 20 Life Orientation teachers from each district. The quintile system was used, with schools in quintile one designating the poorest institutions and schools in quintile five designating the least impoverished public schools [17]. A school's quintile was determined based on the income, unemployment, and illiteracy rates in the school's catchment area [17]. The research only focused on quintile one to quintile three schools for this research; these quintiles will reflect the poorest of the poor schools that have some or no financial support. Schools were allocated in consultation with district-based social workers and individual cases of learners suspected of being affected by HIV/AIDS. Social workers from the two districts dealt with all the daily psychosocial support challenges that schools faced, so they would know which schools faced the most issues around HIV/AIDS.

2.4. Data Collection Tool

Through the semi-structured interviews, the views and understandings of SMTs were explored and clarified in a permissive and non-threatening environment [18]. Semi-structured interviews were conducted to explore management systems in places like SMTs or school health committees. Open-ended questions, derived from previous research, were used to direct and facilitate the interview process and gather more information [19]. Interview topics focused on management strategies for supporting HIV/AIDS -affected students and the SMT's role in addressing the disease, informed by prior instruments that included closed-ended items; however, our study's interview guide comprised open-ended questions only (no closed-ended items were administered) [20]. Table **1** shows the questions employed in the interview sessions for principals and teachers.

Table 1. Questions employed in the interview sessions for principals and teachers.

Category	Questions and probing questions
Principals	1. Share your experiences and knowledge of HIV/AIDS 2. Do you have the skills to identify the symptoms and signs of HIV AIDS in learners? 3. How many learners are affected by HIV/AIDS in your school? 4. What does support and caring for learners affected by HIV/AIDS mean to you? 5. The absentee rate of learners is on the increase daily because some of them are affected by HIV AIDS how is this problem handled at your school? 6. What does your school's HIV AIDS policy say about how to treat learners who are affected by HIV/AIDS? 7. What makes it hard for you to support and care for learners affected by HIV/AIDS? Probing: any obstacles that they can think of that impact or affect the learners at school. 8. Are you familiar with the disclosure guidelines for teachers and learners affected by HIV/AIDS and any other non-communicable diseases? Probing

(Table 1) contd.....

Category	Questions and probing questions
Teachers	1. Share your experiences and knowledge of HIV/AIDS 2. Do you have the skills to identify the symptoms and signs of HIV/AIDS in learners? 3. How many learners are affected by HIV/AIDS? 4. What does your school's HIV/AIDS Policy say about how learners must be treated that are affected with HIV/AIDS? 5. Are you familiar with the disclosure guidelines for learners with HIV/AIDS and any other non-communicable diseases? 6. How do you deal with Stigma and discrimination against HIV/AIDS affected learners? 7. What does support and caring for HIV/AIDS affected learners mean to you? 8. What makes it hard for you to support and care for learners affected by HIV/AIDS? Probing: any obstacles that they can think of that impact or affect the learners at school.

2.5. Data Collection Procedure

The study employed face-to-face semi-structured interviews conducted in either English or Afrikaans, depending on participant preference [19], between July 2020 and March 2021. Before each interview, participants were assured confidentiality and anonymity using pseudonyms, and informed consent was obtained for audio recording. Additionally, the primary researcher took notes during the conversations while posing open-ended questions one at a time, allowing participants ample opportunity to elaborate on their responses. Sensitive questions were reserved for the latter part of the interview to foster trust. Participants were invited to add any significant remarks before concluding within the predetermined 45- to 60-minute timeframe. To safeguard confidentiality, audio recordings were promptly transferred to a password-protected computer. Effective communication strategies, including active listening, paraphrasing, and probing, were central to the process, ensuring clarity and depth in responses while minimizing interruptions [18]. Interviews were initiated after securing permission from School Management Teams (SMTs) via telephone or email, with follow-up coordination on scheduling and venue. Given the sensitivity of the subject of HIV/AIDS, interviews were held in private settings chosen by participants, such as school offices, to encourage openness. The researcher adopted an empathetic approach, employing techniques like summarization and reflection to elicit detailed accounts and build rapport, thereby facilitating discussions on challenging themes like HIV/AIDS prevalence and institutional responses [21]. Data saturation was achieved after 40 interviews, with no new themes emerging [22]. Bilingual participants often switched between English and Afrikaans. Once the data collection was complete, the recordings were transcribed verbatim and translated into English for analysis. Before the data analysis commenced, participants were provided with their transcripts to ensure the accuracy of the information and to provide additional information that may have been omitted in the interview process.

2.6. Data Analysis

The semi-structured interview recordings were transcribed verbatim by the primary researcher and uploaded to the qualitative analysis software, namely Atlas Ti. V8. To ensure anonymity, participants' names were replaced with pseudonyms. Thematic analysis was chosen due to its effectiveness in identifying patterns across the data, reflecting the participants' lived experiences and perspectives [23]. Thematic analysis followed Clarke and Braun's [24] six-phase framework. First, the researcher immersed themselves in the data by thoroughly reviewing the interview transcripts and noting initial observations. Next, line-by-line coding generated inductive codes (for example, codes were: HIV/AIDS _Male_participant theme 1, HIV/AIDS _Female_participant_theme 2). During the third phase, codes were clustered together by identifying patterns. In the fourth phase, themes were reviewed and refined through an iterative process, merging overlapping codes, removing irrelevant ones, and consolidating related codes into coherent categories. The fifth phase involved defining and naming themes to capture their core meaning. Finally, the findings were synthesized, with illustrative data excerpts supporting the analysis. These themes were organized into a table format where each author had the opportunity to view and critique the themes. This thematic table was revised numerous times before consensus was reached among the authors. This rigorous process yielded six central themes and associated sub-themes.

2.7. Trustworthiness

Trustworthiness is a crucial element of qualitative research because it provides a benchmark for researchers to evaluate the advantages of qualitative research over quantitative research [25]. According to academics like Chamane [26], the reliability of research is a crucial methodological concern. Measures of trustworthiness include the research's caliber or credibility of the findings [27]. Given [27] advises that qualitative research must be conducted in a publicly accessible manner to be credible. All research techniques must be documented, and data must be accessible for analysis. The act of convincing the audience that the study's findings are significant and that the research is of a high caliber is meant by trustworthiness [26]. Measures to guarantee credibility, transferability, dependability, and confirmability, as well as a reflexive approach to the inquiry and analysis, were used in this study to establish the study's rigor and trustworthiness. After each interview, a member check was done to ensure credibility. A summary of the key points from the interviews was also conducted to ascertain any agreements, disagreements, additions, or corrections made by the participants [28]. Confirmability was ensured by providing verbatim transcripts of the participants' responses. Dependability was ensured by detailing the

data collection, analysis, and interpretation methods. Additionally, the interviewer ensured authenticity by asking and answering open-ended questions that permitted participants to express themselves truthfully [29].

2.8. Reflexivity

Reflexivity suggests that the researcher should understand how their presence and actions influence the research and its analysis [30]. For qualitative researchers to maintain trustworthiness between the researcher and participants, ongoing critical subjectivity through reflexivity must be ensured so that the findings will not come from unexamined bias and/or prejudiced backgrounds [30]. For this study, reflexivity was maintained through a research journal, documenting the investigator's evolving understanding and any potential biases or assumptions. To mitigate power imbalances, participants were reminded of their right to withdraw, and interviews were conducted in settings chosen by them.

2.9. Ethics Considerations

Ethical approval was granted by the Humanities and Social Sciences Research Ethics Committee (HSSREC) at the University of the Western Cape (reference number: HS 20/4/31) and the Western Cape Education Department (reference number: 20200617-6542). Written informed consent was obtained from all participants, who were assured of anonymity and confidentiality via pseudonyms and secure data handling. Member checks were conducted to validate interpretations, and participants requiring additional support were referred to relevant support services. These measures collectively ensured methodological rigor, ethical integrity, and credibility of the findings.

3. RESULTS AND DISCUSSION

This section presents and interprets the findings on how HIV/AIDS policies are being implemented in Western Cape schools, with a particular focus on factors that either advance or hinder effective support for learners. Grounded in Bronfenbrenner's Ecological Systems Theory, the study examined interactions at the micro, meso, exo, and macrosystem levels to understand the multifaceted dynamics affecting HIV/AIDS policy enactment. The following discussion integrates new and existing studies to situate the Western Cape findings within a broader educational context.

3.1. Participant Demographics

Forty participants took part in the study: 20 principals and 20 LO teachers. Table **2** provides a detailed overview of their characteristics, including years of experience, gender, racial identity, age range, educational qualifications, and professional positions. The table also includes percentage values for each category to illustrate their proportional representation within the sample.

Table 2. Characteristics of the participants.

Characteristic	Sub-Category	Frequency (N)	Percentage (%)
Years of Experience	1–20	25	62.5
	21–40	14	35
	41–60	1	2.5
	Total	40	100
Sex	Male	21	52.5
	Female	19	47.5
	Total	40	100
Race	Coloured*	34	85
	Black	6	15
	Total	40	100
Age	21–40	4	10
	41–60	34	85
	61–80	2	5
	Total	40	100
Educational Level	Diploma	24	60
	Degree	5	12.5
	Post Degree	11	27.5
	Total	40	100
Position	Teacher	14	35
	Head of Department (HOD)	6	15
	Deputy Principal	4	10
	Principal	16	40
	Total	40	100

Note *Coloured: The term 'coloured' within the South African context refers to individuals with mixed racial ancestry.

Table 3. Overview of themes and sub-themes.

Theme	Sub-Themes
1. Educator Preparedness	1A: Comprehensive Training
	1B: Insufficient Capacity
2. Stigma and Silence	2A: Cultural Taboos
	2B: Fear of Disclosure
3. Resource Challenges	3A: Funding Constraints
	3B: Limited Materials
4. Leadership Engagement	4A: Proactive Policy Advocacy
	4B: Passive Compliance
5. Support Networks	5A: Internal SBST Structures
	5B: External Partnerships (NGOs, Clinics)
6. Gap Between Policy and Practice	6A: Symbolic Implementation
	6B: Embedded Daily Routines

Note: NGOs = Non-Governmental Organizations.

Over half of the participants (62.5%) reported between one and 20 years of teaching experience, although one participant indicated more than four decades in the profession. Males slightly outnumbered females (52.5% vs. 47.5%), with a higher proportion of men occupying principal or deputy principal positions reflecting persistent male dominance in educational leadership [31-33]. Most participants (85.0%) identified as Coloured, aligning with demographic patterns in parts of the Western Cape [34]. A large majority (85.0%) fell between 41 and 60 years of age, and 60.0% had at least a teaching diploma, while 27.5% possessed post-degree qualifications. English and Afrikaans emerged as the main languages, suggesting that in-school communications and policy discussions around HIV/AIDS are strongly influenced by these linguistic preferences.

3.2. Main Themes in HIV/AIDS Policy Implementation

This section introduces the core themes derived from participants' experiences of implementing HIV/AIDS policies in Western Cape schools. Table **3** below outlines the six themes and their associated sub-themes, which together illustrate how individual, institutional, and societal factors shape whether policies remain nominal or become effectively integrated into everyday practice.

The data in Table **3** above highlight that educator preparedness is central to HIV/AIDS policy implementation. Some participants reported that formal workshops and ongoing mentorship foster a sense of competence in addressing sensitive topics. One LO teacher remarked:

"The training really equipped us with the necessary tools. We now approach HIV/AIDS issues with more knowledge and sensitivity, which makes a big difference for our learners" (Participant #7, LO teacher). A principal echoed that sentiment by saying, *"After proper workshops, I felt prepared to discuss tough topics and address stigma head-on" (Participant #15, Principal).*

These experiences align with research in Botswana and Nigeria, where high-quality teacher training significantly improved policy adherence [35, 36]. However, other participants described minimal or fragmented training that left them unsure of how to handle HIV/AIDS curricula. One teacher admitted that:

"We only had one briefing session. That's not nearly enough for something as sensitive as HIV/AIDS" (Participant #5, LO teacher), and another confessed, *"I often find myself unsure of what to do because the training we received was minimal" (Participant #10, LO teacher).*

Such uneven preparation mirrors the United Nations Educational, Scientific, and Cultural Organization (UNESCO) [37] findings of inadequate professional development in certain Sub-Saharan contexts. From a Bronfenbrenner perspective [13, 14], this gap at the exosystem level undermines the microsystem (the teacher–learner environment), making HIV/AIDS content more likely to be overlooked or taught superficially.

Many participants also underscored pervasive stigma and silence. One School Management Team (SMT) member commented that:

"Some teachers avoid the topic altogether, which leaves affected learners without the support they need" (Participant #14, SMT). Another educator noted that: *"Mentioning HIV is still uncomfortable in many of our communities, it's seen as a moral failing" (Participant #8, Teacher).*

These observations confirm studies from Kenya and Zambia, where a culture of stigma hinders even well-structured policies [38, 39]. Learners and staff alike may fear judgment, as indicated by the teacher who said that:

"Learners keep quiet if they suspect they'll be labeled. It's so hard to help when they won't speak up" (Participant #3, LO teacher), and the SMT member who noted, *"Even some staff members fear being associated with HIV/AIDS issues it's like they don't want others to assume anything about them" (Participant #16, SMT).*

Such reluctance to disclose concerns is consistent with experiences in more conservative Asian regions [40]. In

ecological terms, these macrosystem-level biases affect daily classroom dynamics, reinforcing silence that prevents early intervention or psychosocial support [14].

Resource challenges further complicated policy implementation. Several principals and deputy principals cited tight budgets, as one principal put it:

"It's like trying to teach with one hand tied behind your back. We simply don't have what we need" (Participant #2, Principal). Another SMT member pointed out, *"There's no dedicated budget line for HIV/AIDS programs, so we scramble to find money" (Participant #11, Deputy Principal).*

These shortfalls echo parallels in Malawi and Lesotho, where underfunding limits the scope of HIV/AIDS education [38, 40]. Materials themselves are often outdated, as one LO teacher lamented that:

"We've got old pamphlets and almost no new teaching aids. Learners see it as old news" (Participant #19, Teacher), and another reported, *"We reuse posters from years ago. It's tough to keep learners interested in outdated info" (Participant #1, LO teacher).*

Kirby, Laris, and Rolleri [41] observed that modern, interactive materials have a far stronger impact on learner engagement and attitudes. When exosystem-level support is lacking, educators are left without the tools to teach HIV/AIDS effectively at the microsystem level.

Participants cited leadership engagement as a crucial pivot for policy translation into daily school life. One staff member said that:

"Our principal is very committed to the HIV/AIDS policy. She ensures that everyone is trained and knows their roles" (Participant #9, SMT), while another noticed that *"He calls special meetings about stigma and resources, making sure we act on them" (Participant #22, Head of Department).*

These narratives resonate with Tanzanian and Ugandan findings, where proactive leadership minimized stigma and harnessed resources for HIV/AIDS interventions [10, 42]. By contrast, some participants observed minimal involvement, exemplified by remarks like:

"Some leaders see HIV/AIDS policy as a box-ticking exercise, not a real priority" (Participant #25, LO teacher), or *"Policy documents exist, but leadership rarely checks if we're implementing them" (Participant #18, Deputy Principal).*

UNESCO [37] suggests that schools lacking a clear champion often revert to superficial adherence. Bronfenbrenner's mesosystem concept helps clarify how administrative commitment or indifference can guide or derail collaboration between teachers, learners, and external partners.

Many schools rely on both internal and external support networks to actualize HIV/AIDS policies. Internal School-Based Support Teams (SBSTs) were frequently described as essential for identifying vulnerable learners, as one teacher noted that:

"Our SBST is the backbone of our support system. They make sure every learner who needs help gets it" (Participant #1, LO teacher). Another SBST member explained, *"We meet regularly to track learners who may be suffering academically or emotionally, including those affected by HIV/AIDS" (Participant #6, SBST Member).*

These coordinated efforts at the mesosystem level are consistent with examples in Botswana and Zimbabwe [35, 43]. External partnerships also proved vital:

"Having the support of external organizations makes a huge difference. They bring expertise we don't have" (Participant #13, Principal). Another deputy principal pointed out, *"Our link with the local clinic means learners can get testing and counseling discreetly" (Participant #21, Deputy Principal).*

However, rural or underfunded schools often struggle to maintain such collaborations, mirroring challenges in Malawi [38]. By bridging micro-, meso-, and exosystem levels, partnerships address both academic and psychosocial needs, thus fleshing out otherwise skeletal policy mandates.

Finally, many participants highlighted the gap between policy and practice. One LO teacher admitted:

"We have the policy, but sometimes it feels like it's just for show" (Participant #8, LO teacher), while another added, *"They told us to display some posters on HIV/AIDS, but there's little follow-up or meaningful strategy" (Participant #30, Teacher).*

Such nominal compliance matches situations in Nigeria and India, where official mandates remain largely superficial [36, 37]. At times, macrosystem or exosystem directives fall short without local leadership or sustained teacher engagement [11, 14]. Yet some schools overcame symbolic implementation by weaving HIV/AIDS awareness into daily routines. A principal shared that:

"We embed HIV/AIDS awareness in our day-to-day activities, so it's not something we only talk about once a year" (Participant #17, Principal), and a LO teacher noted, *"We integrate stigma reduction lessons into every module we can, normalizing the conversation" (Participant #4, LO teacher).*

This continuous, embedded approach recalls Canadian experiences where multi-level stakeholder involvement and consistent messaging bridge policy intentions and real-life classroom application [40].

Taken together, these observations underscore that effective HIV/AIDS policy enactment demands more than having documents on file. It hinges on educators equipped with appropriate training, communities ready to dismantle stigma, adequate resources, leadership that prioritizes and monitors progress, robust support structures, and genuine integration of HIV/AIDS content into everyday school life [44, 45]. Bronfenbrenner's Ecological Systems Theory illuminates how each environmental layer, cultural beliefs at the macrosystem, funding mechanisms at the exosystem, administrative engagement at the mesosystem, and teacher–learner interactions at the microsystem must

align for policies to move beyond box-ticking and foster tangible, learner-centered outcomes [46-48].

3.3. Future Research

Since this study did not concentrate on parents of children with HIV/AIDS, more research is required. Thus, a more thorough study that focuses on parents living in areas with poor access to medical facilities can be carried out. Additionally, future work should directly include children and adolescents affected by HIV/AIDS to surface policy–practice gaps from their perspective and co-design school-level improvements [49,50]. Furthermore, future research could build on these findings by employing a mixed-methods approach that combines the depth of qualitative inquiry with the breadth of quantitative analysis. Incorporating surveys or structured questionnaires alongside interviews would allow for the identification of statistically significant patterns while still preserving the contextual richness of participant experiences. Expanding the sample to include a more heterogeneous group of schools across provinces, quintiles, and urban-rural divides could enhance the representativeness of the findings and enable comparisons across different educational contexts. Longitudinal designs could also be valuable in tracking how school-based HIV/AIDS policy implementation evolves, particularly in response to new training initiatives, policy reforms, or shifts in leadership. Additionally, exploring the perspectives of other key stakeholders, such as learners, parents, district officials, and health service providers, may provide a more comprehensive understanding of the systemic dynamics that shape support for HIV/AIDS affected learners. Lastly, studies may wish to explore the coping strategies used by school administrators in settings where there are HIV/AIDS affected students. This would enable a robust view of HIV/AIDS within schools.

3.4. Recommendations

Policymakers should create dedicated funding channels that enable schools to purchase updated HIV/AIDS materials and conduct ongoing training, addressing the resource shortages observed in many under-resourced districts. Collaborative efforts with local health departments and NGOs can further bridge gaps by supplying expertise and additional support. School leadership teams are encouraged to incorporate HIV/AIDS considerations into routine staff meetings, strategic planning, and professional development, underpinned by clear monitoring frameworks that measure policy adherence and tackle stigmatizing behaviors.

Educators need continuous training in HIV/AIDS pedagogy to confidently engage learners in open discussions that reduce stigma and foster empathy. Support teams, such as SBSTs, play an essential role in this ecosystem by strengthening referral pathways, maintaining systematic learner records, and ensuring timely support for those with psychosocial or academic challenges. A supportive culture can be cultivated by involving families and community stakeholders in regular awareness campaigns.

External partners, including NGOs and healthcare providers, should complement these in-school efforts by offering technical expertise, counseling resources, and well-structured workshops tailored to local conditions. Special attention to rural or remote areas ensures that interventions are context-specific and sustainable. By uniting these strategies, stakeholders can ensure that HIV/AIDS policies evolve beyond mere formalities and actively improve the well-being of affected learners.

CONCLUSION

The findings underscore that HIV/AIDS policies in Western Cape schools are shaped by a convergence of institutional, interpersonal, and societal factors. Although formal guidelines set essential objectives, genuine impact depends on well-prepared educators, stigma reduction, adequate resources, and active leadership capable of uniting teachers, learners, and community networks. Where professional development is robust, teachers feel equipped to address HIV/AIDS topics with confidence. Conversely, fragmented training and insufficient materials hinder policy enactment, often leaving affected learners under-supported. Strong leadership emerges as a linchpin, linking resource allocation, staff motivation, and external collaboration. School-Based Support Teams (SBSTs) offer vital internal coordination, while partnerships with NGOs and health providers expand program scope. However, rural or resource-poor schools struggle to maintain these connections, underscoring persistent inequities. Viewed through Bronfenbrenner's Ecological Systems Theory, each level of cultural norms, district funding, principal commitment, and classroom interactions must align for policies to move beyond symbolic paperwork. By highlighting the complex interplay among these layers, this study demonstrates that advancing HIV/AIDS policy implementation requires a broad, integrated strategy rather than isolated actions.

STRENGTHS AND LIMITATIONS OF THE STUDY

A key strength of this study lies in its comprehensive exploration of the multifaceted factors influencing the implementation of HIV/AIDS policies within educational settings. By identifying six critical themes, this research offers a comprehensive understanding of the systemic and contextual barriers affecting learner support. The study further distinguishes itself through its balanced perspective, recognizing both challenges and enablers of effective policy execution. Notably, the emphasis on internal mechanisms such as SBSTs and the role of external partnerships with NGOs and healthcare providers contributes to a more holistic account of the school ecosystem. By bridging theoretical frameworks with applied implications, the research provides valuable insights for policymakers, educators, and stakeholders working to support HIV/AIDS affected learners in school environments. However, this study was not without limitations. The reliance on self-reported data could introduce biases if participants sought to provide socially desirable answers rather than candid reflections. Additionally, the qualitative design also makes it

challenging to ascertain the extent to which the patterns observed represent broader trends. To address these issues, efforts were made to select principals and LO teachers from diverse school settings, allowing for a range of perspectives. Triangulation was employed by comparing data from different sources (*e.g.*, interviews, brief observations) to mitigate biases and enhance credibility. Although the study did not aim to generalize results to all schools, offering thick descriptions of participants' experiences and systematically analyzing the data with established theoretical frameworks improves transferability. Future research could incorporate a larger, more heterogeneous sample or adopt mixed methods to quantify certain trends while still capturing rich, contextual insights.

AUTHORS' CONTRIBUTIONS

The authors confirm contribution to the paper as follows: F.R.M, N.V.R and B.A.: Conceptualization; F.R.M, N.V.R and B.A.: Methodology, Software, Validation; F.R.M.: Formal Analysis; F.R.M.: Investigation; F.R.M.; Resources; N.V.R.: Data Curation; F.R.M.: Writing—Original Draft Preparation; F.R.M.: Writing—Review and Editing; F.R.M, N.V.R, B.A, M.M.M & C.J.: Visualization; F.R.M.: Supervision; N.V.R and B.A.: Project Administration; F.R.M.: Funding Acquisition. All authors have read and agreed to the published version of the manuscript.

LIST OF ABBREVIATIONS

AIDS	=	Acquired Immunodeficiency Syndrome
DBE	=	Department of Basic Education
HIV	=	Human Immunodeficiency Virus
LO	=	Life Orientation
NGOs	=	Non-Government Organizations
SBSTs	=	School-Based Support Teams
SMT	=	School Management Team
UNESCO	=	United Nations Educational, Scientific, and Cultural Organization

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

The study was approved by the University of the Western Cape (reference number: HS20/4/31) and Western Cape Education Department (reference number: 20200617-6542) for studies involving humans.

HUMAN AND ANIMAL RIGHTS

All procedures performed in studies involving human participants were in accordance with the ethical standards of institutional and/or research committee and with the 1975 Declaration of Helsinki, as revised in 2013.

CONSENT FOR PUBLICATION

Informed consent was obtained from all subjects involved in the study.

STANDARDS OF REPORTING

COREQ guidelines were followed.

AVAILABILITY OF DATA AND MATERIALS

The data and supportive information are available within the article.

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None.

CONFLICT OF INTEREST

The authors declare no conflict of interest, financial or otherwise.

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DISCLOSURE

Part of this article has previously been published in the thesis "An Exploration of the Management Systems Supporting Learners Affected By Hiv/aids in Schools" (https://uwcscholar.uwc.ac.za:8443/server/api/core/bitstreams/3263557f-d751-4ff8-bc2b-c4037b48c123/content)

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