THE LEADERSHIP ROLE OF THE SCHOOL PRINCIPALS IN MANAGING HIV/AIDS IN SECONDARY SCHOOLS IN THE STUTTERHEIM AREA, EASTERN CAPE PROVINCE

by

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DECLARATION

I Helena Hewu-Banjwa declare that

i) The research reported in this research study is my original research, except where otherwise indicated.

ii) This research study does contain other person's data or the information but is acknowledged as being sourced from other research.
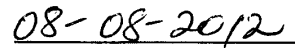
Where other written sources have been quoted, then:

a) Their words have been re-written but the general information attributed

to them has been referred.

b) Where their exact words have been used, at the end of a paragraph I referenced.

_____   08-08-2012

Signature   Date

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ABSTRACT

Education is a human basic right. The process of education and learning is the key to social, cultural and political participation, personal and community economic empowerment and national development.

Human immunodeficiency virus and Acquired Deficiency Syndrome (HIV/AIDS) represent the largest single threat to this education process. In 2004, the estimated number of people living with HIV in the Eastern Cape Province was 828 993. HIV prevalence in the Eastern Cape showed an increase from 28% in 2004 to 29, 1% in 2005, which is comparative to the overall prevalence in South Africa.

Based on the research findings, school principals need training to get knowledge, managerial and counseling skills and management strategies to write, implement and monitor a school HIV and AIDS policy and how to integrate HIV and AIDS education in curriculum in all grades.

KEY TERMS:

- AIDS
- damage
- discriminatory
- HIV
- knowledge
- leadership
- management
- perception
- response
- skills
- strategies

LIST OF ACRONYMS USED

AIDS- Acquired Immune Deficiency Syndrome

Bed HONS- Bachelor of Education Degree Honours

DBE – Department of Basic Education

ELRC- Education Labour Relations Council

ECDH- Eastern Cape Department of Education

FAMSA- Family and Marriage Society of South Africa

HIV- Human Immunodeficiency Virus.

HOD-Head of Department

HSRC- Human Sciences Research Council

LIFO- Last in First Out

LO- Life Orientation

NGO- Non-governmental organization

PCTA- Prevention, Caring and Treatment Access

REQV- Relative Education Qualification Value

SA- South Africa

SASA-South African Schools Act

SASSA- South African Social Security Agency

SADTU- South African Democratic Teachers Union

SGB- School governing body

STD- Sexually transmitted diseases

STI- Sexually transmitted infections

UNAIDS- Joint United Nations Programmes on HIV and AIDS

USAID- United States Agency for international Development

VCT- Voluntary counselling and Testing

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CHAPTER ONE

ORIENTATION TO STUDY

1.1 INTRODUCTION TO THE STUDY

Education is a human basic right. The process of education and learning is the key to social, cultural and political participation, personal and community economic empowerment and national development. Its output is the human capital which constitutes the nation's primary wealth and potential for growth. Education system forms the backbone of every nation. As a matter of fact, a sound education system is to nurture young talent whom in future will become global citizens and take their nation to new heights.

Human Immunodeficiency Virus and Acquired Deficiency Syndrome (HIV/AIDS) represent the largest single threat to this education process (Desmond & Gow, 2002: 14- 15). According to United Nations AIDS (UNAIDS) (2005), the HIV and AIDS epidemic is posing the single greatest threat to South Africa's future. The epidemic in South Africa is perceived as the worst in the world and shows no sign of mercy. In South Africa, it is taking a devastating toll in human lives. Although AIDS responses have grown and improved considerably over the past decade, they still do not match the scale or the pace of a steadily worsening epidemic. HIV and AIDS are causing dramatic changes to education. There is considerable denial and lack of thorough integrations of HIV and AIDS planning into development plans, and more flexible school systems need to be developed (Sergeant, 2003). The education system is vulnerable as key personnel are at risk. Responding to the need for empirical evidence, the Education Labour Relations Council (ELRC) commissioned the Human Sciences Research Council (HSRC) to conduct a nationwide research project to assess the prevalence of HIV and AIDS as well as to investigate the health status of and attrition rate amongst educators. The results of the research suggest that the large number of educators living with AIDS is cause for serious concern (HSRC, 2005).

Intense focus on issue of HIV and AIDS, particularly with regard to state responses, is a relatively new trend. The national Department of Education is confident that "education can play a leading role in the national response to the HIV and AIDS epidemic'' (DoE, 2003: d). School principals should recognize that "schools should in the first instance realize their outcomes by bearing in mind the vision of the Department of Education for schools in South Africa" (Van Deventer, Kruger, Van Der Merwe, Prinsloo and Steiman, (2003: 74). The

need to emphasize managing HIV and AIDS within the management structures of education becomes important as the epidemic affects the education system as a whole. My main concern in this research study is the leadership role of school principals. They have the potential to make significant contributions in the struggle or fight against HIV and AIDS since they are strategically situated in large school communities.

It is widely recognized and agreed upon that one of the factors influencing school effectiveness is the nature and the quality of leadership and management provided by each principal (Bush & Middlewood, 2005:176; Early &Weindling, 2004:87; Jones, 2005:56). It is therefore essential that school principals have to understand their influential roles in leading school organizations functioning within the South African context. The role of the principal is in the process of developing naturally because new legislation has, in fundamental ways, transformed the relation between schools and their local education authorities. Principals are required to move away from autocratic (authoritarian) implementation of official policies handed down by prior 1994 Education Department. Leadership style is the manner and approach of providing direction, implementing plans and motivating people (Bush & Middlewood, 2005: 52).

Principals are strategically placed at the centre to make a substantial contribution in so far as they lead and manage school communities at grass roots level. Du Preez, Campher, Grobler and Shaba (2003: 9), confirm this, education managers must realize that schools must be managed effectively and all matters relating to education must be organized efficiently. The need for creative management in education has become vital issue. Every education manager must be capable of adapting to changing circumstances and keeping abreast with new demands in a transformational South Africa.

Principals in order to be good leaders, have to use democratic leadership styles. They should not use powers negatively in South Africa, at present the most constructive and effective use of powers is when it is used to empower others. Some people believe that there are born leaders with natural abilities to lead people, organizations and countries, while others believe that skills of leadership can be learnt (DoE, 2002c). Principals need to recognize their own unique leadership situations and must be able to make right choices, effective skills, qualities and abilities at their disposal (Jones, 2005: 189; Stirling & Davidoff, 2000: 137). Schools need good management and leadership to ensure a better quality education for the learners. The main purpose of this research is to explore the perceptions of school principals,

educators, parents and learners have in leadership role of the school principal in managing HIV and AIDS, and make recommendations based on the findings of the research to assist school principals in effectively managing HIV and AIDS in their schools.

1.2 PARAMETERS OF THE STUDY

According to South African Constitution, Section 142-143 of Act No. 108 of 1996, the country is legislated to have nine provinces, namely Gauteng, Western Cape, Eastern Cape, North West, Northern Cape, Limpompo, Mpumalanga, KwaZulu Natal and Free State. The boundaries of the provinces are those that existed when the constitution took effect. The legislative authority of province is vested in its provincial legislative and confers the power to pass a constitution for its province or to amend any constitution passed by it in terms of sections 142 and 143. This research will be conducted in the Eastern Cape Province because the researcher is living there, and it is one of the poorest with large number of schools situated in rural areas.

In the Eastern Cape, we have 23 districts of education. Most of those districts are in rural areas. The researcher will focus particularly in King William's Town district. The researcher has chosen this district because she is aware of the challenges facing the education sectors in the province and would like to investigate the leadership role of principals in managing HIV and AIDS in their schools. King William's Town district has 90 schools and also has 19 circuits. The researcher is teaching at circuit 18. Circuit 18 has 20 schools, 15 primary schools and 5 secondary schools. Two secondary schools and one primary school are situated in the urban area. Almost 17 schools are in rural areas.

The researcher will conduct a research study at one of the secondary schools in the rural area. It is a place where unemployment is rife. Most of the inhabitants survive on child support grants and parents do not afford to pay educators on School Governing Body (SGB) posts. Most parents who died of HIV/AIDS have left behind their children. It is a place where HIV/AIDS workshops for parents (community) are rare. Most people who live there know that there is AIDS but they do not know how they can prevent themselves from being infected by HIV/AIDS. Most homes are children headed homes; some of those learners are not easily absorbed into their extended families. These children perform poorly at schools. These resulted to a high failure rate and others become drop outs.

1.3 MOTIVATION OF THE STUDY

The motivation for embarking on this study was both professional and personal. The motivation is professional in the sense that the researcher is an acting principal at her school and is willing to improve leadership roles of principals in managing HIV and AIDS in their schools. It is clear that HIV and AIDS threaten sector strategies such as education for all. Therefore, a study of the impact of HIV and AIDS is essential in order to develop prevention strategies and measures to care for those who are infected and affected by the epidemic (Allemano, 2005: 98). The HSRC (2005:135), suggests that HIV and AIDS affect learners in the prime years of their schooling and affects educators in the most productive years of their careers. To effectively manage HIV and AIDS, it requires a collective or team work effort on the part of school community, but that effort has no chance of success without effective leadership on the part of the principal. It implies that principal should work collaboratively with the staff and community in order to manage HIV and AIDS.

Many principals who lack the necessary skills are overcome completely by multifaceted task. There is convincing evidence that successful school leaders focus more strongly on motivating and developing people rather than on establishing and maintaining systems and structures. This development and motivational task of principals, together with rapidly increasing numbers of persons affected by HIV and AIDS and infected with HIV, make the task of taking the lead and managing HIV and AIDS an additional responsibility (Bush & Middlewood, 2005: 15).

The motivation is personal in the sense that the researcher is affected at her home and is willing to help her brothers and sisters to survive and should be not in denial stages. Those who have already infected have to live long lives. Those who are affected have to practice safe sex and be careful of HIV and AIDS.

1.4 PROBLEM FORMULATION

The researcher of this work is a teacher, served on several school governing bodies and an acting principal and has observed that there are HIV and AIDS policies at our schools but they are not implemented. There are no people coming from Department of Education to monitor its implementation. The concern of this research is the leadership role of principals in managing HIV and AIDS in secondary schools. HIV and AIDS are seriously threatening the future and the quality of education in South Africa. (Kelly, 2002:28-29), argues that the

infected educators become absent due to illness and learners miss being taught due to shortages of educator replacement. This problem results in other educators, having a workload and the whole school system becoming chaotic. This illness leads to loss of qualified educators.

Research shows that the quality of education is being eroded because inexperienced educators will be the ones who are left in education systems. HIV/AIDS sabotages education so it needs to be addressed (Theron, 2005:59). The DoE confirms that "HIV and AIDS have widespread negative effects and present one of the greatest challenges for education planners and managers" (DoE, 2003: iv). It is in this complex and challenging context that school principals need to perform a leadership role in the management of HIV and AIDS in South African schools.

In this study, the researcher explores the leadership role of principals managing HIV and AIDS among the complexity, speed and the importance of changes within the secondary schools. The leadership role is conceptualized from transformational leadership perspective that suggests that leaders are able to make effort to influence on and alter their environmental constraints in order to achieve their performance goals, and that school communities can be elevated above what is normally considered to be acceptable.

1.5 SIGNIFICANCE OF THE STUDY

The findings of the study will have the following impact:

- Empowering school principals in their leadership role in managing HIV and AIDS in their schools.

- Recommending on how school principals should address HIV and AIDS related challenges in their schools.

- Recommending valuable guidelines that should make HIV/AIDS Policies and HIV/ AIDS action plans to decline HIV/AIDS infections in our communities.

- The participating schools should benefit in the study as they will receive findings from the researcher.

- The Department of Education should be aware of HIV/ AIDS challenges faced by those participating schools.

1.6 AIMS AND OBJECTIVES OF THE STUDY

The overall aim of this study is to investigate the leadership role of principals in managing HIV and AIDS in secondary schools in the Stutterheim area. More specifically the research aims are to:

- Explore the perceptions that principals, educators, parents and learners have in the leadership role of the principal in managing HIV and AIDS.

- Ascertain which policies are in place in schools to deal with the problem effectively.

- Unveil the challenges raised by the management of HIV and AIDS in schools.

- Provide possible strategies to deal with HIV and AIDS in schools.

The main research questions guiding the study are:

- What are the perceptions of the principal, educators, parents, and learners on the part of principal's role in managing HIV and AIDS in schools?

- Are there any HIV and AIDS action plans and HIV and AIDS policies in schools and who is responsible for managing and monitoring, implementation of these action plans?

- How does the school management cope with the challenges caused by HIV and AIDS in schools?

- What type of training (workshops)/strategies can be provided in order to assist schools in addressing the problem?

1.7 RESEARCH METHODOLOGY

1.7.1 LITERATURE STUDY

The purpose of the literature study is to read about the views and opinions of the other writers about the relevant topic. What has been written about the topic under study, what are their findings and suggestions? The researcher will consult specifically for this study, the articles, journals, and the relevant documents from different departments. Literature study is a necessary tool as it provides guidelines for the construction of the theoretical frame work and also for the structuring of the interviews and questionnaire. Available literature on leadership role of principals in managing HIV and AIDS will be consulted to obtain an objective view of the problem outlined above and will be reported in **chapter two.**

1.7.2 QUALITATIVE RESEARCH METHODOLOGY

According to (Cohen, Manion and Morrison, 2006:67), the aim of methodology is to help us understand the problem. Research methods should be those that are reliable and valid procedures of collecting and analysing data particular to the research. The overall aim of the study is to investigate the leadership role of principals in managing HIV and AIDS in secondary schools in the Stutterheim area. The researcher will adopt the qualitative research design. Cohen, Manion, and Morrison (2006:80), contend that qualitative methodologies are methodologies dealing with data that is principally verbal. The researcher will investigate principals' perceptions regarding their leadership roles in managing HIV and AIDS in their schools. In addition, the principals' views and their leadership styles in managing HIV and AIDS in their schools will be assessed against the views of other stakeholders. These stakeholders will include members of the School Governing Bodies (SGBs), three members of School Management Teams (SMTs), one principal, one educator who is teaching Life Orientation (LO) and three members of Learner Representative Council (LRCs).

1.7.3 DATA COLLECTION

Data collection is the vehicle through which researcher collect information to answer the research questions and defend conclusions and recommendations based on the findings from the research (Mertens, 1997:285). Three methods of data collection will be used, namely interviews, observation and document analysis. Details about these various data collecting instruments will be provided in chapter Three.

1 .8 RESEARCH DESIGN

According to Denzin and Lincoln (2005:14) research design refers to "the way the researcher plans and structures the research process", and they also describe research design as "a flexible set of guidelines theoretical paradigms to strategies of inquiry and methods for collecting empirical materials." In other words, research design refers to an arrangement of procedures and methods of a research study that includes sampling, data collection, analysis and interpretation of results. Research design provides guidelines and structure to the research process in order to prevent haphazard procedures. In this regard a research design confines the researcher in an empirical world and connects him to specific sites, person, groups, institution and bodies of relevant interpretation materials.

1.9 PHASES OF THE RESEARCH STRATEGY

Table 1.1: Phases of the research strategy

PHASES	ACTIVITIES
1.Prepatory phase	• Before conducting the research, the university should confirm to the researcher's school that the school should give him/her the permission to go to school for research. • Secondly, the researcher should get permission from the Department of Education to do research in the selected schools. • After that, the researcher will negotiate access with the principal of that school and the other participants like SGBs, SMTs, LRCs and one LO teacher. The school management team will be informed of the aims of the study.

	• The researcher will visit the research school once a month for four months. This will give the researcher enough chances to go through the data collected. The researcher will visit the school in the first week of the month.
2. Research population	• The population for this study in each school will come from the members of school governing body, members of school management team, members of learners of school representative council, LO educator and the principal.
2.1 Sampling criteria	The researcher will attempt to choose only participants who would be able to supply information, be prepared to participate in research and be willing to share the information (Cohen, Manion& Morrison, 2002:103).
	• LO educator would be asked to volunteer to participate in interviews as s/he is the one who can give the most information about the challenges they have.
	• The second group will constitute members of learners' representative council. The researcher believes that this group represents the views of the learner population and also represents learners in the School Governing Body.

	• The third group will include parents, who are members of the School Governing Body. The researcher assumes that each parent has, overtime, become knowledgeable about the school and should provide a unique perspective. • The fourth group will include the members of the school management team. The researcher believes that this group is the one who faces challenge on managing HIV and AIDS. • Lastly, it would be the principal.
3. Data gathering	• Data gathering techniques will include individual interviews. Again, observation will be done in the form of visits to the identified schools for actual field work. Field notes will be recorded. The next step will be the study of available documents. This will help to get documented information about the specific HIV and AIDS management.
4. Data analysis	• Data analysis will be approached by identifying categories, recurrent themes and sub themes that emerged from the interviews. The researcher will transcribe the audio taped data. The researcher will read through them several times and mark the key

	words that occur frequently. Having done so, the researcher will then try to organize the data into a meaningful way and categorize the data with the similar meaning, then interpret and look for similarities in them. Data analysis is therefore important to research in order to draw conclusions based on her/his study.

1.10 PHILOSOPHICAL ASSUMPTIONS

The researcher assumes that, educators, SGB, LRC and other stakeholders will be aware of where and how the principal's leadership lacks and what should be done and how. Training and support strategies needed to improve principal' leadership skills. It is crucial to undertake this research as it will reveal conditions prevailing in schools with regard to the impact of HIV/AIDS and strategies in place to manage it. The interpretivist approach will be undertaken as the researcher emphasizes the challenges faced by school principals. The methodology will be discussed in chapter three.

1.11 DEFINITION OF CONCEPTS

1.11.1 Principal

Principal is the chief or education manager of a school delegated by the Department of Education. S/he is the educator who has executive authority for a school or a head teacher. Reference to any one of these terms does not imply that the head of the school alone is responsible for managing.

1.11.2 HIV

HIV is defined as the Human Immunodeficiency Virus. It is the virus that causes AIDS. It is passed from one person to the other through the infected blood and body fluids such as semen, breast milk and vaginal secretion. Sexual contact is the most common way to spread HIV/AIDS. It can be transmitted by sharing needles when injecting drugs or during child

birth. It is a virus that attacks the immune system and prevents it from functioning. There is no known cure for HIV.

1.11.3 AIDS

AIDS is defined as Acquired Immune Deficiency Syndrome. AIDS is a condition that describes an advanced state of HIV infection with AIDS, the virus has progressed causing significant loss of white blood cells (CD4 CELLS). This results to related diseases like cancer. There is no cure for AIDS.

1.11.4 Leadership role

Leadership role is an effective leadership and a personal role that requires the blending of motivational, strategies and management skills to align focus and energy.

1.11.5 School management

School managements are leaders that are responsible for running the school smoothly.

1.11.6 Challenges

Challenges include everything that someone has difficulties to deal with.

1.11.7 Support

Support includes everything that people have to learn. It particularly includes those resources which supplement what some can provide.

1.11.8 Secondary school

Secondary school means a school that offers education to learners starting from grade 10 up to grade 12.

1.12 PLANNING OF THE RESEARCH

The study is organized as follows:

Chapter One provides an overview of the research. It covers the context of the problem, statement of the research problem, research objectives, significant of research, methods of research, research design, phases of research, parameters of the study, definition of concepts and planning of the research.

Chapter Two will be literature review on leadership roles on school principals in managing HIV/AIDS in secondary school in South Africa and theoretical frame work.

Chapter Three gives details of the research methodology and research design, population and sampling, instrumentation and data collection techniques and data analysis.

Chapter four analyses the data collected and present findings and limitations of the study and answer the research questions.

Chapter five discusses the findings and draws conclusions to the study and makes recommendations.

1.13 CONCLUSION

Schools need good management and leadership to ensure a better quality education for the learners. HIV and AIDS epidemic is posing the single greatest threat to South Africa's future. There is considerably denial and lack of thorough integrations of HIV and AIDS planning into development plans, and more flexible school systems need to be developed (Sergeant, 2003: 47). The aim of this chapter is to recognize and emphasize the leadership role of the principals in managing HIV/AIDS in secondary schools and to create awareness of the negative effect of HIV/AIDS in education. The next chapter will be focusing on the literature review on the topic under study.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter will present the incidence and prevalence of HIV and AIDS in Sub- Saharan Africa as well as in Africa. It will also present the factors that lead to serious impact of HIV and AIDS in South Africa and on education as well as on schools in the Eastern Cape Province. The researcher will also focus on HIV and AIDS policy for schools in the Eastern Cape and what is the leadership role of the school principals in managing HIV and AIDS in schools in the Eastern Cape.

2.2 INCIDENCE AND PREVALENCE OF HIV AND AIDS IN SUB-SAHARAN AFRICA

Sub- Saharan Africa is more heavily affected by HIV and AIDS than any other region of the world. An estimated 22.5 million people are living with HIV in the region - around two thirds of the global total. More than three quarters of the people infected with HIV in the world can be found in Africa, making it a major threat to the survival and development of many African societies. An alarming statistics is that altogether 2.1 million children are living with HIV, of which 1.9 million can be found on Sub-Saharan Africa (Niang, Shisana, Andrews, Kaseje, Simbayi, Peltzer & Toefy, 2006: 424). Eighty percent of orphans live in Sub-Saharan Africa (Shisana & Louw, 2006:452). Statistics also indicate that an alarming rate of HIV infection is amongst the 14 to 24 years age group nationally (UNAIDS, 2005; HRSC, 2005).

It is estimated that 2.4 million AIDS related deaths have occurred in Sub-Saharan Africa among 3.1 million worldwide and that 14.8 million children have already lost either one or both parents to the disease (Niang, et al., 2006:424; Desmond & Gow, 2005: 1, 147). It is further anticipated that by 2014, Africa will have18 million orphans, one in five children of school going age will be orphaned, and life expectancy will decline as more children acquire HIV (Niang, Shisana, Andrews, Kaseje, Simbayi, Peltzer & Toefy, 2006:424; Desmond & Gouw, 2005:1,47) .

United Nations AIDS(UNAIDS) (2010), contends that the social and economic consequences of the AIDS epidemic are widely felt, not only in the health sector but also in education, industry, agriculture, transport, human resource and the economy general. The epidemic in

Sub-Saharan Africa continues to devastate communities, rolling back decades of development process.

Sub-Sahara Africa faces triple challenges:

- Provide health care, antiretroviral treatment, and support to a growing population of people with HIV-related illnesses.

- Reducing the annual toll of new HIV infections by enabling individuals to protect themselves and others.

- Coping with the impact of millions of AIDS deaths on orphans and other survivors, communities, and national development UNAIDS (2010)

Table 2.1: Statistics of HIV and AIDS in Sub-Saharan Africa

Population,2009	836,000,000
People living with HIV/AIDS, 2009	22,500,000
Woman (aged 15+) with HIV/AIDS,2009	12,100,000
Children with HIV/AIDS,2009	2,300,000
Adult HIV prevalence(%),2009	5.0
AIDS deaths, 2009	1,300,000

Source: Population Reference Bureau & UNAIDS (June, 2011)

HIV incidence is falling in 22 countries in Sub- Saharan Africa. Between 2001 and 2009, the incidence of HIV infection declined by more than 25 % in estimated countries (UNAIDS, 2011).

2.3 INCIDENCE AND PREVALENCE OF HIV AND AIDS IN SOUTH AFRICA

South Africa is currently experiencing one of the most severe AIDS epidemics in the world with more than five million (or an estimated 11%) of the population living with HIV (Coombe, 2002:103). For each person living with HIV, the impact is felt not only by the infected person, but it also impacts the lives of their families, friends and wider communities, significantly multiplying the effect. (Pembrey, 2006:1-2), argues that South Africa is still a

new democracy trying to address the backlogs of the past apartheid regime, such as equal access to education, poverty alleviation, provision of basic needs and creating a sustainable economy.   At the same time the country is experiencing the fastest growth rate of HIV and AIDS in the world. UNAIDS (2010), South Africa has the one of the fastest HIV- infection rates in the world. Statistics South Africa's 2007 population estimates put the South Africa's overall HIV – prevalence rate at about 11%, much higher than that of Sub –Saharan Africa as a whole, and among the highest in the world.

Coombe (2004: 8) makes reference to the way in which HIV and AIDS impacts on children on both a material and a non-material level. At the material level are issues pertaining to:
• Livelihoods (increased poverty, food security, shelter etc.)
• Health (nutritional status, increased vulnerability to disease, higher child mortality etc.) and
• Education (withdrawal from school to care for others and to save costs, increased absenteeism, lower educational performance, premature termination of education, fewer vocational opportunities and traditional knowledge not passed on). At the non-material level, the type of issues highlighted include, protection, welfare and emotional health. The range of potential problems are many and varied, but may, for example, include problems caused by decreased adult supervision, decreased affection, increased labour demands, stigma and social isolation, sexual abuse and exploitation, grief and depression.

The prevalence of HIV infection among teachers was found by the Education Labour Relations Council (ELRC) report to be 12.7% nationally. The prevalence of HIV infection among teachers is higher than the 11% national average figure. The study also reflects marked provincial variation (ELRC, 2005). Report findings reflect a significant increase in teacher mortality from 7.9% in 1997/98 to 17.7% in 2003/04. Gross teacher mortality, calculated as the total number of in-service deaths and the number of post-service educators who died within one year of resignation, is calculated to be 14,192 in this period. Similarly, the proportion of termination due to medical reasons has grown from 4.6% to 8.7% over the same period (Coombe, 2004: 18). HIV and AIDS are no doubt contributing to what the National Policy Framework for Teacher Education and Development in South Africa (2007) acknowledges as an "impending shortage of teachers in the country". Quoting the ELRC/HSRC Educator Supply and Demand report (2005) the Framework for Teacher Education and Development document predicts a shortfall of around 15 000 teachers by 2008 (DoE, 2003:7). Some of this shortfall must be attributed to teacher mortality resulting from

HIV and AIDS. The ELRC report (2005: xiv), confirms that the third largest cause of attrition, after contract termination and resignation, is mortality.

Table 2.2: HIV prevalence rates among teachers and all adult population by sex and age cohort (percentages)

	FEMALES			MALES		
AGE	Teachers	Population	Difference	Teachers	Population	Difference
25-29	21.5%	32%	-10.5%	12.3%	22%	-9.7%
30-34	24.2%	24.1%	0.1%	19%	24.1%	-5.1%
35-39	14.1%	13.8%	0.3%	16.6%	18.4%	-1.8%
40-44	10.1%	19%	-8.9%	10.5%	12.4%	-1.9%
45-49	6.3%	11.2%	-4.9%	7.6%	11.9%	-4.3%
50-54	3.8%	8.5%	-4.7%	5.8%	5.4%	0.4%
50+	3.7%	6.6%	-2.9%	1.6%	7%	-5.4%

(Source: Shisana et al., 2005)

Table 2.2: Shisana et al., (2005:17), estimated that HIV prevalence rate among teachers will decline very gradually to 11.5 percent by 2015 from a peak of 13.5 percent in 2004 and 2005.

However, the integrated report of the ELRC, Educator Supply and Demand in the South African Public Education System in comparing learner population with learner enrolment, reports that while the potential learner population (6-18 year old) has been increasing from 1999-2003, learner enrolment has been decreasing. The decline in learner enrolment may be attributed to a range of issues, from possible increased learner input through to increase in the proportion of vulnerable children (orphans and girls) with restricted access to school. It is again not possible to say with certainty how many learners are not in school because they are infected or affected by HIV and AIDS, but it must be presumed that this is the case for some of these learner.

Table 2.3: The consequences of HIV and AIDS: Projections to 2010

	1999	2005	2010
Percentage of SA workforce HIV+	11.5%	20%	22.5%
Percentage of SA workforce AIDS sick	0.4%	1.65%	2.7%
Number of AIDS orphans	145,256	466,365	625,180
New AIDS cases per annum	153,000	1000,000	2000,000
Life expectancy of SA females (years)	54	43	37
Life expectancy of SA males (years)	50	43	38

(Source: Shisana et al, .2005)

Table 2.3: Reveals that the percentage of South Africa workforce HIV+ increased by 8,5 % between 1999 and 2005. The percentage of HIV+ workforce increased by 2,5% between 2005 and 2010 (a projected decline of 6%). The percentage of SA workforce AIDS sick increased by 1,25% between 1999 and 2005, and also increase 1,05% between 2005 and 2010. New AIDS cases are increased by 321, 109 per year between 1999 and 2005 and increased by 158, 815 by 2010. This marks a decline of 162,294 cases between 1999 and 2010. The number of AIDS orphans increased 847,000 to 1 000 000 between 1999 and 2005 and will double to 2 000 000 by 2010. Life expectancy of males (years) declined by 11 years from 54 years in 1999 to 43 in 2005 and decline by a further 6 years between 2005 and 2010 (38 years). Data in this table imply that there could be a huge impact of HIV and AIDS on the education system in South Africa.

There are many factors that have led to the serious impact of HIV and AIDS in South Africa, as discussed below.

2.3.1 FACTORS THAT LED TO SERIOUS IMPACT OF HIV AND AIDS IN SOUTH AFRICA

2.3.1.1 ECONOMIC FACTORS AND POVERTY

Coombe (2004:202), concurs that, poverty is the main constraint to support orphans. Without proper use of resources, to feed, clothe and counsel learners, the basic need for education cannot be realized. The implication is that some learners might have lost parents because of HIV and AIDS, a situation which could have led to an increase in the rate of poverty. Niang, et al.(2006:428) concludes that, the high level of poverty and unemployment inequalities between the rich and poor, limited across to education, sanitation and anti-retroviral treatment have contributed to great numbers of South Africans becoming vulnerable to HIV and AIDS. Many people have consequently become involved in risk taking sexual behaviours for economic needs acceptance or enjoyment (Campbell, 2005: 473 -477; Kelly, 2002:35; Goliath, 2001:20). This theory is further supported by the high levels of HIV infection in informal settlements and rural areas, where poverty and illiteracy rates are very high (HRSC, 2005:46, Vandemoortele & Delamonica, 2002:11). Niang et al. (2006:428) argue that the feminization of HIV correlates with the feminization of poverty and strengthens gender inequality and gender violence. Poor infrastructures have also made it difficult for marginalized poverty-stricken people, particularly the youth and woman to be reached (Sachs, 2002:53).

Although HIV and AIDS affect all areas of society, there is a strong correlation between extreme poverty and the high prevalence of HIV in South Africa (Pembrey, 2005:7; Vandermoortele & Delamonica, 2006:11, 12). Pembrey (2006:7) and Goliath,2001:33,34) argue that poor people have less access to health care facilities and are more vulnerable to malnutrition and opportunistic infections. Goliath (2002:20) contends that financial constraints mean that only the financial secure can afford medication and antiretroviral treatment.

A study in South Africa has established that poor HIV affected households are reducing on basic necessities, such as clothing and electricity with approximately fifty percent of households reporting not having food at times (Fredriksson & Kanabus, 2005:2). A decrease

in household income, compounded by additional health care related expenses in caring for infected family members and funeral costs, force households into poverty, with no more money to spend on education. This shift in spending in HIV and AIDS has resulted in a deterioration of the quality of education and an increase in the school's dropout rate among orphans and people living with HIV and AIDS (Fredriksson & Kanabus, 2006:2). Mabece (2002:56), investigated that, other factors such as poor education and health care systems, illiteracy, untreated sexuality transmitted infections, and the lack of information about HIV and AIDS, have all contributed to the spread of the pandemic in South Africa.

2.3.1.2 SOCIAL FACTORS

Researcher has concluded that the growing number of child-headed households can be associated with an increase in the number of orphans, and those three-quarters of child-headed households are run by girls (HSRC, 2005:125). Consequently, HIV and AIDS have impacted on the structure of households and communities, since children are forced to take on adult roles in earning an income and caring for young siblings, resulting in a drastic increase in the number of child-headed households (HSRC, 2005: 125).

Exposure to drugs and alcohol, unsafe and unsupervised area, risky environment, school and community also contribute to an increased HIV risk among children (HSRC, 2005:2, 15). Coombe (2002:6) agrees that high HIV infection rates can be attributed to substance and sexual abuse in schools and communities, which advances sexual abuses and also confirms that certain population groups, such as women, those in poverty and immoral people have been identified as risk groups, based on their "sexual lifestyles. It is important to identify risky sexual behavior, as well as the socially, cultural and economic context of that behaviour, (Carr-Hill, Katabaro, Katahoire and Oulai, 2002:89) The media is awash with sexualizing advertisements in which women are presented as an object of pleasure, which further increases young people's susceptibility to HIV and AIDS (Tadhuvana, 2005:17).

The breakdown in the family unit as a result of apartheid and the migrant labour system has followed on the separation of people from their families for the sake of employment. Therefore migration is seen as a risk factor for HIV and STDs, because it exposes both the "mover" and the "stayer" to transmission and infected (HSRC, 2005:1; Goliath, 2005:1). Research indicates that labour migration is also associated with an increase in urbanization and informal settlements, where HIV prevalence rates are high (HSRC, 2005:1). Sex workers

and long-distance truck drivers have been identified as high-risk groups in the spread of pandemic (HSRC, 2005:2).

2.3.1.3 GENDER FACTORS

Kelly (2002:35) contends that different standards exist for genders. Through the socialization process, boys are taught to be tough and bold, while girls are taught to be subservient to men (Madiba, 2004:11; and Kelly, 2002:35). Men are culturally and socially encouraged to be promiscuous, while women are encouraged to be pure, thus making young girls unable to negotiate safe sex and putting them at a higher risk of infection (Mokgatle & Madiba, 2004:11). Girl orphans are overworked and often sexually exploited by their caregivers, they are more likely to drop out of school, and they are often dispossessed of their parents' property (Tadria, 2004:32). Van Dyk (2005:25) and Carr-Hill (2002:38), argue that orphaned girls are suffering from depression, post-traumatic stress and are very anxious about what the future holds for them. They indicated that their emotional needs are not met in their household as focus is more on where to get their next meal from. As the result of being emotionally vulnerable, they engage in sexual activities with older men just for affection and become pregnant, planning to marry these men to escape poverty.

Women and young girls in South Africa have been victims of "triple oppression", on the basis of race, class, and gender (Pembrey, 2006:8). Many women face challenges such as violence and abuse, poverty, and health issues. They are stigmatized and discriminated against more than men regarding the pandemic (Department of health, 2006, Niang, et al., 2006:430,431). Campbell, Foulis, Maimane and Sibiya (2005:473,477), reiterate that in poverty, many girls depend on sexual partners for financial gains and are powerless to negotiate safer sex, others are even willing to risk HIV infection in order to have a baby and qualify for a child support grant. Some girls engage in sex just to secure their relationships with their boyfriends, thus placing them at a greater risk of contracting virus. Many women are still vulnerable to sexual abuse in South Africa, despite the spotlight on sexual abuse, gender equality, and the status and rights of women (Desmond & Gow, 2002:11; and Coombe, 2002:6).

Traditional attitudes towards male-female relationships make it difficult for women to protect themselves against abuse and to gain financial and personal independence. Many women are powerless to insist on fidelity or condom use from their partners. In the traditional South African family, women are often financially dependent on their spouses. Another concern is

that many young men become reckless in their sexual behavior when they learn of their HIV positive status, and continue engaging in unprotected sex (Niang, et al., 2006:420; & Coombe, 2002:6).

Violence, abuse and neglect is common among HIV infected and has become one of the major stumbling blocks to disclosure among married women in South Africa. The fear of disclosure makes it difficult for women to make informed decisions; women are therefore forced into continued child bearing and breast feeding which may significantly compromise the health of their children. This results to infected children. It is commonplace to hear of women whose partners or husbands abandoned them when they disclosed their HIV status to the partner (Desmond & Gow, 2002:19).

2.4 IMPACT OF HIV AND AIDS ON EDUCATION IN SOUTH AFRICA

2.4.1 HIV AND AIDS ARE DECREASING SUPPLY OF EDUCATION

In some African countries, in which school fees have been abolished and free education has been introduced, there is a shortage of educators needed to cope with the influx of extra learners (Shisana & Louw, 2006:206; Lorgat, 2006:3). As a cost-saving strategy to address this shortage of skilled educators, many countries are hiring poorly qualified substitute educators who lack the necessary knowledge and experience (Lorgat, 2006:3). Many classrooms have become overcrowded with pupil-teacher ratios being 60:1. In some cases; there are more than 100 learners per class (Lorgat, 2006:3). In South Africa itself, factors affecting teaching and learning as a result of HIV and AIDS have raised educator-learner ratio to an unacceptable 1:46 (ELRC, 2005:2). Rural areas are especially deprived of educators, because HIV positive educators prefer urban centres that offer better healthcare services (Lorgat, 2006:3). Swaziland estimates that it will have to train 13 000 educators over the next 17 years to maintain its 1997 levels-7 000 more than it would have to train if there were no AIDS-related deaths (Fredriksson & Kanabus, 2006:5)

Carr-Hill et al. (2002:39-40), concurs that HIV and AIDS is decreasing the supply of education. On the supply side of education, many governments are faced with the problem of providing the resources that can make the process of education take place. These resources range from human (teachers, management and parents) to material objects (reading and writing materials), payment of fees and other related costs. The supply of education not only depends on the availability of teachers and teaching/learning material in schools, but also to

the capability of the education systems to man the whole sector. Schools that have enrolments below a certain minimum may be closed and remaining learners move to other schools. The supply of education will also be affected by issues of finance since the enrolment is declining; it means that the number of financial supporters of the system whose contributions are essential is also declining. The absolute investment in education will probably be less than anticipated Carr-Hill et al. (2002:40).

2.4.1.1 EDUCATOR ABSENTEEISM INCREASES DUE TO HIV AND AIDS PANDEMIC

The HIV and AIDS will have a negative impact on the learning process in school through increased absenteeism and another possible impact on the quality of education is its effect on students as they witness the absenteeism and the deaths of their teachers. In rural, areas where teachers provide a role model, school children may view the disappearance of their teachers as their own destiny if they pursue schooling (UNAIDS, 2005:70; Desmond and Gow (2002:17). The high rate of absenteeism may lead to lower teaching quality, extensive disruption of school activities and negative influence on the morale of colleagues and even where educators are present, maybe sick and ineffective or poor qualified as schools are likely to make use of whoever is available(Cohen, 2002:206; World Bank, 2001; Carr-Hill et al., 2002:29).

Educator absenteeism is further increased by HIV and AIDS, as educators take time off to attend funerals, or to take care of relatives, or fall ill themselves. There is a strong correlation between low morale, poor job satisfaction and high job stress in relation to the high absenteeism rate associated with HIV and AIDS (ELRC, 2005:3). Lorgat (2006:3) agrees that many educators are leaving the profession, because they are under pressure dealing with the effects of HIV and AIDS.

Another aspect that may interfere with teachers' performance is their commitment to the extended family members. In communities where the extended family system is still practiced, teachers may find it difficult to avoid activities that involve their respective family members. Teachers are expected to attend to relatives in critical conditions and this can take their time from school activity. Depending on the duration of time a patient takes before death (sometimes extending to a year), the school curricular may suffer if time extends to more than 1 one month (Carr-Hill et al., 2002:43)

2.4.1.2 HIV AND AIDS RESULT IN SHORTAGE OF EDUCATORS

According to Lorgat (2006:3), there is a global shortage of trained educators, with Sub-Saharan Africa and South West Africa being the worst affected. This can be attributed to the rise in fatalities among educators, the increasing risk of HIV infection in schools, and the challenges of including HIV and AIDS in the curriculum (Kelly, 2002:29). In some African countries, in which school fees have been abolished and free education has been introduced, there is a shortage of educators needed to cope with the influx of extra learners (Lorgat, 2006:3). As a cost-saving strategy to address this shortage of skilled educators, many countries are hiring poorly qualified substitute educators who lack the necessary knowledge and experience (Lorgat, 2006:3). Many classrooms have become overcrowded, with pupil-teacher ratios being 60:1. In some cases, there are more than 100 learners per class (Lorgat, 2006:3). In South Africa itself, factors affecting teaching and learning as a result of HIV and AIDS have raised educator learner ratios to an unacceptable 1:46 (ELRC, 2005:2). Rural areas are especially deprived of educators, because HIV positive educators prefer urban centres that offer better healthcare services (Lorgat, 2006:3).

In South Africa, the permanent loss of educators through death, illness, relocation and employment change, as a result of HIV and AIDS, will further increase the attrition rates in the education sector (Kelly, 2002:29). Therefore, it is estimated that by 2015, 60 000 educators will be required to maintain current educator-learner ratios, and universities will have to increase their intake to meet this demand (Desmond & Gow, 2002:17).

Research on HIV and AIDS among educators by the Educators Labour Relations Council (ELRC) (2005:2) has concluded that 12,7% of educators are HIV positive. In 2004 alone, an estimated 4 000 educators died of AIDS in South Africa. Of all the race groups, black educators have been most severely infected; they are more likely to have low economic status and to be placed in rural areas, far away from their families. The average number of educators in the system has declined over the last seven years (ELRC, 2005:1). From the above, it is apparent that the decline in the number of educators and the availability of educators as a result of the high rate of HIV prevalence in South Africa will affect the future of education negatively.

2.4.2 HIV AND AIDS ARE DECREASING THE DEMAND FOR EDUCATION

Children are greatly affected, physically, emotionally and psychologically, by the pandemic (Shisana & Louw, 2006:452; Carr-Hill, et al., 2003:3). They are living in households in which family members are HIV positive; or they are orphaned by HIV and AIDS; or they are HIV positive. Many children are faced with challenges that reduce their chances to education, either temporarily or permanently. The reason why so many children (especially girls) are withdrawn from schools can be attributed to (Desmond & Gow, 2002:16):

- Increased economic hardship as the result of breadwinners dying, families cannot afford school fees and other school-related expenses;

- Children have to take care of HIV and AIDS infected family members and perform many household duties and chores;

- Children have to work to sustain their families and are likely to become victims of sexual exploitation for personal survival;

- The medical treatment of infected children is often neglected.

2.4.2.1 CHILDREN ARE EXPERIENCING PERSONAL TRAUMA AS A RESULT OF THE PANDEMIC

Coombe (2004:208), Mokgale and Madiba (2004:4), and Carr-Hill et al (2002:45) and Carr-Hill (2002:17) contend that some learners have lost their parents because of HIV and AIDS, this means that HIV and AIDS might have impacted negatively on the minds of learners which is a psycho-social impact that is associated with trauma, due to loss of loved ones; poverty; stigma and discrimination. In addition, such children are taunted and ostracized by other learners and have to deal with insensitivity of others, also of their educators. As a result these learners experience feelings of despair, anxiety, depression, confusion and insecurity, which are often associated with their added responsibilities and duties at home. Therefore, many children need care and support to help them cope with the children emotionally, psychologically, socially and economically (Goliath, 2001:26, 27).

Many orphaned children do not have the opportunity to go through a proper grieving process, because they may be separated from their siblings; they may be living with relatives in poverty; they may often be hungry and fatigued; or they may be abused. These situations have resulted in a low morale and poor performance among such learners at school; and it is

essential that these children be given the opportunity to grieve and be counselled about the emotions and fears. Responses to stress may include alcohol and drug abuse, and unsafe sexual behaviours (Coombe, 2002:6; Department of Education, 2003:45).

The impact of HIV and AIDS on education requires educators to be more sensitive and empathetic to children from affected families (Carr-Hill, et al, 2000:7). Therefore, schools need to provide the emotional support and reassurance these children need about uncertainties they may have about life, and educators must be equipped to provide psychological and emotional support to people leaving with HIV and AIDS. Educators indicated that they support these learners financially, physically and emotionally, which left them feeling depressed (Shisana et al., 2008:211). Consequently, teacher training universities will need to review their curricular and the role of educators to meet these new challenges (Carr-Hill, et al, .2000:7).

2.4.2.2 CHILDREN ARE EMOTIONALLY VULNERABLE AS A RESULT OF HIV AND AIDS

Research conducted by the HSRC (2005:142) has recorded high prevalence of HIV and AIDS children in South Africa. The source of infection can be linked to sexual abuse and neglect. Many orphaned children are leaving with relatives in poverty and emotional vulnerability as a result of HIV and AIDS (Shisana & Louw, 2006:452). Children in HIV and AIDS infected households face the risk of being victims of violence, abuse, abandonment, sexual harassment and neglect but the most important theory foregoes their childhood (Fredriksson & Kanabus, 2006:3,4; Mokgatle & Madiba, 2004:2,47; and Desmond & Gow, 2002:17).

Table 2.4: Impact of HIV and AIDS in orphans

Year	Children under age 15 (millions)	Maternal /double orphans from all causes	Maternal /double orphans as % of children under 15	% of maternal / double caused by AIDS	Number of children orphaned by aids(millions)	% of children under age 15 orphaned by AIDS
1990	9.53	4.2	4.5	23.3	1.1	1.2
2000	115.6	8.2	7.8	60.1	4.6	4.6
2010	85.3	9.0	11.6	71.5	7.3	9.8

(Source: Coombe 2004:202)

Table 2.4: reveals that the number of children (in millions) orphaned by AIDS in Africa was 1,1 million in 1990 and it has increased to 7,3 million by 2011 which represents 9,8 % increase.

2.4.2.3 DROP–OUT RATE OF LEARNERS IS ESCALATING

Drop-out rate of learners is expected to increase, due to the temporal and permanent absence of educators and the loss of teaching time as the result of HIV and AIDS (Carr-Hill, et al, 2001:7, 8). Poverty, relocation of orphans, children who fall sick, and children in child-headed households (especially girls) being forced to drop-out of school or move to new schools (Shisana & Louw, 2006:453; Carr-Hill et al., 2000:7,8). This will adversely affect the enrolment, retention and completion rates of learners in school. Furthermore, the transition rate of learners from high school to tertiary institution and the level of education of learners entering the labour market will also be affected (Mokgatle & Madiba, 2004:4; Desmond & Gow, 2002:16,17).

The drop-out rate of learners is amplified by the risks young stars are exposed to at school, such as rape on the way to or from school, sexual harassment at school by other learners and educators and the traditional values and beliefs that disempower them to make decisions about their own sexuality (Niang, et al., 2006:429). In an attempt to avoid sexual abuse and sexual violence at school, many learners simply drop out of school.

2.4.2.4 HIV AND AIDS CAUSE A DECLINE IN AN ENROLMENT

Desmond and Gow (2002:16,17), conclude that HIV and AIDS are broadening the gap between boys and girls in the school system, since girls are first to be withdrawn from school to take care of infected relatives or to drop out of school if the family cannot afford school fees. The decline in enrolment will result in the reversal in the improvement in matriculation pass rates and a decline in grade 1 enrolments, creating an overall decline in the demand for formal education, since children are not staying long enough in the education system (Bundy, et al., 2007:7; and Desmond & Gow, 2002:16).

The reduction in the number of learners attending school will have a negative effect on HIV prevention and UNESCO's Education for All (EFA) programme, because the children that need HIV prevention education the most, are the ones less likely to receive it, and the EFA goals will not be achieved. The EFA goals of free and compulsory basic education for vulnerable and disadvantaged children and the elimination of gender disparities will be compromised seriously by HIV and AIDS (Fredriksson & Kanabus, 2006:4; Mokgatle & Madiba, 2004:2; and Carr-Hill, et al., 2000:1).

The death of children or parents will affect school enrolment, as a smaller number of children will be entering the school system and more children will be dropping out of school to take care of sick parents or siblings after the death of their parents. The number of children entering the school system will diminish if AIDS orphans do not enrol, delay enrolling or leave school in large numbers, some school aged children may be infected with HIV and AIDS and cause them to be absent from school frequently and they may interfere with their ability to learn and their academic performance (UNAIDS, 2005:69)

2.4.3 HIV AND AIDS ARE DECREASING QUALITY OF EDUCATION

Coombe (2004:207) provides the following impact on quality of education, the decreasing supply of trained educators which results to the loss of educator productivity when they become ill, parents and care givers choose not to educate the children because educational materials are not readily available, the learning environment is disorganized when educators become ill and their teaching capacity decreases, and further limiting the quality of instruction as they are forced to take long sick leaves to recover from illnesses as HIV progresses into full-blown AIDS.

The projected levels of HIV infection and AIDS related deaths are very high. Teacher HIV prevalence is projected to increase from 12.5percent in 2000 to 30 percent by 2015 and annual mortality rates are projected to increase eightfold - 0.5 percent to 4.0 percent during the same period. Cumulative teacher deaths between 2000 and 2015 are estimated to be around 120,000 which is one third of the total number of teachers employed in 2000 (Bennel, 2005:18)

HIV and AIDS are affecting the quality of education as a result of the lack of motivation to educators; the irregular attendance of educators and learners; and poor performance by and the ill health of both educators and learners (Mokgatle & Madiba, 2004:3; Desmond & Gow, 2002:17). In addition many schools are faced with overcrowded classrooms, out dated curriculum, a lack of teaching resources, and the loss of profession and experienced staff due to HIV and AIDS. Educators who take on the workload of other educators maybe unable to give sufficient attention to the learners, due to the larger numbers that result from combining classes, suggesting that many learners are unlikely to get individual attention and this will be more of a challenge where there are learners with special needs in a class (Peltzer et al, 2008:200; Carr-Hill et al., 2002:27). These factors lead to constant interruptions and a drastic reduction in teaching and learning time, which diminish the quality of education (Mokgatle & Madiba, 2004:3; Desmond & Gow, 2002:17).

The process of teaching and learning is seen as the key to social, cultural and political participation, as well as personal economic empowerment, which will lead to the development of a democratic society (Desmond & Gow, 2002:15). Therefore, the curriculum must be restructured to accommodate the needs of orphans and those living in poverty and with HIV and AIDS. Pillay (2005:1, 3) and Carr-Hill, et al (2000:4) concluded that the HIV and AIDS pandemic has implications for the content of the curriculum needs to address the needs of learners and the goals of society. Furthermore, issues such as poverty, gender inequality, race and HIV and AIDS have to be addressed to instil the moral values and knowledge in learners essential in reducing HIV and AIDS (Pillay, 2005:1, 3). The quality of education may also decrease if less money is invested in the education sector as countries with a high prevalence of HIV and AIDS struggle to fight the epidemic (UNAIDS, 2005:70).

2.4.4 HIV AND AIDS ARE NEGATIVELY AFFECTING EDUCATION SECTOR COSTS

Coombe (2000:10-17) establishes that HIV and AIDS have impact on educators, learners, school enrolments, drop-out rates, absenteeism, rates of poverty and orphanage, and the overall quality of education. Coombe (2004:15) maintains that South Africa's education work force comprises 443,000 educators with approximate 12 % infection. There could be many that are ill, absent and dying, or pre-occupied family crises caused by HIV and AIDS. This implies that 53 160 new educators need to be trained to replace the 53 160 educators who could be lost to HIV and AIDS. The replacement of these educators is likely to bear high costs to the Department of Education and by implication to the tax payer. In some countries, employee benefits may be paid to teachers until they die. Hence the education system may continue to pay a large number of non-working persons in addition to covering the financial costs of replacements (UNAIDS, 2005:70; Shisana, et al., 2006:206).

HIV and AIDS drastically increase education sector costs, since the pandemic affects the supply of education, which imposes increased overhead costs on the education sector (Mokgatle & Madiba, 2004:3; Bundy, Gotur, Drake and Maier, 2002:8). The Government budget for the education sector will have to include increased direct cost such as increased benefits (anti-retroviral treatment and high medical cost) the cost of recruiting and training replacement and substitute staff; and "Double payment" relates to the cost Government still has to pay teachers and staff who are officially absent or on leave as well as for paying replacement and the training of additional staff (Ramakau, 2005:25). Indirect cost for the Department of education includes loss of productivity due to the high rate of absenteeism, poor work performance among employees due to illness on the job, and the loss of skilled and experienced educators and administrative staff due to the pandemic. The pandemic's intangible cost to the education sector will have an impact on the economic growth and the global competitiveness of South Africa (Mokgatle & Madiba, 2004:3; Bundy, et. al.2002:8; and Kelly, 2002:29).

2.5 IMPACT OF HIV AND AIDS ON SCHOOLS IN THE EASTERN CAPE

Schools need to establish an environment that is conducive for the development of learners' decision-making and communication skills to establish socially acceptable behaviours and a healthy lifestyle. Schools also need to advocate strategies that will promote social, cultural and political participation, personal and economic empowerment, improve prevention and

awareness of the disease, and reduce infection and stigmatization (Van Dyk, 2001: 99). Desmond & Gow (2002:15), report that one third of the HIV positive population of South Africa was infected during their school years, while a further one third was infected within two years after leaving school, which identifies school as a high risk environment. The HIV pandemic is a threat to the way schools operate (Department, 2003: v, 4).

In 2004, the estimated number of people living with HIV in the Eastern Cape Province was 828 993(Eastern Cape Department of Health (ECDH), 2005:12). According to the Eastern Cape Department of Health (2006:10-13), the HIV prevalence in the Eastern Cape showed an increase from 28% in 2004 to 29,1% in 2005, which is comparative to the overall prevalence in South Africa. In 2005 Eastern Cape was the sixth highest HIV prevalence province in South Africa (ECDH, 2006:14).

A further breakdown indicates that in 2005, the OR Tambo District (33,8%) had the highest HIV prevalence followed by Nelson Mandela Bay (32,9%), the Amatole District (30,7%) and the Chris Hani District (30,3%), while the Cacadu District had the lowest HIV prevalence (13,1%) (ECDH, 2006:14). In previous years, findings indicated that Nelson Mandela Bay has had the highest HIV prevalence, as compared to the other districts (ECDH, 2006:15). The findings also indicated that HIV prevalence among learners at schools is high: 33, 3% among grade 11-12 learners; 27, 9% among grade 8-10 learners; and 23% among learners below grade 6 (ECDH, 2006:16). The percentage of HIV infected learners below 20 years of age has declined marginally from 13,5% in 2004 to 13,3% in 2005(ECDH,2006:15). In 2005, reports indicated the teenage pregnancies in the Eastern Cape at over 3 720 (Gonyela, 2006:35). The results reflected above confirmed an urgent need for immediate intervention to curb the disease and to counteract the challenges the province faces as a result of HIV and AIDS.

Moreover, the severity of the impact of the epidemic on schools varies from province to province. HIV prevalence among teachers in the Eastern Cape was recently estimated at 13.8 %, with high prevalence in rural areas and informal urban settlements than in formal urban areas (Education Labour Relations Council [ELRC] 2005:69). Coupled with that, the per capita income in the Eastern Cape is about half the national average (Bhorat, Poswell and Naidoo, 2004:79). It can be surmised that, the quality of education delivered in schools in the Eastern Cape in particular is under threat, with HIV and AIDS adding to existing difficulties. Poverty has been associated with inferior educational delivery (Bhorat, et al., 2004:81) and

many specific problems, such as poor school attendance, low achievement, early school leaving, juvenile crime, violence, and physical, sexual and substance abuse.

As noted earlier, responses to HIV and AIDS within schools need to be flexible, innovative and proactive if educators are to be able to rise to the challenges. This suggest that, they must look for alternatives to educate children who may not be able to attend school during normal school hours, and keep those children who can attend engaged in the learning process (ELRC, 2005:71).

 Many schools are faced with the challenges caused by the pandemic, such as sick learners with poor self-esteem, accommodating the high number of orphans and vulnerable children, insufficient and demotivated educators, and a high rate of absenteeism both on educators and learners. Schools can no longer depend on communities for healthy learners, due to the increase of unstable families and children –headed homes, and the weakened economy(Department of Education, 2003:v, 4).   Human Sciences Research Council (2005:136) and Kelly (2002:30-31), emphasize that the way in which schools are structured and managed can increase the risk of HIV infection for learners, educators and the communities in which the schools exist. At primary schools, children are of mixed ages, starting from five to fourteen years and this involvement is not free of infection since some of the learners are being more mature than others. As a result, some primary school children are already sexually active and more experienced and informed than others. Of those learners, there are learners that are coming from homes where they do not get information about sexual issues from their parents, because they think that they are under age. Therefore, those children rely on each other (in and out of a school) for the information that may not always be correct. Most schools in rural areas are far from other communities, so school children are in danger of sexual harassment as they walk long distances to and from school, thus increasing the risk of infection (HSRC, 2005:136). Kelly (2002:28-31), concluded that these factors result in many children becoming infected with HIV and becoming possible carriers of the infection to other school children and HIV and AIDS have drastically changed the world of education, in terms of composition, framework and programmes. In relation to HIV and AIDS, schools are expected to provide information and promote acceptable behaviours that prevent the spread of pandemic.

Campbell, et al.(2005:1), emphasize that there are barriers to HIV and AIDS education in schools, so HIV must be supported by the social environment to be truly effective. The

effective education programmes are often prejudiced by various factors, children most in need of such education become dropouts and then cannot be reached, infected and affected educators serve as negative role models and are uncommitted to their work, becoming inflexible, it means that it is hard to advise them anymore and become poorly informed. In addition, a lack of skills training, neglect of cultural and gender issues, the short duration of interventions and lack of community involvement in interventions in changing people's norms and beliefs are also barriers to HIV and AIDS education in schools (HSRC, 2005: 140-143). Many principals, educators and parents feel that sexual education encourages early sexual activity and experimentation and other risky behaviour (HSRC, 2004:70-71; Bundy et al., 2002:13).

Vandemoortele & Delamonica (2002:6), argues that HIV and AIDS thrive amongst the poor, ignorant and illiterate and that there is an urgent need for attaining universal primary education to equip them with the essential capabilities to protect themselves against HIV infection. Therefore, the authors conclude that in the absence of a cure, education can be seen as a powerful'' social vaccine" for slowing down or reversing the transmission of HIV and AIDS and changing people's behavior to become more morally and socially acceptable (UNAIDS, 2003:3). Botha (2006:351-352) has established that school principal who have received adequate training in the decision making process, are generally more successful in improving their schools.

2.6 HIV AND AIDS POLICY FOR SCHOOLS IN THE EASTERN CAPE

Desmond & Gow, (2002: 14), say that the process of education and learning is the key to social, cultural and political participation, personal and community economic empowerment and national development. Its output is the human capital which constitutes the nation's primary wealth and potential for growth. HIV and AIDS represent the largest single threat to this education process. This threatens the systemic functioning of education at all levels. To place this in perspective, it should be noted that one of all HIV+ persons in South Africa were infected during the school years, while a further third were infected within two years of leaving school. This confirms that schools as high risk environment (Desmond & Gow, 2002:15)

Van Deventer, Kruger, Van Der Merwe, Princeloo and Steinman (2003:256-257), say that every school should play an important role in empowering learners to become responsible citizens and presenting cultural activities in the community but also an integral part of the

community as a whole. Involving the community in the activities of the school may not always be easy, the benefits are incalculable. The school therefore, has a duty to fulfil an educational task towards both the young people and those who have already left the school and the other adults in the community. School should serve as a centre for formal and informal education for the upliftment of the community (Buchel, 2006:199). In the face of HIV and AIDS the school could serve a clinic where counselling and AIDS education could be provided to those in need and as a centralized point where the effects of HIV and AIDS can be monitored and help coordinated to where it is most needed among teachers, learners and families. The school is an important centre for the community in which it is situated, so it should be nurtured by the community (Deventer et al., 2003:259).

A national life skills programme was launched by the Department of Education and Health in 1997/1998 (Peltzer & Promtussananon, 2003a:350). The aim of this was to increase knowledge, develop skills, and promote positive and responsible behaviours, such as delaying the sexual debut, abstinence or having protected sex only. More importantly, the aim was to provide motivational support to leaners, identify and mobilise resources within the community, and acknowledge the need to care for people living with HIV and AIDS (Peltzer & Promtussananon, 2003a:350). In 1999, the Department of Education introduced a Draft Policy to address the HIV and AIDS crisis faced by learners and educators for all schools in South Africa, aimed at raising awareness about the pandemic and preventing discrimination against people living with HIV and AIDS. However, the policy had a limited effect only, because of its prescriptive approach and a lack of commitment by the majority of school principals to the programme (Van der Merwe, Edwards and Louw, 1999:111).

In 2000, the Department of Education issued Guidelines for Educators to assist them with the HIV and AIDS crisis (Qotoyi, 2003:iii; Mabece, 2002:35; and Department of Education, 2000). These guidelines were introduced to urge and assist educators to implement HIV and AIDS awareness and prevention programmes as part of Outcomes Based Education (OBE) (Mabece, 2002:35), such as how to implement universally applied infection control measures to manage accidents and injuries; how to prevent the risk of transmission; and how to build a non-discriminatory culture towards people living with HIV and AIDS (Department of Education, 2000). The guidelines also recommended that schools develop their own HIV and AIDS policies to address the culture of violence in their midst and to ensure the safety of learners against such violence and abuse (Department of Education, 2000). Furthermore,

they emphasised that schools need to address the misconduct and disciplinary issues around the problem of sexual relations between educators and learners (Department of Education, 2000). Importantly, the guidelines outlined how to support and care for sick learners and educators at school, so that they can remain productive within the school system for as long as possible (Smart, 2006:6,18).

Establishing a school policy for HIV and AIDS is the first step in an effective response to the threat of HIV and AIDS in schools. All schools should have an official HIV and AIDS policy formulated and implemented to reinforce prevention and intervention efforts of the schools (Department of Education, 2000). In formulation of this policy, constructive collaboration is needed and the school needs to include all the relevant stakeholders and the community in developing the policy, to promote the concept of informed decision making (Shisana & Low, 2006:451-453). A school's HIV and AIDS policy should serves as a guide for personnel policies, staff development and the admittance of learners (Van der Merwe, et al., 1999:116). It should respect and protect the human rights of learners and educators. The policy must prohibit compulsory testing and the disclosure of HIV, any form of unfair discrimination and the demotion or dismissal of personnel due to their HIV status (Van Vollenhoven, 2003:242; Van der Merwe, et al., 1999:117). The policy must ensure that infected and affected learners and educators are treated and managed fairly and appropriately (Van der Merwe et al., 1999:115). It should also ensure that a safe, caring, non-discriminatory environment is created at school, include guidelines on universal precautions, blood and fluid handling, and the use of first aid kits (Department of Education, 2000). The Educational Labour Relations Council (2005:3-4), argues that although the education sector was successful in formulating new policies, it failed in implementing these policies.

2.7 LEADERSHIP ROLE OF PRINCIPALS IN MANAGING HIV AND AIDS IN SCHOOLS IN THE EASTERN CAPE

There is an exceptionally high prevalence of HIV and AIDS among educators in South Africa (12.7 %) nationally, which is highest in the 25-34 age group (21.4 %), and in 35-44 age group (12.8%) and 10-19 % in the Eastern Cape. Infection in the country generally is highest among Africans and the Eastern Cape is the second only to Kwa-Zulu Natal in terms of prevalence. A probable result of these high infection rates is that a large number of teachers will become ill and die and that of children will become orphaned (Education Labour

Relations Council, 2005: 9). There is a rising incidence of orphaned children (approximately 1.2 million in 2005 and increasing number of children who are living with HIV infection (about 240 000 in 2005), this stands as testimony to the predictions of researchers who warned that both supply and demand for education is negatively affected (Mouton, 2005:97).

Principals need to consider not just prevention of AIDS, but also other impacts that HIV infection will have on learners, staff and on the general learning environment in their schools. They need to be able to devise strategies to cope with these impacts and to be able to plan strategically for possible HIV and AIDS scenarios e.g. they will have to take the lead in their schools and empower their teachers in prevention, how to cope with the problems of educating AIDS orphans who may not be able to fit into the present school system, how to reduce the stigma of AIDS in school communities and how to deal with legal aspects of the epidemic in terms of various education related acts (Education Labour Relations Council, 2005:118).

Moletsane (2004:45), argues that schools need to reinvent themselves to deal with the impacts of HIV, which suggests that targeted programmes must be developed to enable the school leadership to meet this formidable challenge and what their roles are in upholding the quality of education in the context of the epidemic. As school principals, they are in a position to influence the rest of their staff, parents and other members of the communities they serve, and need to take a proactive role in dealing with this issue of HIV and AIDS. Their key role is to protect and promote the quality of education in their schools (Piggot-Irvine & Locke, 1999).

Department of Education (2003:14), sees that, there is a need to prioritise HIV and AIDS education and develop a comprehensive response to the epidemic. School principals should address all the stakeholders when working out their HIV and AIDS action plans for their schools as they prevent the spread of HIV, provide care and support for learners and educators, working together with all stakeholders to protect the quality of education and managing a coherent response. It should be successfully implemented and monitored. It is the principal's role to see strategic planning for HIV and AIDS – related issues featuring strongly at school meetings.

School principals should not only focus in the curriculum and the internal school environment while they are ignoring the social reality experienced by learners who come from homes where there is instability and trauma and vulnerability to low school performance (Tungaraza & Sutherland, 2005: 89). Department of Education,(2003: 9), stipulated that managing a coherent response to the pandemic, requires school principals to "lead the way and create partnerships" with the community to ensure that they are working together on an equal footing to provide a united front in terms of HIV prevention and care. De Lannoy (2005: 45), advocates that schools should be agents for establishing, promoting and maintaining networks of care and support to protect the rights of the children, both in and out of school and this advocacy should be recognised by school principals. The aim of that is to provide leadership that can help maximise protective factors against HIV, while safeguarding opportunities for quality education for all learners in their community.

School principals must play a role in inspiring the educators and the whole school at large to work together towards the common goal of strategically infusing HIV and AIDS education into teaching and learning activities (Van der Westhuizen, 1997:108).

Ngcongo (1995:19), contends that motivated educators are the driving force within the school system and are the key determinant in whether or not the school will attain its goals. School principals need to consistently inspire and develop the capacity of their staff, motivate individuals to grow, create learning opportunities, and provide staff with all the support they need. School principals need to include and encourage staff to critically analyse decisions, to set goals, to develop new skills and competencies, and ultimately to improve the holistic performance of the school (Daresh, 2001:93). There is a strong correlation between job satisfaction, absenteeism and labour turnover. Therefore, school principals must constantly motivate and support staff members, since motivation has a direct bearing on the performance of the staff members (Van der Merwe et al., 1999:56). Many educators in schools are working under conditions of stress, fear, stigmatisation and prejudice. These conditions create a negative school environment, and cause intense feelings of sadness, anxiety, depression, loneliness and withdrawal by people infected and affected by HIV and AIDS. These feelings serve to erode their social support and network systems, as well as their ability to cope with the effects of the disease. In addition, they disrupt their immune system and negatively affect their health (Nowell & Van der Merwe, 2003:49, 50). Therefore, it is crucial that school principals inspire and communicate values to learners and staff (Sharma, 2005:11).

School principals are seen as the most influential people in their schools and also in the broader community in which they function, and could serve as excellent role models in terms of HIV prevention, the reduction of the stigma and discrimination against people living with HIV and AIDS, and support and care for people living with the pandemic (Wijngaarden, Mallik and Shaeffer, 2005:5). Similarly, poor leadership and management by school principals can be deterrents to an effectual response to the HIV and AIDS pandemic in their schools. Sharma (2005:11), emphasises that school principals, whether in poor rural schools or more affluent urban schools, must see the problems encountered in managing HIV and AIDS in their schools as challenges rather than obstacles. These challenges include reducing stigmatisation and discrimination, accommodating orphans, and addressing different cultural backgrounds and gender issues.

The leadership role of the school principal in relation to the management of HIV and AIDS must include organising people to think and to change how they work, so that they can cope with the changing needs of learners and colleagues and the demands of society. In dealing with the HIV and AIDS pandemic at school level, it is imperative that school principals as managers must be acquainted with the nature and impact of HIV and AIDS and be equipped with the necessary leadership and management skills to determine, monitor and deal with the pandemic in their schools effectively. Moreover, it will assist school principals in designing strategies for the prevention, care and the impact alleviation of HIV and AIDS in their schools (De Venter et al., 2003: 156).

(Kabanyana-Zigira, Rutayisire, Muvunyi and Sebaruma 2005:1) assume responsibility for the planning and the practical implementation of the HIV and AIDS policy at school in collaboration with stakeholders, it should be preventing the transmission of HIV, by complying strictly with the universal precautions and should be well acquainted with the Constitution, the various national policy documents on education and AIDS, the Employment Equity Act, the Occupational Health and Safety Acts, and all other documents that address the legal and policy issues pertaining to HIV and AIDS education. The school policy on HIV and AIDS can be planned and implemented effectively (Hartell & Maile, 2004:185). This policy should have the legal rights of learners and educators with respect to HIV and AIDS, such as learners' rights to admission policies and HIV testing, confidentiality, unfair discrimination, and treating people living with HIV and AIDS in a sympathetic, fair and just

manner (Hartell & Maile, 2004:192; Department of Education, 2003:9,13,46). It should also be aware of the infected person's rights regarding disclosure since forced disclosure constitutes unfair discrimination and is prohibited by law.

Many educators are unwilling to disclose their HIV status, for fear of stigmatisation and discrimination (Hartell & Maile, 2004:189). School principals are ethically and legally bound to keep information about the HIV positive status of employees confidential (Hartell & Maile, 2004:189,190). However, voluntary disclosure may promote trust among colleagues and the school principal and could allow the principal to offer the necessary support and understanding. For example, when an educator falls ill, the principal could accommodate him or her by arranging for appropriate treatment and counselling (Nowell & Van der Merwe, 2003:54). It should reduce the stigmatisation of HIV positive staff and rectify any misconceptions and fears regarding HIV and AIDS, because stigmatisation and discrimination stem from ignorance and misinformation and impact negatively on the productivity, morale and motivation of employees (Nowell & Van der Merwe, 2003:48,57).

School principals should also encourage the participation and involvement of stakeholders, especially parents and the community, in HIV and AIDS initiatives. This will reduce resistance against and enhance the success of the initiatives (Buchel, 2006:394). Parents should be assisted by the school in discussing and participating in HIV and AIDS issues; understand that different educators have different needs relating to the pandemic; therefore, school principals need to identify those needs and support and be sensitive to their educators. Ngcongo (1995:21), assumes responsibility for empowering and educating staff, learners and parents about the HIV and AIDS pandemic carefully consider the improvement and development of the entire school to ensure its sustainability. School principals must ensure that schools are free from violence, sexual harassment and threatening or unsafe areas that could promote the spread of the pandemic. The physical, emotional and psychological wellbeing of learners must always be considered. A safe, caring and supportive environment must be created that is conducive to the holistic well-being of both learners and educators. Equally important is the facilitation of a quality teaching and learning process.

2.8 CONCLUSION

In chapter two, the relevant literature about the impact of HIV and AIDS on the education sector, school environment, the intervention to the problem in schools, including the key roles school principals should play in preventing the spread of the pandemic, was discussed in order to place the research problem in context. In chapter three, the research design and research methodology followed in this study will be discussed.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

In Chapter one, an orientation to the study was provided, including the problem statement, the purpose of the study, a concept of clarification, and a brief overview of the research design and methodology. In Chapter two, a theoretical perspective was presented on the nature and impact of HIV and AIDS, as well as the role of the principal in combating the pandemic.

The focus of this chapter will be on the research planning and execution, techniques and methods used by the researcher to answer the research problem. Cresswell (2005:51), explains that the research design accounts for the collection, analysis and reporting procedures of the research.

The main research question guiding this study is "what is the leadership role of the school principals in managing HIV and AIDS in Stutterheim region in the Eastern Cape Province?

Furthermore the study aimed at answering the following sub-questions:

- What are the perceptions of principals, educators, parents and learners on the part of principals' role in managing HIV and AIDS in schools?

- Are there annual HIV and AIDS action plans and HIV and AIDS Policies in schools and who is responsible for managing and monitoring, implementation of these action plans?

- How does the school management cope with the challenges caused by HIV and AIDS in schools?

- What type of training (workshop)/strategies can be provided in schools in order to assist schools in addressing the problem?

The study focuses on the principals, educators, school governing body (SGB), and school management team (SMT) and learners' representative council. The main purpose of the study is to investigate their perceptions with regard to the leadership role provided by the school principals in managing HIV and AIDS in schools. Interviews with these participants will be

recorded and transcribed. The researcher will also attend SMT and SGB meeting to observe how meetings are conducted, what is discussed in the meetings and how people behave in meetings. Furthermore the researcher will also study relevant documents and policies if there are any in the schools dealing with HIV and AIDS.

3.2 RESEARCH DESIGN

The research design of this study concentrates on the overall qualitative design of the study's inquiry. Mouton (2005:55) describes a research design as a plan of how the researcher intends to conduct the research, with the purpose of actualization of the aims of the study. In other words, a research design is the blue print according which data is collected to investigate the research question in the most efficient and effective way.

The researcher will select the qualitative approach to collect data. The rationale for using qualitative approach will be discussed in the following section.

3.3 QUALITATIVE RESEARCH APPROACH

Denzin & Lincoln (2005:3-5), describe qualitative research as involving an interpretive, naturalistic and multi-method approach, which implies that the qualitative researcher studies people in their natural settings, in an attempt to gain a better understanding of their experiences. Furthermore, the use of multi-methods adds rigor, extensiveness, complexity and richness to the research study.

The appeal of a qualitative design in this study is that, the researcher will explore methodological and interpretive ways in respect of how individual accounts of experience can be understood, and charted the major factors that underlie HIV and AIDS leadership on the part of principals with the intentions of seeking the interpretation, meaning and action. The researcher will allow the principals to reflect on their own career development, on their professional and personal identities, and on the impact of these on their leadership concerning HIV and AIDS management practices. The researcher will also capture what the school

leaders, educators, parents and learners have to say in their own words in their natural environment about the leadership role of the principal managing HIV and AIDS.

The philosophical tradition followed in this study is interpretive and constructivist, since it emphasizes the importance of the participants views, the context and the meaning participants hold regarding these issues (Creswell, 2005:43). Denzin & Lincoln (2005:22-26), conclude

that qualitative research is "creative and interpretive" and is guided by the researcher's beliefs. Qualitative interpretations are constructed, meaning that the researcher first collects the information and then attempts to make sense of the findings from the information gathered (Denzin & Lincoln, 2005:26). Interpretive processes are used to extend and clarify the participants' understanding of specific problems (Creswell, 2005:558). Creswell (2005:402) contends that the constructivist approach focuses more on the meanings constructed by the participants in the research study, than on gathering information. The aim of the research is to learn about the experiences of the participants at first hand and to describe these experiences as accurately and in as much details as possible.

3.3.1 CHARACTERISTICS OF QUALITATIVE APPROACH

3.3.1.1 Naturalistic and contextual nature

Qualitative researcher focuses on participants' views as expressed in their natural environments or context, to gain an in-depth insight into the experiences of the participants (Creswell, 2005:43). Cohen, Manion and Morrison (2005:137), argue that behaviours are often related to the environment in which they exist. The settings refer to where the activities physically take place, such as the school, home, or workplace. For the purpose of this study, the interviews will be conducted in the familiar school settings. This will allow the researcher to gain rich in-depth information about the participants in their natural context. To understand the situation researchers need to understand the context because the situations affect the behaviour and perspective.

3.3.1.2 Descriptive in nature

Babbie (1998:85), argues that the research must include 'thick descriptions' of the contextualized behaviour and the social research needs to examine situations through the eyes of the participants. The researchers do not know in advance what they will see or what they will find in their research as the situations are unique and the processes of research and behaviour are as important as outcomes (Cohen, Manion and Morrison, 2005: 138).

Babbie (1998:80-82), states that social research has three purposes: exploration, description and explanation. The main purpose of this research is to explore the research topic, to portray and explain the phenomenon in detail in order to obtain a rich description of the social world (Denzin & Lincoln, 2005:12). Creswell (2005:483), concurs that descriptive research is an attempt to provide a precise and comprehensive description of a specific phenomenon and

qualitative researchers describe in details the setting and the context of the experiences of participants regarding a specific phenomenon. Creswell (2005:446), emphasizes that descriptions need to be "detailed and thick" and need to "transport the reader to the actual scene".

The researcher will develop and describe themes from the data, involve responding to the main research question and establishing an in-depth understanding of the research topic. Developing detail and analysing data from all sources like observation, interviews and documents are key processes in the researcher's task of constructing and describing a portrait of individuals and events (Creswell, 2005:241).

3.3.1.3 Exploratory in nature

Exploratory research is to study an unknown or a virtually new phenomenon (Babbie, 1998:80). Exploratory research is conducted with the following purposes, to satisfy the researcher's interest and to gain a deeper understanding of the field of study, to test the practicality of the study and to develop techniques to be used in the study (Babbie, 1998:80). The exploratory approach assisted the researcher in developing a deeper insight and understanding into how school principals experience, understand and respond to the HIV and AIDS pandemic in their schools (Babbie, 1998:80).

3.3.1.4 Interpretive in nature

The central endeavour in the context of interpretive approach is to understand the subjective world of human experiences and focuses on action. These may be thought as behaviour within meaning and these actions are meaningful when they share the expanses (Cohen, Morrison and Manion, 2005:22-23). Creswell (2005:42), asserts that qualitative research involves a constructivist, interpretative and naturalistic approach, which that the research attempts to make sense of or interpret the participants' deeper understanding of a specific phenomenon. Leedy & Omrod (2001:162), contend that the interpretation of data could potentially be influenced by the researcher's prejudices and principles, and that researchers should therefore try to remain as impartial as possible. Furthermore, these biases and values should be stated in the research report.

3.4. SAMPLING OF PARTICIPANTS

In this study, participants from the population will be purposively selected with the aim of choosing all accessible participants who could provide first-hand experience and accurate, reliable, meaningful, rich and thick information concerning the research phenomenon (Lincoln & Guba, 1985:202). In qualitative research, sampling is more likely to be purposive, convenient and easily accessible. Purposive sampling allows the qualitative researcher to choose participants who can provide accurate trustworthy and meaningful information relating to the research problem (Silverman, 2000:102-104). The researcher has purposefully selected a sample of two secondary schools in the Stutterheim area in the Eastern Cape. The reason for choosing secondary schools rather than primary schools is because statistics indicate an alarming rate of HIV infections amongst the 14-24 age groups and also declare that there is a high estimated prevalence of HIV and AIDS amongst the15-49 age groups in South Africa (HSRC, 2002:5-6).

The population for this study in each school will come from the members of school governing body, members of school management team, members of learners of school representative council, LO educator and the principal.

The researcher will attempt to choose only participants who would be able to supply information, be prepared to participate in research and be willing to share the information (Cohen, Manion and Morrison, 2005:103).

- One LO educator would be asked to volunteer to participate in interviews as s/he can give the most information about the challenges they have.

- The second group will constitute three members of learners' representative council. The researcher believes that this group represents the views of the learner population and also represents learners in the School Governing Body.

- The third group will include three parents, who are members of the School Governing Body. The researcher assumes that each parent has, overtime, become knowledgeable about the school and should provide a unique perspective.

- The fourth group will include three members of the school management team. The researcher believes that this group is the one who faces challenges on managing HIV and AIDS.

- Lastly, it would be two principals, who oversee the management of the school.

3.5 ETHICS IN QUALITATIVE RESEARCH

Creswell (2001:145), assets the most researchers who use a qualitative design address the importance of ethical considerations. The researcher is responsible for ethical standards for the research. The researcher has an obligation to respect the rights, needs, desire and values of the participants. They offer rules and behavioural expectations about the most correct conducts towards experimental subject (Creswell, 2001: 210). Permission to embark on the research was requested from the Department of Basic Education (DBE). In ensuring ethical research, the researcher adhered to principles cited by Lincoln & Guba (1985:300), namely, voluntary participation. The participants will not be forced to participate. This will be done without any victimization. This means it will be done voluntarily. They will participate at their own will. They will not be coerced, forced, threatened or intimidated to give the information to the researcher.

Creswell, (2005:225-227), and Leedy & Omrod, (2005:107-108), contend that in the process of conducting research, the researchers should have professional ethics. They must be qualified, competent and not falsifying results to make research findings more acceptable. They should report the findings in as complete and honest manner as possible.

3.5.1 Informed consent

The researcher will get the consent from the Department of Basic Education (DBE). The purpose of the study is to investigate the leadership role of principals in managing HIV/AIDS in secondary schools, data collection method and participation will be easily made known to the participation both verbally and in writing before the research starts. The researcher will not do anything before the participants agreed to all the conditions such as what is expected of them, their role, extent and level of participation and use a tape recorder. The written request will be made to the schools and individuals before the data collection starts.

3.5.2 Anonymity

Creswell (2005:210), states that a respondent may be considered anonymous where the researcher cannot identify a given response with a given respondent. The data that will be collected will be kept confidential and the collected data will be used purely for research and also finding will not be related to the names of the participants. No information given by

participants will be made public or available to other people. All participants in the research project will have a right to remain anonymous. The names of the respondents and those of the institutions involved will not be requested during interviews. This will cause impossibility to link the participants with the data. The data will be used in such a way that no other researcher knows the source.

3.5.3 Confidentiality

"The researcher can identify a given person's response but promise not to do so publicly" (Creswell, 2005:210). The data collected by the researcher will be treated in such a manner that confidentiality of personal information will be honoured. The secret and sensitive information will be handled in such a way that it is not divulged to anyone. The information will be given out to the public only when there is permission from the informants.

3.5.4 Harm, caring and fairness

Strydom (2003:27-28), takes the view that "the right to privacy is the individual's right to decide when, where, to whom and to what extent to him/her attitudes, beliefs and behaviour will be revealed". This implies that the audio tape that is intended to be used will be used if it is allowed by the respondents. Creswell (2005: 225- 227), states that, respondents will be protected from experiences of humiliation or violation of interpersonal trust. The researcher's thinking and activities will be underpinned by a sense of caring and fairness for the respondents. The respondents will not be exposed to any form of stress, embarrassment or loss of self-esteem. The researchers are obligated and accountable for the way they conduct themselves and their research. It is important for the researchers to consider the environment and ensure that their research does not harm the environment and the participants in any way (emotionally, physically and psychological).

3.6 DATA COLLECTION

Data collection is the vehicle through which researchers collect information to answer the research questions and defend conclusions and recommendations based on the findings from the research (Mertens, 1997:285). Data collection is an integral part of any research, since the interpretation and meaning of the research are based on the data gathered (Creswell, 2005:49). Data collection entails identifying and selecting individuals to be studied. In order to do that the researcher has to obtain their permission to be studied, and also gather information by interviews or observing their behaviour.

 Lincoln & Guba (1985:223), refer to "instrumentation "as means for collecting data. The first instrument is the qualitative researcher. Secondly, human strategies such as interviews, observations and non-verbal cues are used. Thirdly, non-human resources, like documents and previous literature on the topic that are used to collect information (Denzin & Lincoln, 2005: 267-268). Selecting the relevant data collection methods from the available methods, the qualitative researcher should record any prospective meaningful information comprehensively, accurately and systematically, by making use of interviews, audiotapes and field notes (Leedy & Omrod, 2001:159). Creswell (2005:228), states that qualitative researchers collect data through one or more of the following methods; interviews, observation, documents and audio-visual materials.

The data collection technique that will be used in this research study will include interviews, observation, a questionnaire and analysis of documents. This would therefore imply the application of methodological triangulation as data collection in a single study (Cohen, Manion and Morrison, 2006:133). They assert that triangulation is the combination of two or more methods and results in gaining a deeper and clearer understanding of the setting and the people being studied.

The questionnaire inn this study was used to collect biographical information about the schools under study. One of the schools is located 10 km away from Stutterheim. It is situated in a township and was established in 1990, whereas, the other one is 18 km away from Stutterheim. It is located in a village and was established in 1948.

3.6.1 Individual Interviews

Data will be collected by conducting interviews because the researcher will use face to face interviews. In face to face interviews, the researcher could pick up non-verbal cues for the respondents. A researcher could adopt the questions as necessary, clarify doubts and ensure that the responses are properly understood. The researcher can do that by repeating or rephrasing the expression of the person to whom s/he is interviewing. By reading the facial expression of the respondents, interviewer could easily understand what the respondents want to tell you about anything. A discomfort, stress and problems that respondents experience could be detected through frowns, nervous taping and other body language, unconsciously exhibited by any person (Zane, 2007:130). Individual interview is easier to conduct than group interview, provide relevant information and may uncover information that would not be brought up in a group.

The researcher will conduct the individual interviews with the LO educators because they are dealing with learners' problem. Lastly, the researcher will also conduct the individual interview with principal as the leader of the school so that s/he can find his/her role in managing HIV and AIDS. When the researcher is conducting the individual interviews, there is a chance to get the information that some other people may become secretive in front of others.

The different types of questions will be used. Some will be closed and some will be open ended questions. These questions will be focused on what is the leadership role of principals in managing HIV/AIDS in schools. The nurture or support for those challenges and how they should monitor them. The open ended questions will give the researcher an opportunity to probe the respondents for more information and catch the authenticity, richness, honest and depth of response (Cohen, Manion and Morrison, 2000:225). The researcher will conduct the interviews from 2:00 pm to 3:00 pm to avoid disturbing the smooth running of the school. The research will take conclusions back to the respondents to see whether they agree with her/him and whether these conclusions make sense based on their own experiences (Leedy & Omrod, 2005: 100).

3.6.2 Focus Group Interviews

(Cohen, Manion and Morrison, 2000:225), state that a focus group is a technique involving the use of in depth group interviews in which participants are selected because they are purposive. This group is being focused on a given topic. Participants in this type of research are, therefore selected on the criteria that they would have something to say on the topic, are within the age range and would be comfortable talking to the interviewer and each other (Babbie, 2001: 87). One of the distinct features of focus interview is its group dynamics, hence the type and range of data generated through the social interaction of the group are often deeper and richer than those obtained from one to one interviews. (Cohen, Manion and Morrison, 2000:225).

Kitzinger (1994: 143), advocates the use of pre-existing groups as acquaintances could relate to each other's comments and may be more able to challenge one another. Personal experience indicates that exploring very sensitive and personal issues which is the use of pre-existing group might be advantageous, as there is already an extent of trust amongst the members of the group. Focus group interviews could therefore be used as a vehicle to empower the participants from the communities (Babbie, 2001:143).

Fem (2001: 28), contends that focus group can provide trustworthy, naturalistic data that also lead to important insights about human behaviours and allow participants to say anything they would like in front of the whole group. The researcher will pose research questions to the group and clarify those that are not clear. The researcher will give the group the chance to ask questions when they do not understand. Meanwhile the researcher listens not only to the discussion but observes something beyond talking such as tone and emotions which help them to learn. Focus groups can be used for exploring people's knowledge and experience and can be used to examine not only what people think but how they think and why they think that way. They are also widely used to examine people's experience of disease as most people are experiencing or suffering from HIV and AIDS. It is an effective technique for exploring attitudes and needs of staff. The research will use this technique to see the ways in which how staff cope with terminal ill patients or deal with the stresses of dying people.

Krueger (1998:123), reinstates that focus group ensures that the conversation is always on track and encourages participants' engagement without one individual dominating the meeting. When group members participate, they can generate new thinking about topic which will result much more in-depth discussion. The group expression, attitudes of individuals and the intensity of the conversation can be perceived by the researcher.

Kitzinger (1994:144-145), concludes that focus group helps researchers to tap into many different forms of communication that people use in day to day interaction. It reaches the parts that other methods cannot reach. Focus group can facilitate collecting information from people who cannot read or write. Its aim is to encourage people to talk to each other rather than to address themselves to the researcher. In focus group, the researcher can identify shared and common knowledge. Focus group can facilitate the discussion of taboo topics because the less inhibited members of the group break the ice for shyer participants. It is more important when you are researching stigmatized or taboo experiences for example HIV and AIDS (Morgan, 1988: 189). The researcher will apply this technique by bringing together a diverse group to maximize exploration of different perspective with a group setting. Secondly, the researcher will adopt a more interventionist style, urging debate to continue beyond the stage.

The researcher will conduct focus group interviews with SMT because they are responsible for smooth running of the school, to monitor school progress by evaluating the assessment tasks and make sure that they are at standard level, and educators have done marking and

give feedback to the learners. This means that they will have knowledge of affected and infected learners' progress that does not cope with their studies. They know where the problem is. S/he will also conduct the focus group interviews with the SGB because they are also responsible for running the school smoothly. It is their responsible to see that teaching and learning is taking place at schools. SGB is the structure which stands for the community at our schools, so the principal has the responsible to report every problem s/he as at his/her school to them. It means that the SGB has the knowledge of HIV/AIDS problems at our schools.

Lastly, the researcher will conduct the focus group interviews with LRCs of the schools. As they are learners' representative they have responsibility to discipline other learners, if the principal has the problem, s/he has the right to acknowledge the LRCs of the schools. Some of the LRC are peer learners, they discuss about HIV and AIDS in their programs they know the problem between learners and teachers. They are involved in decision-making of solving the school problems.

3.6.3 Observations

In a case study, the researcher may spend an extended period of time on that side and interact with the schools monthly. The researcher will also attend SMT and SGB meetings to observe how meetings are conducted, what is discussed in their meetings and how people behave in meetings. During observation the researcher will be recording the minutes and how they are solving their problems. Observation relies mostly on hearing and seeing and gives the researcher the opportunity to gather live data from live situation. The researcher is given the opportunity to look at what is taking place (Cohen, Manion and Morrison, 2000:305).

The researcher can discover things that participants might not freely talk about in an interview, views or opinions together about the principals' leadership role. It implies that they can see where the principals are lacking in leadership role.

3.6.4 Document analysis

The document analysis is relevant to this study because the researcher will study the relevant documents and policies if there are any in the schools dealing with HIV and AIDS. If they have these relevant documents, implemented and monitored, they can manage HIV and AIDS. The researcher assumes that the following are documents that are available in the school that have valuable sources of information about HIV/AIDS. Each school should have

a list of documents to support educators, learners, parents (community) and the principals. These documents are HIV/AIDS Policy which the school should have drafted, implemented and monitored. The school should do a follow up on it. Secondly, the school should have Health Advisory Committee and annual HIV/AIDS action plan to do awareness for prevention and supporting those who are infected and affected by HIV/AIDS. It also should have HIV/AIDS committee to make sure HIV/AIDS action plan is implemented. These documents will empower principals' skills to improve his/her leadership role.

According to (Kelly, 2002:4), education has critical role to play in mitigating the effects of HIV/AIDS providing knowledge that will inform self-protection and promote both logical and different ways of thinking which allow better educated people to take action in protecting their health.

3.7 DATA MANAGEMENT AND ANALYSIS

There are various methods of recording interviews, but the most common methods are using an audiotape recorder and field notes (Lincoln & Guba, 1985:271). To make the data accessible for analysis, an audiotape will be used, with the permission of the participants, to record the individual interviews, without being obstructive or distracting in any way. The tape record will allow the researcher to focus on the topic of the interview and the interview itself. In addition it will allow all the interviews to be transcribed verbatim (Silveman, 2002:149). Each interview will be recorded on a separate cassette and labelled. After each interview the researcher will listen to the recording and make notes. Therefore, the researcher will ensure that the tape recorder is in working condition and those sufficient cassettes and batteries are at hand (Silverman, 2002:150-151). In this study, field notes, observational notes, reflective notes, methodological notes and analytical notes will be taken (Creswell, 2005:213, Lincoln and Guba, 1985:275).

Mouton (2001:108-109) describes analysis as "breaking up" the information into manageable themes or categories, with the aim of understanding all aspects of the data collected. Creswell (2005:231-232) asserts that several steps have to be carried out to conduct qualitative analysis, namely collecting information from participants during the interview sessions, transcribing recorded data verbatim and sorting out field notes, organizing the information into categories or themes, by listening repeatedly to the audio tape without changing words, identifying emerging themes and categories and coherently interpreting the transcribed

information to develop an overall description of the research phenomenon (Leedy & Ormrod, 2001:103,153 ; and Creswell, 2005:231).

In data analysis the other following steps are going to be used. The researcher will read information and carefully make notes of data for potential emerging themes. The transcription will be read over and over again, and notes will be made in the margin. The procedure that will be carried out in the above step will be repeated for all the transcriptions in order to make a list of all the possible themes. Similar themes will be grouped together. The final results will be general description of the research phenomenon as experienced by the participants (Leedy & Omrod, 2001:154).

3.8 RELIABILITY AND VALIDITY OF RESEARCH

The researcher will use triangulation. Multiple sources of data will be collected to draw conclusions. The researcher will also use the respondents' validation. In addition, the researcher will take the conclusions back to respondents in the study and ask whether they agree with them and whether they make sense, based on their own experience. The sample would affect generalization because it is small (Leedy & Omrod, 2005:93).

Validity of the findings in qualitative research is judged by its trustworthiness (Lincoln & Guba, 1994:300). Qualitative research needs strive for replication in generating, refining, comparing and validating constructs. Denzin & Lincoln, (1994), suggest that reliability as replica in qualitative research can be addressed in several ways, namely stability of observations whether the research would have made the same observation and interpretation of these if they had been observed at a different time or in a different place. Parallel forms whether the research would have made the same observation and interpretations of what had been seen if s/he had paid attention on other phenomena during observation. Interactive reliability and, whether another observer with the same theoretical framework would have interpreted them in the same way.

One way of controlling for reliability is to have a highly structured interview, with the same format and sequence of words and questions for each respondent (Silverman, 2002:121).

3.9. CONCLUSION

This chapter focuses on the potential of substantial qualitative research to provide new insights into school principals' leadership role in managing HIV and AIDS issues. It provided an explanation of the qualitative research design and methodology selected for this study. The data collection methods, how data is going to be analyzed and the measures employed to ensure trustworthiness, as well as ethical issues of this study, were discussed on this chapter.

This study is therefore, located predominantly within an interpretive approach and integrates aspects of empirical and critical theory approaches. This will be accomplished through the production and analysis of qualitative text of 'real' experiences and practices in managing HIV and AIDS issues. Individual, professional and social aspects will be explored to reveal what is essential for efficient and effective leadership in managing HIV and AIDS in schools. Documentary analysis, observation and interviews are the qualitative techniques chosen to search deeply these issues of managing HIV and AIDS.

In chapter 4, the findings of the research study will be presented. The results of the field work will be supported by a relevant literature and verbatim quotations from the transcriptions.

CHAPTER FOUR

PRESENTATION AND DISCUSSION OF THE FINDINGS

4.1 INTRODUCTION

The finding regarding the individual and focus group interview that were conducted in this study will be presented in this chapter.

A qualitative research design that was naturalistic and contextual nature descriptive in nature, exploratory in nature and interpretive in nature, was selected to understand and to explore experiences of school principals in managing HIV and AIDS in secondary schools in Stutterheim area. Since this research project was focused on a sensitive matter, issues of ethics were adhered to throughout the study and the various data collection techniques were implemented, as discussed in chapter three.

The main themes were identified and discussed separately. The participants demonstrated a general awareness of the threat of HIV and AIDS pandemic on the education sector; the principals agreed that there were problems of HIV and AIDS at their schools. The participants demonstrated a positive attitude in responding towards that challenge of HIV and AIDS in their schools. The researcher presented a table to provide an illustration of the schools involved in the study. The next table presents the summary of the respondents. The next sections are organised in such a way that the subsections parallel the research question on the leadership and role of principals managing HIV and AIDS. Each subsection endeavoured to capture the essence of what each respondent believed the principal's role is in the different schools. Every subsection intends to give a brief view of the world of the ideas, experiences and perceptions illustrating the complexity of the leadership role of principal in managing HIV and AIDS.

4.2 DEMOGRAPHIC DATA

The following table presents an outline of certain predominant characteristics of each school where the interviews were conducted. This table illustrates the nature of the area in which the school is located, and the number of support staff the school has. In addition, the number of persons to whom the principal is directly responsible for in terms of providing leadership is indicated in each school, as well as the HIV and AIDS incidence the school leadership is aware of at each school. This information reported below was collected by means of a queationnaire.

4.2.1 SCHOOL A AND SCHOOL B

The interviews were conducted in two secondary schools in Stutterheim area. The tables below are the summary of general information of those schools.

4.2.1.1 GENARAL INFORMATION

School A is located in a small town called Stutterheim in the Eastern Cape. It is 10 Km away from Stutterheim and situated in a township. It was established in 1990. The school is completely surrounded by high netting fence. It has one main gate made of iron bars, and it is always locked. It is only opened during morning sessions for educators, learners and for other workers while entering the school premises. Caretaker is always at the gate for opening it for visitors. School buildings are in good conditions, with good ventilations. Classrooms doors and windows with panes are still intact. There is a stable electricity supply, water and sanitation. Uniform is compulsory and every learner is expected to take part in extra-mural activities. There is a car parking next to the gate.

Conversely, school B is located in a village between Stutterheim and King William's Town. It was established in 1948 it is almost 18 km away from Stutterheim. Although the school was established long ago the buildings, windows with panes and security fence are still intact. Surroundings are well maintained. In the reception area, a visitor is able to capture the academic successes, historical events, the mission and vision of the school. Like in school A, in school B, uniform is compulsory and every learner is expected to take part in extra-mural activities. It also has a stable electricity supply, water and sanitation.

Further information about school A and school B will be reported below. The information was gathered by questionnaire, observation and documentation.

4.2.1.2 LEARNERS' INFORMATION

Table 4.1: Number of learners at school A and school B

2012- Across all subjects	School A Gender			School B Gender		
Grade	Male	Female	Total	Male	Female	Total
10	187	184	**371**	54	78	**132**
11	108	138	**246**	31	59	**90**
12	75	69	**144**	38	38	**76**
	370	**391**	**761**	**123**	**175**	**298**

Table 4.1 gives an overview of the number of learners enrolled at both schools. At the time of the study, school had approximately 761 full-time learners, 370 males and 391 females. School B, on the other hand, had approximately 298 full-time learners, 123 males and 175 females. Both schools use the selection and admission criteria based on previous grade examination results. However in both schools the whole learners that are attending are black learners. Both schools have no part-time learners.

Table 4.2: Subject pass rates, in 2011 across all the grades at school A and school B

Grade	Pass Rate (Percentages)	
	School A	School B
10	48.6%	90%
11	58.3%	82%
12	84%	38.3%

Table 4.2 gives a picture of the pass rate across the entire grade in the year 2011. Generally, school A didn't perform well in grade 10 and 11 but performed well in grade 12, whereas school B performed well in grade 10 and 11 but in grade 12 didn't performed well. School A was the second best school with highest pass rate in Stutterheim area.

4.2.1.3 STAFF INFORMATION

Table 4.3 Teaching staff at school A and school B

School A				
Principal	Deputy principal	HOD	Educators	Total
1	1	4	19	**25**
School B				
Principal	Deputy principal	HOD	Educators	Total
1	1	3	13	**18**

At the time of the study school A had 25 permanent teaching personnel and there was no part-time post but they were in need of temporal educators. There were 12 males and 13 females teaching staff. School B, on the other hand, had 18 members on teaching staff and

they were all permanent. The entire staff consisted of 7 males and 11 females. The researcher discovered that the entire teaching staffs in both schools are predominately one race.

Table 4.4: Qualifications of teaching staff, 2012 at school A and school B

REQV(Relative Education Qualification Value)	Education Qualification	Number of staff members	
		School A	School B
13	Grade 12 plus three years' apposite training	11	7
14	Grade 12 plus four years' apposite training	7	7
15	Grade 12 plus five years' apposite training	7	3
16	Grade 12 plus six years' apposite training. Only professional, qualified educators can be classified under REQV 16.		1
Total		25	18

Table 4.4 illustrates the qualifications of the teaching staff in both schools. All of them have Relative Education Qualification Value (REQV) 13 which is the basic need on education. The staff members are relatively well qualified, as the majority of them are classified within the 13-14 REQV groups.

Figure 4.1: Teaching Experience of Teachers at school A and school B.
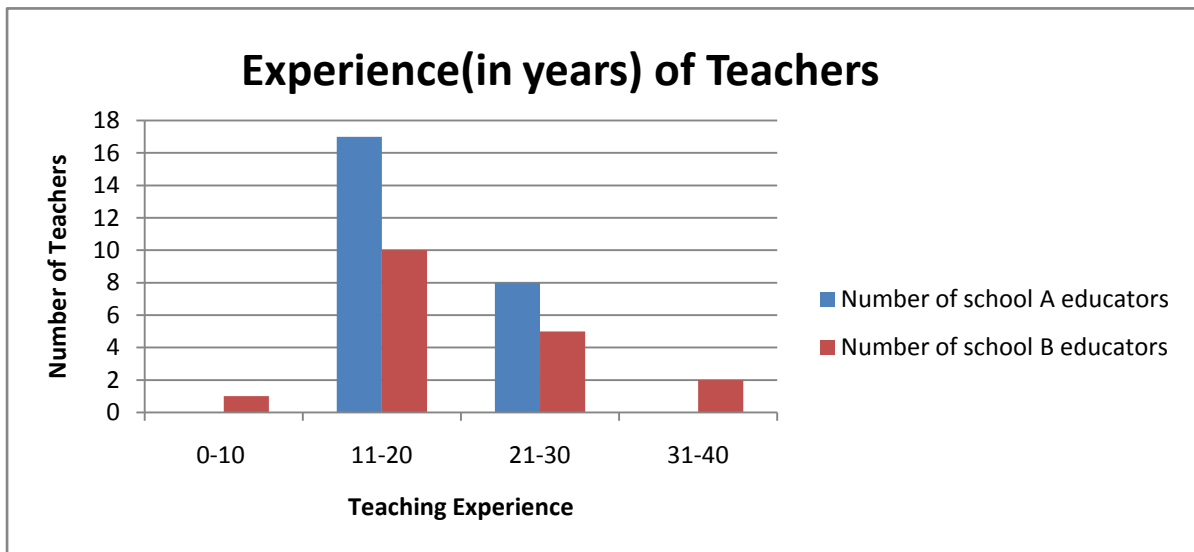
Figure 4.1 indicates that most of the teachers have extensive teaching experience, as the majority of them in both schools fall within 11 to 20 years category. Only one principal has more than 30 years' experience.

On administrative component, school A has one person in the administration section; serving as receptionist and typist as well as school B. In addition, school A has four cleaners and two caretakers, whereas school B has one cleaner and one caretaker. The issue of administrative staff cleaners and securities is obviously based on the number of learners' enrolment and teaching staff as you observed on table 4.1 and 4.3. The administrative personnel in both schools are efficient and are capable to handle numerous administrative task teams as they used computers to assist with regard to administrative work in general.

4.2.1.4 FACILITIES

Both school A and school B are considered to have the right facilities, especially school A and these are essential for effective teaching. These are in the table below.

Table 4.5: Teaching facilities at school A and school B.

Kind of facilities	Qualitative of facilities	
	School A	School B
Classrooms	31	29
Laboratory for science teaching	2	-
Laboratory for biology teaching	2	-
Rooms for technical subjects	-	-
Rooms for Home Economics	1	-
Typing rooms	-	-
Computer science room	1	1
Special rooms for needle work	-	-
Library	1	1
Other		

Table 4.5 gives an overview of the facilities in both schools. The general condition of the teaching facilities in school A was conducive to effective teaching and learning. There are large classrooms, well equipped science and biology laboratories and well equipped Home Economics and a computer classroom. It means that school A has expensive equipment to ensure that learners do not only receive theoretical training, but also had practical training that is suited to the needs of teaching and learning in education. Whereas school B only has a computer science classroom, no laboratories but they have many ordinary classrooms that is why it has less learner enrolment.

Both schools have sport grounds and no hostel accommodation. They also have electricity, water and external security fencing. School A has two photocopying machines that are in good condition, whereas school B has four photocopying machine but two of them are not in good condition. In both schools, educators and democratically elected committees are responsible for organising extra-mural activities.

4.2.1.5 SCHOOL GOVERNANCE

Table 4.6: School Governing Bodies and their responsibilities at school A and school B

School A		School B
School Governing Body	Yes	Yes
Date establish	2009	2009
Legislation	SASA 84 OF 1996	SASA 84 OF 1996
Number of members	9	7
Stake holders:		
Teaching profession	Yes	Yes
Local community	Yes	Yes
Department of Basic Education	No	No
University representation	No	No
LRC	Yes	Yes
Non-academic staff	Yes	Yes
Powers : 1=considerable say,2=some say,3=little say, 4=no say		
Financial	1	1
Appointment of staff	1	2
Discipline of staff	1	3
Dismiss staff	4	4
Discipline learners	2	1
Overall management	2	4
Appraisal of staff	4	4

Democratic governance by means of school governing bodies was practiced in both schools especially in school A. At school A, SGBs have been given powers to appointment of staff and no powers in dismissal and appraisal of staff. The SGBs also reported to finance and maintenance committees. Whereas SGBs of school B in appointment of staff is limited and also given no say in overall management. The SGBs reported to these following committees finance, building and grounds (maintenance), nutrition, admissions, extra-curricular (sport and music), disciplinary, school safety and HIV/AIDS. The researcher assumes that the SGBs were not given enough involvement.

The other bodies operating at these schools are the Learners' Representative Councils (LRCs). The LRCs, democratically elected by learners, assist the management in social or academic matters that affect learners. The LRCs also serve on the SGBs and other committees in the schools such as disciplinary committees. Their powers are promotion of effective education and scholarship at the school, protection the rights of all learners as encapsulated in the constitution of South Africa, ensure that learners at all times uphold the

name of the school with pride and dignity, learners conduct themselves correctly and represent learners in the School Governing Body (SGB) fully.

There are committees that assist with the management of the school like curriculum committee, assessment committee, Integrated Quality and Management System, finance, admission, disciplinary, school safety and HIV/AIDS. In both schools the examination, syllabus are not autonomous except the selection of text books. The staff appraisal is regularly carried out annually at their schools. The management, colleagues, learners, Head of Department, and the Department of Basic Education are involved in the staff appraisal. Both schools provide programmes for staff development such as internal school workshops, university courses, NGOs programmes, attending seminars/conferences, inter-school subject workshops seminars. There is assistance provided for staff development in the form of bursaries granted by educational authorities and study leave.

4.3 SYNTHESIS

As the way of recapitulation the following outline was found crucial, as it would highlight the strengths and weaknesses of each school. As far as the schools are concerned, the following conclusions could be made:

- School B has lesser learners' enrolment than school A. School B has 298 learners while school A has 761 learners because of the curriculum that is offered at school B. School B offers only two streams that is Tourism and Sciences while school A offers four streams such as Agriculture, Sciences, Commercial and Tourism.
- School B does not have enough facilities for essential effective teaching such as laboratories for Science and Biology teaching; it only has many ordinary classrooms, one computer room and library that is why it is offering only two streams.
- School A has the history of good academic performance especially in grade 12.
- Both schools have fairly adequately qualified teaching staff, and the majority are classified within the 13-14 REQV levels. Principals are also well qualified. They also have permanent teaching staff with extensive teaching experience and most of them fall within 11 to 20 years category.
- Government bodies are in place at both schools. They are selected according to South African Schools Act (Act 84 of 1996). LRCs are operating at both schools and certain members serve on the SGB.

- Both schools have successes because they have collaborative attitude, co-operation among staff and have positive attitude towards curriculum.

- Both schools have threats that can harm their schools such as non-involvement of parents in the education of their children, easy access to drugs and alcohol and teenage pregnancy that lead to HIV and AIDS.

- In both schools the SMTs, SGBs, L.O educators, LRCs together with principals were actively involved in school management.

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4.4 SUMMARY OF FINDINGS COLLECTED THROUGH INTERVIEWS, OBSERVATIONS AND DOCUMENT ANALYSIS.

The researcher has collected the information from participants, and transcribed the recorded data verbatim and sort out the field notes. The researcher organised the information into categories by listening repeatedly to the information, mark the key words that occurred frequently and identified emerging themes. S/he categorized the data with the similar meaning, then interpreted and looked for similarities in them. Similar themes were grouped together into column of themes, sub-themes and categories as indicated in table 4.7 below.

TABLE 4.7: THEMES AND SUBTHEMES OF THE RESEARCH FINDINGS

THEMES	SUBTHEMES	CATEGORIES
1.School principals perceived HIV and AIDS pandemic as problematic in their school community	1.1 School principals accepted views concerning HIV and AIDS in their schools	1.1.1 School principals accepted that HIV and AIDS was a problem in their schools.
	1.2 School principals did not adopt discriminatory discourse	1.2.1 School principals accepted that HIV and AIDS damaged the school community.
2 School principals responded positively to the new challenges imposed by the HIV and AIDS pandemic.	2.1 School principals responded to the best of their capabilities in meeting the new demand of the HIV and AIDS pandemic.	2.1.1 Raising awareness in the school. 2.1.2 Training and support to educators and learners.
3. School principals' strategies for managing HIV and AIDS in their school.	3.1 School principals sought help from different stakeholders.	3.1.1 Schools invited parents, community leaders and partnerships
4 School principals enabled and conformed to effective leadership of HIV and AIDS that made change happen in practical terms.	4.1 School principals spoke clearly their needs in responding to the pandemic	4.1.1 Implementation of HIV and AIDS policy. 4.1.2 Resources and manpower. 4.1.3 Developing partnership and support stakeholders.

4.4.1. THEME 1: SCHOOL PRINCIPALS PERCEIVED HIV AND AIDS PANDEMIC AS PROBLEMATIC IN THEIR SCHOOL COMMUNITY

Generally the participants responded positively to the HIV and AIDS pandemic in their schools. The HSRC (2005: xxxiv), highlights that understanding, perceptions and attitudes were crucial indicators for determining reactions to the pandemic. A number of issues arose when the researcher set out to determine the respondents' knowledge of prevalence regarding HIV and AIDS in their schools communities. All the respondents had some awareness of

HIV and AIDS prevalence in various areas and population groups, which they had acquired from information from a range of sources.

4.4.2 SUBTHEME 1.1: SCHOOL PRINCIPALS ACCEPTED VIEWS CONCERNING HIV AND AIDS IN THEIR SCHOOLS

Participants demonstrated acceptance views regarding the HIV and AIDS pandemic during interview sessions.

4.4.3 SUBTHEME 1.2: SCHOOL PRINCIPALS DID NOT ADOPT DISCRIMINATORY DISCOURSE

The majority of the participants did not adopt a discriminatory discourse when discussing HIV and AIDS related issues in their schools. They also demonstrated an awareness of the rights of learners and educators by referring to terms such as confidentiality, privacy, respect and dignity and non-discrimination. School principals plan strategically and are pro-active in dealing HIV and AIDS by building up a team of committed, dedicated and caring members of a team who share a vision of managing HIV and AIDS. The HSRC (2005: xxxviii), emphasizes that stigmatization and discrimination are recognised as key obstacles to the successful prevention of HIV.

4.4.4 CATEGORY 1.1.1: PRINCIPALS ACCEPTED THAT HIV AND AIDS WAS A PROBLEM IN THEIR SCHOOLS.

In one school, the principal accepted that HIV and AIDS existed in his school. It has damaged the school community which resulted to child-headed families, poverty and increased orphanage. Many learners are suffering from hunger and trauma as their parents died in front of them. The school principal should also be pro-active in dealing with HIV and AIDS and build up a team of committed and dedicated caring members of a team who shared a vision of managing HIV and AIDS.

The life orientation educator and the School Management Team had witnessed that really in their school, they have a problem of HIV and AIDS. Most of their learners are infected and some are vulnerable. Some of them have disclosed their status whereas others do not. She said, they also have a problem with the department of Basic Education. They do not get enough support from it, but the principals of the schools are trying their best to help children

as they have tried as a school to organise social grant for those children who are infected, affected and the vulnerable ones.

The School Governing Body also admitted that they really have a problem of HIV and AIDS in their schools because most of their children are orphans. Their parents have died and are kept by foster parents and grandmothers. They have to work as a team to fight HIV and AIDS in their community.

The learners' representative council of those schools also witnessed that at their school they have problem of HIV and AIDS as there are learners that have dropped out of school because of their sickness. Most of those drop-outs have gone to Western Cape as they are seriously sick or have run away from the stigma. The LO educators and School Management Team work as a team but they do not give them the same support to their problems, it depends from which family they come from.

The school principal of the other school admitted that it is problematic, but it is rare to his school to find learners and educators disclosing their status. The perception about HIV and AIDS is that "most learners are infected and affected but they are afraid to come in front and disclose". His perception about HIV and AIDS stated that "we educators are either infected or affected by HIV and AIDS but we do not disclose". The LO educators and STM did awareness and gave feedback and if they needed intervention, "I gave them full support on that". The LO educators witnessed the problem of HIV and AIDS at their school and also said that "it is rare to find a learner disclosing his/her status as there are only two learners that disclosed their status". One of those learners is a grade 11 learner who disclosed her status in a written composition, 'the day she will never forget'. She narrated her story about her testing and the way her parents accepted her as she is. The second one was doing grade 12. As an LO educator "I give them full support and make sure they take their treatment correctly". "I also treat their status confidentially".

The SMT of this school also witnessed that the disclosure of HIV and AIDS is rare as they have two learners that have disclosed. According to his opinion, HIV and AIDS is a problem, and the principal is supportive, he gives them support every time they need it. He is transparent and is always available to them. The SGB member said that "HIV and AIDS problem is very common in her school community and most of the learners are aware of that but they do not want to say anything about it". Their principal encouraged them to work as a

team and has also organised workshops of HIV and AIDS awareness that help them to know more about this pandemic.

The Learner Representative Council of the school witnessed that HIV and AIDS is problematic in his community. Most of their parents have died and there are many orphans and vulnerable learners at his schools, so the infected and affected learners will not cope with their studies as they live with their grandparents and relatives. Other orphans are uncomfortable to live with relatives; they end up dropping out of school when they live with their grandparents and most of the time they are exposed to drugs and alcohol. It means that most of their grandfathers and mothers are illiterate so they take advantage of that and they grow in an unsafe or risky environment.

The researcher has concluded that the growing number of child-headed households can be associated with an increase in the number of orphans and three-quarters of those child-headed households are by girls (HSRC, 2005:125). Consequently, HIV and AIDS have impact on the structure of households and communities, some children are forced to take on adult roles in earning an income and caring for young siblings in a drastic increase in the number of child-headed households (HSRC, 2005:125). Exposure to drugs and alcohol, unsafe and unsupervised area, risky environment, school and community also contribute to an increased HIV risk among children (HSRC, 2005:2, 15).

4.4.5 CATEGORY 1.2.1: SCHOOL PRINCIPALS ACCEPTED THAT HIV AND AIDS DAMAGED THE SCHOOL COMMUNITY

The participants in this study admitted that really HIV and AIDS is damaging the school community because most of their community parents were dead, especially those who were working in the Western Cape. Most of those orphans were living with their grandparents and did not come to school to disclose their grandchildren's status. So as a school "we cannot give the learners the right help". Most of the information about the learners, they got from the social workers when they visited the school to see those learners that have a problem.

Most learners have negative attitude towards HIV and AIDS, they even did not want to accept HIV positive learners. But as a school, "we fight this discrimination together with LO educators and their parents". LO educators dealt with such issues of HIV and AIDS related problems in their LO classes. Those learners have arrogance about HIV and AIDS. Most of those HIV positive learners have been transferred to Western Cape by their parents. The

reason is that they felt that their positive status is known by other school children. So, it means that the school enrolment is affected. Those participants also articulated that they did not have enough time to sit down with those learners to counsel them and also give them enough support. The Department of Basic Education has a responsibility to train educators in counselling, so that they counsel learners in their schools. As educators "we do not have counselling skills to deal with those HIV positive learners".

The participants in this study argued that "even their parents did not have a pattern to raise their children". "They did not raise their children the way they were raised". "Their children do as they wish". It is easy for their children to get pregnant in order to access social grant as there is no one who controls them and, in that way they are at risk of becoming HIV positive and also get sexually transmitted diseases (STDs) and sexually transmitted infections (STIs).

School principals stated that HIV and AIDS have negative effect on education as some of infected and affected learners become drop outs. They look after their siblings and become child-headed homes. It means that it decreases the enrolment of the school and also causes learners not to cope enough with their studies. Carr-Hill, et al (2001:7,8), contend that dropout rate of learners is expected to increase due to the temporal and permanent absence of educators and the loss of teaching time as the result of HIV and AIDS. Poverty, relocation of orphans, children who fall sick, and children in child-headed households (especially girls) being forced to drop out of schools or moved to new schools (Shisana & Louw, 2006:453; Carr-Hill et al., 2000:7, 8). This will adversely affect the enrolment, retention and completion rates of learners in school. Furthermore, the transition rate of learners from high school to tertiary institution and the level of education of learners entering the labour market will also be affected (Mokgatle & Gow, 2002:16, 17).

4.4.6. THEME 2: SCHOOL PRINCIPALS RESPONDED POSITIVELY TO THE NEW CHALLENGES IMPOSED BY THE HIV AND AIDS PANDEMIC.

School principals are faced with the big task of managing and dealing with the HIV and AIDS pandemic in their schools. They face a challenge task that they were never professionally trained to handle.

4.4.7 SUBTHEME 2.1: SCHOOL PRINCIPALS RESPONDED TO THE BEST OF THEIR CAPABILITIES IN MEETING THE NEW DEMAND OF HIV AND AIDS PANDEMIC

Participants had some strategic plans in place to cope with HIV and AIDS pandemic although they did not know whether they are going to be successful.

4.4.8 CATEGORY 2.1.1 RAISING AWARENESS IN THE SCHOOLS

In this research study the participants were involved in numerous strategies to increase awareness about HIV and AIDS in schools, and to bring reality of the pandemic to the attention of learners, so that they would receive first-hand experience of the pandemic. The school principal also plans for learners' and parents' individual interviews, shares the problems with them and come up with solutions. He also advises and refers them to offices of help and support. South African Society Security Agency gives school uniform for vulnerable learners and food parcels to alleviate poverty. They also do HIV and AIDS awareness campaigns, celebrating World AIDS day, candle light memorials and invite guest speakers from Health Department, Social Development, support groups and AIDS victims. They also invited motivational speakers during assemblies and LO classes. They did not conduct this awareness regularly and frequently.

Ng'wesheni, et al (1997:180) confirms that young children enjoy creative and innovation educational activities, such as plays and drama, and being involved in community campaigns. Strydom (2003:59, 69) supports the notion that HIV and AIDS knowledge should be delivered regularly by a person outside of the school and by using various presentation methods. Mabece (2002:78) states that the use of health care workers and professionals in Life Orientation or life skills programmes enhances education confidence (Mabece, 2002:78).

The LO educators confirm that Life Orientation classes were used to provide the information on the HIV and AIDS pandemic and to raise learners' awareness of the pandemic and pay special attention to individual needs, give them support and treat them the same. The SMTs confirm that at schools they don't have many resources to talk about as they do not have first aid kit to perform first aid at school. It means that it is not easy for them to deal with blood problems. The SGB suggested that they would take into consideration the issue of first aid kit in order to curb this pandemic.

4.4.9 CATEGORY 2.1.2: TRAINING AND SUPPORT OF EDUCATORS AND LEARNERS

School principals have admitted that they were never trained to manage HIV and AIDS in their schools. Department of Basic Education has trained peer educators, one educator per school but that training was not enough, because it was only 3 days. The peer educator was also trained by Prevention, Care and treatment Access (PCTA) sponsored by United States Agency International Development (USAID). When they attend workshops they bring back report to other educators and did action plans for how they were going to unfold the information. One of those school principals said that "we usually have sessions with our learners together to talk about HIV and AIDS and how learners can be treated when they are infected and affected". He also said that "when peer educators are going to attend a programme related to HIV and AIDS, the school transports them to the workshop and I make sure they attend it".

One school principal said that "it is rare to have those sessions of HIV and AIDS with learners". Kelly (2002:31), confirms that children have many questions about sexual issues and tend to turn to their friends for information, signifying the importance of peer education.

Ogina (2003:63), confirms that the majority of schools do not have educators with HIV and AIDS training and those school principals do not prioritise when sending educators for training, because of a lack of knowledge related to universal precautions. Therefore, there is an urgent need for training on HIV and AIDS, both pre-service and in-service training. Furthermore, Ogina (2003: 63,64), suggests that school principals must encourage educators to become involved in HIV and AIDS workshops, for example, to learn the necessary universal precautions regarding injuries blood handling practice.

4.4.10 THEME 3: SCHOOL PRINCIPALS' STRATEGIES FOR MANAGING HIV AND AIDS IN THEIR SCHOOLS.

The participants accepted that HIV and AIDS are damaging to the school community so strategies are needed to redress the problem.

4.4.11 SUBTHEME 3.1: SCHOOL PRINCIPALS SOUGHT HELP FROM DIFFERENT STAKEHOLDERS

The participants in this study related the increase in the HIV and AIDS pandemic in their schools to various factors such as the lack of parental involvement, poor behaviour of learners, poor social economic conditions, lack of government interventions and educational problems.

4.4.12 CATEGORY 3.1.1: SCHOOLS INVITED PARENT, COMMUNITY LEADERS AND PARTNERSHIPS.

Fortunately in Stutterheim, there are many stakeholders that are involved in HIV and AIDS, yet the communities do not care for them. They do not use them effectively as they say that they do not belong to HIV positive people. The school principals have invited UMONDE Support Group in Stutterheim that gives material support in terms of uniform for vulnerable children and give them food parcels to alleviate poverty. Many of the participants stated that poverty and unemployment were linked to sexual behaviour and the spread of HIV and AIDS as most girls have relationship with older men to get food for their homes. They are also responsible for paying the schools fees for siblings after the death of their parents. They also invited the nurses from the Department of Health to talk about HIV and AIDS, STDs (sexual transmitted diseases) and STI (sexual transmitted infection). They also invited FAMSA to do awareness about sexual and physical abuse, drugs and other substances that are dangerous to their lives and also how married people can behave in their families. They developed an AIDS Committee and wellness of learners in all aspects of life, not only for HIV and AIDS. One of these schools also invited Kubusie Support Group and Masimanyane Support Group to do awareness of HIV and AIDS. Some of the community members, especially women attended.

One SMT member also invited the SADTU Support Group to deliver a speech to educators and learners (the rest) of the school whether you are infected or not. Furthermore, the enhancement of relationships between stakeholders will boost effective leadership and management amongst school principals in fighting the pandemic at school level and in the community (Buchel, 2006:332,333). The school principals need to be trained and equipped with the relevant leadership and management skills to develop constructive partnership with parents and the community, so that the prevention of the pandemic within the school and the community can be promoted. Evidence suggests that schools are at the core of community

development and that communities who support and take ownership of their schools will have an encouraging impact on the school and contribute to the successful achievement of the school's objectives (Buchel, 2006:334).

The SGBs explained that in their communities there are people who spend most of their time visiting people who are HIV positive who are unable to look after themselves. In another school, the community does not like it; most people have not been supported as they have not disclosed their status.

4.4.13 THEME 4: SCHOOL PRINCIPALS ENABLED TRANSFORMATIONS TO EFFECTIVE LEADERSHIP OF HIV AND AIDS THAT MADE CHANGE HAPPENS IN PRACTICAL TERMS.

Consequently, it is the need of school principals to have abilities to transform changes in meeting the new challenges that will increase, in order to successfully mitigate effects of the pandemic in their schools.

4.4.14 SUBTHEME 4.1 SCHOOL PRINCIPALS SPOKE CLEARLY THEIR NEEDS IN RESPONDING TO THE PANDEMIC.

The HIV and AIDS pandemic has broadened the role responsibilities of school principals since now they must be counsellors, initiatives in providing nutrition and accommodation to orphans and those infected and affected with HIV and AIDS in their schools.

4.4.15 CATEGORY: 4.1.1 IMPLEMENTATION OF HIV AND AIDS POLICY

In 1999, the Department of Education introduced a Draft Policy to address the HIV and AIDS crisis by learners and educators for all schools in South Africa, aimed at raising awareness about the pandemic and preventing discrimination against people living with HIV and AIDS. However, the policy had a limited effect only, because of its prescriptive approach and a lack of commitment by the majority of school principals to the programme (Van der Merwe, Edwards and Louw, 1999:111).

In 2000, the Department of Education issued Guidelines for Educators to assist them with the HIV and AIDS crisis (Qotoyi, 2003: iii; Mabece, 2002:35; and Department of Education, 2000). The guidelines were introduced to urge and assist educators to implement HIV and AIDS awareness and prevention programmes as part of Outcomes Based Education (OBE)

(Mabece (2002:35), such as how to implement universally applied infection control measures to manage accidents and injuries, how to prevent the risk of transmission; and how to build non-discriminatory culture towards people living with HIV and AIDS (Department of Education, 2000). The guidelines also recommended that school develop their own HIV and AIDS policies to address the culture of violence in their midst and to ensure the safety of learners against such violence and abuse (Department of Education, 2000). Furthermore, they emphasized that schools need to address the misconduct and disciplinary issues around the problem of sexual relations between educators and learners (Department of Education, 2000). Importantly, the guidelines outlined how to support and care for sick learners and educators at school, so that they can remain productive within the school system for as long as possible (Smart, 2006: 6, 18).

Most of the participants in this study, confirmed that they have HIV and AIDS Policies at their schools and they are written down. They also confirmed on the other school that, it was difficult to implement an HIV and AIDS Policy because of shortage of educators. They did not have enough chance to do Action Plan, unless Social Development had come to do its Awareness and the Learner Representative Council of Learners (LRC), confirmed that on that school, they have an HIV and AIDS Policy and Action Plan but they never heard who was responsible for monitoring and implementation of them. The LRC also confirmed that, they only have awareness when Social Development had come to do its awareness, whereas the school, HIV and AIDS Policy has been drawn up and implemented. Awareness's have been done according to an Action Plan. Parents were invited to attend awareness's and assist with regard to problems they face. The LO educators are responsible for monitoring and implementation of that Action Plan. Most of the participants in those schools, complain that the Department of Basic Education does not do follow up.

Hertell and Maile (2004:198), confirms that a gap exists between policy and practice with respect to the management of HIV and AIDS in schools. The role of School Governing Bodies (SGBs) in the management of HIV and AIDS is not defined and the Department of Education's policy on HIV and AIDS is not clearly communicated to the schools. Mabece (2002: 79), suggests that the school HIV and AIDS Policy must be readily accessible to all stakeholders, so that intervention activities at school can be supported and any resistance can be minimised. The HIV and AIDS Policy should address human rights issues, efficient HIV management, prevention efforts, and the creation of a safe and caring environment at schools (Ogina, 2003: 63, 64).

Again, one of those LO educators of those schools confirmed that they have HIV and AIDS Policies at their school but they were catered for learners only not educators. They dealt with the learners' problems only as there are no educators that came forward with their problems and their status. They also confirmed that they have an Action Plan for those policies, working together with Social Development. On one of the awareness's of Social Development and Department of Health that took place at their schools, the SGBs confirmed that voluntary counselling and testing (VCT) was done. Some learners and educators were tested. School principals stated that they have an AIDS Committee together with LO educators treating issue of AIDS with emphasis while teaching LO. (Qotoyi (2003: 71), highlights that the Department of Education must have a structure in place that will support, monitor and assist school principals in successfully developing and implementing an HIV and AIDS Policy in schools, on a regular basis.

4.4.16 CATEGORY 4.1.2: LACK OF RESOURCES AND MANPOWER

- **LACK OF RESOURCES**

The participants of this study admitted that really there is a lack of resources in their schools. One of the SMT members articulated that they do not have many resources to talk about HIV and AIDS even the specialised resource like First Aid Kit in their schools. So, it means that, it is hard to help a learner who has a blood problem or if the circumstances force them to help him/her, they are in a high risk.

Many schools face financial difficulties especially section 20 schools that depend on the Department of Education to purchase materials for them. In meeting the new demands that the pandemic has created in their schools, they have a problem to accommodate orphans and vulnerable children, in adequate teaching materials, lack of facilities and budgeting for substitute educators for those who are on sick leave.

The participants articulated that there is a need to create and secure place for learners at school, where they would feel cared for, respected and protected from abuse. (Buchel 2006:391), confirms that support and guidance frameworks must be in place to assist victims of abuse in reporting cases, and receive counselling, so that learners would not drop-out of school but remain in the educational system for as long as possible.

- **LACK OF MANPOWER**

Most schools in Stutterheim area have faced challenges like shortage of man-power because they have faced redeployment of educators and temporal educators that had their services terminated by Department of Education. This challenge will have an impact on the quality and the process of education. (Buchel 2006:323), confirms that school principals will be faced with a serious shortage of manpower, which will affect the quality and the process of education. (Buchel 2006:385,387), suggests that the Department provide school principals with the list of relief educators and the subjects which they teach, comprising of resigned, unemployed and retired educators. School principals as effective leaders must create an environment where there is safety, security, motivation, tolerance, respect for and acceptable of each, as well as utmost participation, transparency and accountability among staff members (Gultig, et al., 2002:69, 73, 93).

4.4.17 CATEGORY 4.1.3: DEVELOPING PARTNERSHIPS AND SUPPORT WITH STAKEHOLDERS

The majority of participants realised the significance of developing partnerships with stakeholders so that the greater priority could be given to HIV and AIDS, because Non-Governmental Organisations (NGOs) had no financial difficulty in building partnerships with school, parents and the community, which they identified as one of their biggest challenges. Therefore, participants articulated the need for improved collaboration from all stakeholders, especially parents and the community.   It is important to identify the needs of the school and what skills and interests the stakeholders have to offer, then try and bring these together to establish a healthy school environment (Gultig, et al, 2002:72,102).

The participants in this study also articulated that they are in partnership with South African Social Security Agency (SASSA) where they make those learners that were supposed to get the social grant and foster grant, get them. Again, they have partnership with Department of Health where it ran their programmes like Awareness at their schools. Through interaction with such people, there was contribution towards education development. In one of those schools, they have visitors from Sweden to do programmes on HIV and AIDS in partnership with Family and Marriage Society of South Africa (FAMSA).

Parents meetings must be organised regularly to provide assistance to parents in dealing with sensitive issues, such as sex and HIV and AIDS education, so that misconceptions can be

dismissed (Buchel, 2006:394). (Mabece, 2002:80, 81), admits that parents should be encouraged to address sex and HIV and AIDS education as their responsibility. The majority of participants in this study realised that, if the parents failed to provide the relevant information about sex and HIV and AIDS education to their learners, the peer group will provide it in a wrong manner. The school should ensure that the children receive sex and HIV and AIDS education. (Ogina, 2003:65), accepts that school principals should ensure that educators who attend workshops update and share the knowledge obtained with colleagues and parents, so that collaboration can be achieved in controlling the spread of the pandemic. Buchel (2006:334), concurs that there is an urgent need for school principals to assume a leadership role in changing the mind set of learners, educators, parents and the community towards HIV and AIDS and to take a pro-active role in tackling HIV and AIDS problems in their schools.

(The Department of Education, 2003:71), also encourages school principals to create an open, caring and safe climate in school for learners. However, (Buchel, 2006:330), argues that school principals who have an inborn and constructive leadership style, in a conducive and supportive school environment, may be in a better position to provide successful school leadership and management in dealing with HIV and AIDS pandemic in their schools.

4.5 OBSERVATIONS

The researcher has done observations on both schools in Stutterheim area. The researcher has attended SMT and SGB meetings of those schools to observe how meetings are conducted. In one school, the first meeting was about the temporal educators who had terminated services by the Department of Basic Education (DBE) on December 2011. In that school they had nine temporal educators; it means that it would be difficult for learning and teaching to take place. Through their discussion and with the help of temporal educators, they came up with possible solutions. The principal of that school has a good leadership role because during the discussion everybody was free to discuss what s/he was thinking could be a solution.

In another school the agenda of the meeting was about the critical issue of the redeployment of educators because of their less enrolment. Firstly, the meeting was tense, but during the discussion everybody was free to contribute on the solutions. Their discussion was fair because they did not take an option or criteria of Last in First out (LIFO) that the most

schools took. They selected the educators according to the curriculum needs. They did not do it according to favours. They did it for the benefits of the school and the community.

The researcher also attended on both schools, the meeting where the issue of HIV/AIDS was on the agenda. In one of those schools, they had a meeting for the preparation of visitors from Sweden to do programmes on HIV/AIDS in partnership with Family and Marriage Society of South Africa (FAMSA). The researcher found out that the principal of that school was strict when it comes to the tuition time. Secondly, the principal did not see any need to take more than two hours to do HIV/AIDS awareness. According to him, the awareness should be done only for a short period of time. But through the help of LO educators, they came up with possible solutions. The LO educators supported that; the awareness should start at least at 11H00 as they would invite parents and all the stakeholders. They also emphasized that when the awareness started early, parents would have a chance to ask questions from visitors from Sweden. In the other school, the researcher also attended the meeting where the issue of HIV/AIDS was on the agenda. At that school, the researcher found out that everything about HIV/AIDS had been handed over to LO educators; nothing was done by the principal. It is them, who made the decision about HIV/AIDS.

The researcher attended several meetings of those schools and found out that, the only thing that needs to be done for those school principals is to be taken to the training of monitoring and implementation of HIV and AIDS Policy and Action Plan. They are not adequately equipped with the necessary knowledge to manage the HIV and AIDS problems in their schools. They depend solely on LO educators. All educators should be skilled to provide guidance on HIV and AIDS, so that HIV/AIDS is decreased in their schools.

4.6 DOCUMENT ANALYSIS

Each and every school should have HIV/AIDS Policy, according to the draft of the DBE, also HIV/AIDS Committee and the HIV/AIDS Action Plan. The researcher found out that, it was only one school that has those policies. It was the school that the LO educators have been tasked to take the decisions about HIV/AIDS by the principal. There was a problem at that school; HIV/AIDS Policy and HIV/AIDS Action Plan were not monitored. They implemented it whenever, they thought about it. On the other school, they only have HIV/AIDS Committee who dealt with HIV/AIDS discrimination problems. They did not give enough time about planning HIV/AIDS Policy and HIV/AIDS Action Plan and implement them. That was why their principal did not see the use of doing HIV/AIDS awareness more

than two hours, whereas Kelly, (2002:4), argued that, education has critical role to play in mitigating the effects of HIV/AIDS, providing knowledge that will inform self-protection and promote both logical and different ways of thinking which allow better educated people to take action in protecting their health. Most of the time, they were helped by Social Development to do awareness.

4.7 CONCLUSION

School principals had limited knowledge about HIV and AIDS and depend on LO educators to monitor and implement HIV and AIDS Policy and Action Plan. They have accepted that HIV and AIDS is a problem to their schools. They tried their best to respond to new demands (challenges) of HIV and AIDS on their schools. They clearly lacked essential skills like counselling and training to strategically manage the HIV and AIDS crisis in their schools.

Chapter 4 presented four themes that emerged from the interviews conducted in this study. These were discussed and provided the evidence with appropriate direct quotations from the participants and the relevant literature. Table 4.3 provides a summary of the four themes and their sub themes and categories.

CHAPTER 5

CONCLUSIONS, IMPLICATIONS, LIMITATIONS AND RECOMMENDATIONS FOR FURTHER RESEARCH

5.1 INTRODUCTION

The analysis of the research data and the results which produced evidence by some quotations and literature references were presented in chapter 4. This qualitative research study suggests contribution to a deeper understanding of the perceptions and responses of school principals to the HIV and AIDS crisis in the schools.

This chapter will present the conclusions drawn from this research study and recommendations based on the research results, to assist school principals in effectively managing the HIV and AIDS pandemic at school level. The limitations of the study will be identified by the researcher.

5.2 CONCLUSIONS AND IMPLICATIONS OF RESEARCH

The present study has four major aims that will be discussed in this chapter.

5.2.1 To explore the perceptions that principals, educators, parents and learners have in leadership role of principals in managing HIV and AIDS:

5.2.2 Ascertain which policies are planned in schools to deal with the problem effectively

5.2.3 Unveil the challenges raised by the management of HIV and AIDS in schools

5.2.4 Provide possible strategies to deal with HIV and AIDS in schools

5.2.1 TO EXPLORE THE PERCEPTIONS THAT PRINCIPALS, EDUCATORS, PARENTS AND LEARNERS HAVE IN LEADERSHIP ROLE OF PRINCIPALS IN MANAGING HIV AND AIDS

In this study the research concluded that the majority of the participating principals, educators, parents and learners notice the HIV and AIDS pandemic in a positive and constructive manner. They have accepted that HIV and AIDS exist in their schools. It has damaged their schools community which resulted to child-headed homes, poverty and increased orphans, and dropouts. Most of their learners were kept by foster parents and grandparents, when they live with them, these learners were exposed to drugs, alcohol and

other substances as their grandparents are illiterate. They also raised that they did not get enough support from Department of Basic Education but they are trying their best to help their learners. Most learners, even their grandparents did not disclose their status. Their perception about HIV and AIDS was that really educators are infected and affected by HIV and AIDS but most of them did not disclose their status. This implies that these principals agreed that they had HIV and AIDS problems at their schools but the only problem they have is lack of knowledge and skills of how to manage and prevent this pandemic.

The researcher also concluded that the majority of the participants did not adopt a discriminatory discourse. When discussing HIV and AIDS related issues in their schools one of the RCLs of those schools mentioned that their LO educators and STM members did not give them the same support, it depended from which family were you coming from. The participant principals of those schools also mentioned the discrimination of positive learners by negative learners but they had solved those problems. It implies that really at their schools there were problems that needed to be dressed as discrimination is not allowed in HIV and AIDS policy. Learners and schools as a whole need training to get skills to deal with HIV and AIDS issues.

5.2.2 ASCERTAIN WHICH POLICIES ARE PLANNED IN SCHOOLS TO DEAL WITH THE PROBLEM EFFECTIVELY

Schools participating in this study were faced with a big task of managing and dealing with the HIV and AIDS pandemic in their schools. They faced a challenging task that, they were never professionally trained to handle it. The participating school principals responded to the best of their ability in mentioning the demands of the HIV and AIDS pandemic. Yes the Department of Basic Education had introduced a draft policy to address HIV and AIDS crisis faced by school principals, educators and learners of all schools in South Africa, aimed at raising awareness about the pandemic and preventing discrimination against people living with HIV and AIDS. Participating school principals, LO educators, parents together with partners, Social Development, Health Department and all support groups in Stutterheim area were trying to raise awareness in the school. Most of the participants in this study confirmed that they have HIV and AIDS policies and action plans. They also confirmed that it was difficult to implement and monitor HIV and AIDS policies at their schools. The problem was also confirmed by Hertell & Maile (2004:198), that a gap exists between policy and practice with respect to the management of HIV and AIDS in schools. The role of School Governing

Bodies (SGBs) in the management of HIV and AIDS is not defined and the Department of Basic Education's policy on HIV and AIDS is not clearly communicated to the schools.

This implies that the DBE did not do follow up on monitoring the policies, so the DBE is supposed not to just give draft policies to schools, it should train the people that are going to be responsible for monitoring and implementation of these policies ahead. Schools need information and training to communicate the issues and lack resources and manpower. They need to work with partnerships and other stake holders to address the issues efficiently. Schools have financial problems, so to work with NGOs will help them to get sponsors as there is no financial provision made for such responses in the budget by DBE.

5.2.3 UNVEIL THE CHALLENGES RAISED BY THE MANAGEMENT OF HIV AND AIDS IN SCHOOLS

The participating school principals confirmed that as school managers the first challenge they faced is the disclosure of HIV and AIDS by learners and educators, so they can't give them full support, right help and advice at the right time. This might imply that learners and their parents did have trust in their educators but the educators did not have trust for each other. Maybe they do not know how to treat things confidentially or they have fear of stigma.

They also confirmed that vulnerable children and orphans were not coping in their studies some of them end up becoming drop-outs. This means that when orphans and vulnerable children do not cope at school they will increase the failure rate. Participants in this study also confirmed that some positive learners in their schools were transferred to Western Cape because they fear stigma of HIV and AIDS. It means that the school enrolment will be affected and HIV and AIDS are damaging the school community. It implies that the DBE must come up with immediate solutions like training all of educators in schools to get skills about HIV and AIDS related issues because it is unfair to transfer learners to other provinces due to fear of stigma as there will be more refuges of HIV and AIDS in the Western Cape.

The school principals also faced the absenteeism of educators due to HIV and AIDS pandemic and the loss of teaching time that will lead to a high failure rate. The participants confirmed lack of knowledge about HIV and AIDS as they were not trained on this pandemic counselling skill by DBE. They also have lack of resources and manpower as schools have no financial budget for HIV and AIDS, for example, a budget to do awareness. The participants on this study also admitted that schools have a problem of learners living with their

grandparents who are exposed to drugs, alcohol and other substances. Most of these learners did not behave well and some did not cope in their studies. They took advantage of their illiterate grandparents.

5.2.4 PROVIDE POSSIBLE STRATEGIES TO DEAL WITH HIV AND AIDS IN SCHOOLS

- The participants in this study suggested that although learners were exposed to HIV and AIDS education in Life Orientation classes, it should also be included into other subjects. HIV and AIDS should also be included especially in English and Arts and Culture, where learners can have an open debate and act Drama about HIV and AIDS in that way they can learn more facts about it. The other way round they are fighting this dangerous disease that is affecting youth in their communities.

- The participants also articulated the urgent need to educate children as early as possible, because children become sexually active at an increasingly young age. The participants argue that AIDS education must be targeted at an early stage from Grade R upward. One of the SMT participants of those schools said that "there are more than ten learners that drop-out of school after getting pregnant; similarly those learners are exposed to HIV and AIDS". It means that there is a need of starting HIV and AIDS education at an early stage. The researcher agrees with the above statement. In addition, the parents must educate their children at an early stage because they get peer education maybe in a wrong way. Even the school must be encouraged to try by all means to teach and discuss HIV and AIDS related issues in all grades.

- There is a need for schools to have awareness because learners learn more about this pandemic during them (awareness's). Even the participants agree that they have these done by NGOs at their school where they invited parents (communities) and have a guest speaker to motivate them about HIV and AIDS. Those NGOs did World AIDS Day and candle light memories but not frequently and regularly. It implies that the school principals should organise motivational speakers during assemblies in the morning to make the school as a whole aware about HIV and AIDS related issues as the learners become exposed to pregnancy at an early stage.

- The participated school principals admitted that they were never trained about how to manage HIV and AIDS in their schools, the DBE has trained only peer educators, and

one educator per school, even that training was not enough because it was for 3 days. It implies that principals, educators, SMT, SGB, and RLC know nothing (lack knowledge about HIV and AIDS). Even in the HIV and AIDS policy that was drafted by DBE in 1999, SGB responsibilities were not defined. So it means the DBE has to first train the principals and all the schools as the whole about HIV and AIDS related issues so that they can have skills and knowledge about it, and how to monitor and implement its actions.

5.3 RECOMMENDATIONS

Based on the research findings, the following recommendations are made that could assist school principals in managing the HIV and AIDS epidemic at their school.

5.3.1 School principals need training to get knowledge to cope with HIV and AIDS challenges and receive more sources of information that will assist in the process of changing learners' behaviour of having drugs, alcohol and other substances. These trainings will also help the school principals and the school as a whole provide support and care for people living with HIV and AIDS, so DBE has to train them and give them enough support to deal with HIV and AIDS related issues. From the training they will get more information regarding confidentially, trust, stigmatization and discrimination to help school as a whole in disclosing their status so that they can get the right help.

5.3.2 School principals need to be trained in managerial skills to equip them with the necessary knowledge; experts and management skills to effectively manage and devise strategic plans in the management of the pandemic at their school level. Management strategies must include plans to reduce stigma discrimination, empower them with counselling skills to provide support and motivation to all staff and learners. It must identify and accommodate the orphans and vulnerable children to get quality education. They also need to be equipped with skills to write, implement and monitor a school HIV and AIDS policy. They also need to be trained on how to integrate HIV and AIDS education in curriculum in all grades. There should be workshops provided by DBE to be organised on a regular basis for school principals, SMTs, SGBs and learners and make sure that they attend them.

5.3.3   School principals need to be trained to adopt a transformation leadership role and develop successful partnership with NGOs, parents, community and other departments like Social, SASSA, Health and other stakeholders. They also should be capacitated to develop partnership relationship to alleviate poverty, unemployment and child headed homes. Management strategies must be conducive to create an open, caring, trusting and supporting environment that will encourage voluntary disclosure in their schools.

5.4 LIMITATIONS OF THE RESEARCH STUDY

This research study has the following limitations:

- Since this research was sensitive, some of the participants firstly were reluctant to participate, especially women but through explanations and adherence to confidentiality they ended up participating.

- They also confirmed that it was too academic, some of them will not understand the questioning especially LRCs and SGBs as their responsibilities were not defined in HIV and AIDS policies.

- The results give an indication of what the situation is like only in two schools and cannot be generalised.

5.5 CONCLUSION

Chapter 5 presented the conclusions and implications of this qualitative study, recommendations to address the findings and the limitations of the research study. According to responses of the participants to HIV and AIDS pandemic, it was problematic to their schools and damages the education process through the entire sector.

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APPENDICES

APPENDIX A: QUESTIONNARE USED FOR COLLECTION OF GENERAL INFORMATION AT THE SITES.

DATA COLLECTION: QUESTIONNAIRE

SECTION 1: GENERAL INFORMATION

1.1 Year in which the school was established	

1.2 Location	

SECTION 2: LEARNERS

2.1 Number of learners

2.2.1 Full time learners

2012- Across all subjects	Gender		Total
Grade	Male	Female	
10			
11			
12			

2.2 Racial composition of learners attending your school, 2012

Category	% of the total learner population
Black	
Coloured	
White	
Indian	
Other specify	

2.3 Other information on learners

2.3.1 Estimate the percentage of learners attending your school from your neighbouring schools	

2.3.3 Does your school register part–time learners?

Yes	No

If yes, provide details in term of grades, and the number of part–time registered learners:

Details per Grade	Number of learners
10	
11	
12	

2.3.4 Please indicate the range of pass rates, in 2011 across all subjects by grades:

Grade	Pass rate (Percentage)
10	
11	
12	

SECTION 3: STAFF INFORMATION

3.1 Number of teaching staff:

• Number of full- time teaching posts at your school	
• Number of temporal teaching post at your school	

3.2 Post structure:

DESCRIPTION	POST LEVEL	NUMBER OF POST
• Principal		
• Deputy Principal(s)		
• Head of Department		
• Educators		
• Other specify		

3.3 Teaching staff details (use a separate paper):

POST AT SCHOOL	DGREE(S) COMPLETED	PROFESSIONAL QUALIFICATION(S)	TEACHING EXPERIENCE	QUALIFICATION CATEGORY (REQV)	POPULATION GROUP	MALE/ FEMALE	APPOINTMENT P-PERMANENT T-TEMPORAL

3.4 Administrative staff details:

Description of post	Vacant Post	Number of males	Number of females	Blacks	Whites	Coloureds	Indians
• Senior clerk							
• Clerks							
• Other specify							

3.4.1 Computer facilities:

• Number of computers for administrative purposes	

Rate the computing resources available for administrative purposes:

Excellent	Good	Adequate	Inadequate	Non-existent

3.5 Number of maintenance and cleaning staff:

Description of post	Vacant Post	Number of males	Number of females	Blacks	Whites	Coloureds	Indians
• Caretakers							
• Cleaners of buildings							
• Ground staff							
• Other (specify)							

SECTION 4: SCHOOL FACILITIES

4.1 Teaching facilities:

Kind of facility	Number
Classrooms	
Laboratory for teaching science	
Laboratory for teaching biology	
Rooms for technical subjects	
Rooms for Home Economics	
Computer science rooms	
Special rooms for needle work	
Special rooms for arts	
Library	
Other (specify)	

4.2 Residence (hostel) accommodation:

4.2.1 Any residence accommodation at your school?

Yes	No

If yes, give details

Male		Female
• Total number of residence (Hostels)		

4.3 Does your school have the following?

• Electricity	Yes	No
• Water	Yes	No
• External security fencing	Yes	No

4.4 Printing and photocopying facilities:

• Does the school have photocopying room?	Yes	No
• How many photocopying machine does the school have?		

Rate the printing and copying the facilities:

Excellent	Good	Adequate	Inadequate	Non- existence

4.5 Rate the sporting facilities at your school:

Excellent	Good	Adequate	Inadequate	Non- existent

4.6 Who is responsible for organising extra – mural activities at school?

Yes		No
• Principal		
• Learners		
• Educators		
• Democratically elected committees		
• Other (specify)		

SECTION 5: SCHOOL GOVERNANCE

SCHOOL GOVERNING BODY:

5.1 Does your school have a school governing body?...

5.2 If yes, when was the governing body established?..

5.3 Under what legislation was the governing body established?..

5.4 How many members serve on the governing body?..

5.5 Was the stakeholder groups are represented on the governing body?

Yes		No
• Teaching professionals		
• Local community		
• LRC		
• Non – academic staff		
• Other (specify)		

5.6 Complete the following table regarding the powers of governing body:

Considerable say		Some say	Little say	No say	Not applicable
• Financial affairs of the school					
• Appointment of staff					
• Disciplining of staff					
• Dismissal of staff					
• Overall management of school					
• Disciplining learners					
• Appraisal of staff					
• Other (specify)					

5.7 Does the governing body have any committees that report to it?

Yes	No	Not applicable

If yes, please list them:

LEARNERS REPRESENTATIVE COUNCIL (LRC):

5.8 Does your school have an LRC?

Yes	No

5.9 How was the LRC chosen?

Yes	No
• By the Principal		
• Nominated by the staff but elected by learners		
• Democratically nominated and elected by learners		
• Elected by staff only		
• Elected by staff and learners		

5.10 What are the powers of LRC?

5.11 How is the LRC financed?

5.12 What authority does the LRC exercise over its budget?

Complete authority	Some authority but subjected to the Principal's approval	Little authority	No authority

5.13 Does the LRC serve on any of the committees / structures of the school?

Yes	No

If yes, please list them:

SECTION 6: SCHOOL MANAGEMENT AND CAPACITY BUILDING

SCHOOL MANAGEMENT:

6.1 Are there committees that assist with the management of the school?

Yes	No

If yes, please list them:

6.2 Indicate whether your school is autonomous in the following areas?

Yes		No
• Examination		
• Syllabus		
• Selection of textbooks		
• Other (specify)		

6.3 How regularly is staff appraisal carried-out at your school?

Annually	Every second year	Every fifth year	Seldom	Never

6.4 Who are involved in the appraisal of staff?

Yes		No
• Learners		
• Management		
• Colleagues		
• Heads of Department		
• The community		
• Department of Education		
• Other (specify)		

6.5 What programs for staff development does your school provide?

Yes		No
• Internal school workshops		
• University courses		
• NGO programs		
• Attendance at seminars / conferences		
• Inter – school subject workshops seminars		
• Funding of local conference attendance		
• Funding National Conference attendance		
• Funding International Conference attendance		
• Other (specify)		

6.6 Is assistance provided for staff development in the form of?

Yes		No
• Bursaries granted by educational authorities		
• Staff development fund established by the school		
• Study leave		

6.7 What procedures exist for settling grievances?

• Between staff and learners:

• Between learners and administration of the school:

6.8 What use, if any does the local community make of your school?

Extensive use i.e almost daily	Some, perhaps once per week	Very little, perhaps once per month	No use

6.9 Indicate the extent of community service projects which your school provides to the local community:

Extensive service	Little service	No service

6.10 Comment on the use that local schools and the rest of the community make of your school:

6.11 Rate the following in terms of the importance which you attach to each:

Very important		Important	Not important
• Governance structure			
• Major curriculum revision			
• Maintenance of school buildings			
• Provision of new infra- structure			
• Staff development			
• Shared decision making			
• Other (specify)			

7. COMPLETE THE FOLLOWING ABOUT YOUR SCHOOL

7.1 State the strong points of your school (i.e. those points that have put your school in a better position than other schools):

7.2 State the weak points of your school (i.e. those points that have put your school in a weaker position than other schools):

7.3 What threats exist that can harm your school?

7.4 What opportunities exist that can benefit your school?

APPENDIX B: INDIVIDUAL INTERVIEW SCHEDULES

Dear Principal

I would like to express my sincere appreciation for your significant cooperation in allowing me to conduct an interview with you.

The purpose of the interview is to gather information about the reality of your position as school principal managing HIV and AIDS. Identities are guaranteed and the confidentiality. Thus, I would like to discuss the following issues with you:

- What are your perceptions in managing HIV and AIDS in your school?

- Are there any HIV and AIDS action plans and HIV and AIDS policy in your school and who is responsible for managing and monitoring, implementation of these action plans?

- How does the school management cope with the challenges caused by HIV and AIDS in school?

- What type of training (workshops)/ strategies can be provided in order to assist schools in addressing the problem?

I look forward to our interview because I am sure you have a great deal of essential and valuable information to contribute to this study.

Thanking you for your valuable cooperation

Yours in the interest of education

Helena Hewu-Banjwa
 (Researcher)

LO EDUCATOR

Dear Educator

I would like to express my sincere appreciation for your co-operation in allowing me to conduct an interview with you.

The purpose of the interview is to gather information about the reality of the principal's leadership role in managing HIV and AIDS in your school. Identities are guaranteed confidentiality. Thus I would like to discuss the following with you.

- What are the perceptions of the principal, educators, parents, and learners on the part of principal's role in managing HIV and AIDS in schools?

- Are there any HIV and AIDS action plans and HIV and AIDS policy in schools and who is responsible for managing and monitoring, implementation of these action plans?

- How does the school management cope with the challenges caused by HIV and AIDS in schools?

- What type of training (workshops)/ strategies can be provided in order to assist schools in addressing the problem?

I look forward to our interview because I am sure you have a great deal of essential and valuable information to share with me.

Yours in the interest of education

Helena Hewu-Banjwa
(Researcher)

APPENDIX C: FOCUS GROUP INTERVIEW SCHEDULE
SCHOOL MANAGEMENT TEAM

Dear Educator

I would like to express my sincere appreciation for your co-operation in allowing me to conduct an interview with you.

The purpose of the interview is to gather information about the reality of the principal's leadership role in managing HIV and AIDS in your school. Identities are guaranteed confidentiality. Thus I would like to discuss the following with you.

- What are the perceptions of the principal, educators, parents, and learners on the part of principal's role in managing HIV and AIDS in schools?

- Are there any HIV and AIDS action plans and HIV and AIDS policy in schools and who is responsible for managing and monitoring, implementation of these action plans?

- How does the school management cope with the challenges caused by HIV and AIDS in schools?

- What type of training (workshops)/ strategies can be provided in order to assist schools in addressing the problem?

I look forward to our interview because I am sure you have a great deal of essential and valuable information to share with me.

Yours in the interest of education

Helena Hewu-Banjwa
(Researcher)

PARENT

Dear Parent

I would like to express my sincere appreciation for your co-operation in allowing me to conduct an interview with you.

The purpose of the interview is to gather information about the reality of the principal's leadership role in managing HIV and AIDS in your school. Identities are guaranteed confidentiality. Thus I would like to discuss the following with you.

- What are the perceptions of the principal, educators, parents, and learners on the part of principal's role in managing HIV and AIDS in schools?

- Are there any HIV and AIDS action plans and HIV and AIDS policy in schools and who is responsible for managing and monitoring, implementation of these action plans?

- How does the school management cope with the challenges caused by HIV and AIDS in schools?

- What type of training (workshops)/ strategies can be provided in order to assist schools in addressing the problem?

I look forward to our interview because I am sure you have a great deal of essential and valuable information to share with me.

Yours in the interest of education

Helena Hewu-Banjwa
(Researcher)

LEARNER

Dear Learner

I would like to express my sincere appreciation for your co-operation in allowing me to conduct an interview with you.

The purpose of the interview is to gather information about the reality of the principal's leadership role in managing HIV and AIDS in your school. Identities are guaranteed confidentiality. Thus I would like to discuss the following with you.

- What are the perceptions of the principal, educators, parents, and learners on the part of principal's role in managing HIV and AIDS in schools?

- Are there any HIV and AIDS action plans and HIV and AIDS policy in schools and who is responsible for managing and monitoring, implementation of these action plans?

- How does the school management cope with the challenges caused by HIV and AIDS in schools?

- What type of training (workshops)/ strategies can be provided in order to assist schools in addressing the problem?

I look forward to our interview because I am sure you have a great deal of essential and valuable information to share with me.

Yours in the interest of education

Helena Hewu-Banjwa
(Researcher)

APPENDIX D: CONSENT FORMS

CONSENT FORM FOR PRINCIPAL, SMT, LO EDUCATORS AND PARENTS

No. 1 village Mgwali

Stutterheim

4930

TO: THE RESPONDENT

…………………………

…………………………

………………………...

CONSENT FORM FOR MRS HEWU- BANJWA RESPONDENT

I………………………………….. fully agree that I will be the respondent of MRS
HEWU- BANJWA research study. I promise that I will provide her with the necessary
information which will be of help to her study. I am fully aware that I will be bound by the
ethics of this research exercising confidentiality as required by this study.

Signed at…………………..on this…………day of ……………………………2012.
Signature of respondent……………………………..date……………………………
Signature of the researcher………………………….date……………………………

CONSENT FORM FOR LEARNERS

I……………………………(your name). The parent of………………………(your child's name) fully understand that we will be bound by the ethics of this research exercising confidentiality as required by this study.

PLEASE TICK

…………………………..I give permission to my child to participate.

…………………………..I do not give permission for my child to participate.

………………………   …………………………

Signature   Date

APPENDIX E: INTERVIEW GUIDE

PRINCIPAL

1. How prevalent and problematic is HIV and AIDS in your school community?

2. Are there any HIV and AIDS action plans and HIV and AIDS policy in schools and who is responsible for managing and monitoring, implementation of these action plans?

3. What is the impact of your own career development, personal and professional identities on your leadership role in HIV and AIDS management? How do you respond to this leadership role at your school?

4. What is your school community's approach and strategy for managing HIV and AIDS?

5. What are your perceptions of your leadership role in building school vision and goals regarding what they may be able to achieve in managing HIV and AIDS if they work together as a team?

6. How do you influence your followers to feel and act like leaders and give them a sense of overall purpose for their leadership role in managing HIV and AIDS, to be innovative and creative to question assumptions and come with new approaches to solve problems.

7. How do you pay special attention to individual needs and expertise, and provide the necessary resources to support individuals implementing the school's HIV and AIDS program?

8. What do you do that symbolizes success and achievement within the profession of education and lead by example to provide good model for others to follow?

9. Which structures did you develop to provide for and work toward consensus in establishing priorities for managing HIV and AIDS at school?

10. How do you challenge others to re-examine some basic assumptions they have about their work at school, make them to think about what they are doing for the school community and ways to implement the school's HIV and AIDS program.

11. What are your actual leadership challenges rose by managing HIV and AIDS issues in your school community?

12. What are possible strategies you can suggest for effective leadership of HIV and AIDS management with the realities of making change happen in practical terms? What kinds of transformations have you witnessed or enabled?

INTERVIEW GUIDE

LO EDUCATOR

1. How prevalent and problematic is HIV and AIDS in your school community?

2. Are there any HIV and AIDS action plans and HIV and AIDS policy in schools and who is responsible for managing and monitoring, implementation of these action plans?

3. What is the principal's leadership role in influencing on and concern about the management of HIV and AIDS at your school?

4. What is your school community's approach and strategy for managing HIV and AIDS?

5. What is your perception on the principal's role in building school visions of what you may be able to achieve in managing HIV and AIDS if you work together as a team?

6. Does your principal influence school staff to feel and act like leaders and give you a sense of overall purpose for your leadership role in managing HIV and AIDS, to be innovative and creative to question assumptions and to come with solutions to solve problems?

7. Does your principal treat you as an individual with unique needs and expertise and provide the necessary resources to support individuals implementing the school's HIV and AIDS program?

8. Does your principal symbolize success and achievement within the profession of education and lead by example to provide good model for others to follow?

9. Which structures has your principal developed that provide for and work toward whole staff consensus in establishing priorities for managing HIV and AIDS at school?

10. Does your principal challenge you to re-examine some basic assumptions you have about your work in the school, influence you to think about what you are doing for the school community and provide ways to implement the school's HIV and AIDS program?

11. What are your perceptions of the actual leadership challenges raised by managing HIV and AIDS in your school community?

12. What are possible strategies you can suggest for effective leadership of HIV and AIDS management with the realities of making change happen in practical terms? What kinds of transformations have you witnessed or enabled?

INTERVIEW GUIDE

SCHOOL MANAGEMENT TEAM

1. How prevalent and problematic is HIV and AIDS in your school community?

2. Are there any HIV and AIDS action plans and HIV and AIDS policy in schools and who is responsible for managing and monitoring, implementation of these action plans?

3. What is the principal's leadership role in influencing on and concern about the management of HIV and AIDS at your school?

4. What is your school community's approach and strategy for managing HIV and AIDS?

5. What is your perception on the principal's role in building school visions of what you may be able to achieve in managing HIV and AIDS if you work together as a team?

6. Does your principal influence school staff to feel and act like leaders and give you a sense of overall purpose for your leadership role in managing HIV and AIDS, to be innovative and creative to question assumptions and to come with solutions to solve problems?

7. Does your principal treat you as an individual with unique needs and expertise and provide the necessary resources to support individuals implementing the school's HIV and AIDS program?

8. Does your principal symbolize success and achievement within the profession of education and lead by example to provide good model for others to follow?

9. Which structures has your principal developed that provide for and work toward whole staff consensus in establishing priorities for managing HIV and AIDS at school?

10. Does your principal challenge you to re-examine some basic assumptions you have about your work in the school, influence you to think about what you are doing for the school community and provide ways to implement the school's HIV and AIDS program?

11. What are your perceptions of the actual leadership challenges raised by managing HIV and AIDS in your school community?

12. What are possible strategies you can suggest for effective leadership of HIV and AIDS management with the realities of making change happen in practical terms? What kinds of transformations have you witnessed or enabled?

PARENT / LEARNER

1. How prevalent and problematic is HIV and AIDS in your school community?

2 Are there any HIV and AIDS action plans and HIV and AIDS policy in schools and who is responsible for managing and monitoring, implementation of these action plans?

3. What is the principal's leadership role in influencing on and concern about the management of HIV and AIDS at your school?

4. What is your school community' approach and strategy for managing HIV and AIDS?

5. What is your perception on your principal's role in building school visions of what you may be able to achieve in managing HIV and AIDS if you work together as a team?

6. Does your principal stimulate the school community to feel and act like leaders and give you a sense of overall purpose for your leadership role in managing HIV and AIDS, to be innovative and creative to question assumptions and to come up with solutions to solve problems?

7. Does your principal treat people as individuals with unique needs and expertise and provide the necessary resources to support individuals implementing the school's HIV and AIDS program?

8. Does your principal symbolize success and achievement within the profession of education and lead by example to provide good model for others to follow?

9. Which structures has your principal developed that provide for and work toward consensus with school community in establishing priorities for managing HIV and AIDS at school?

10. Does your principal insist on the best performance and show you that there are high expectations for the school community managing HIV and AIDS?

11. What are your perceptions of the actual leadership challenges raised by managing HIV and AIDS in your school community?

12. What recommendations would you make for effective leadership in the management of HIV and AIDS issues in schools?

Appendix F: A letter from UNISA requesting permission to conduct research in schools

UNISA

Enquiries: Dr SP Mokoena
Tel: 012 429 4606
E-mail: mokoesp@unisa.ac.za

30 January 2012

To Whom It May Concern

Application for permission to conduct research in schools

This is to confirm that Ms Helena Hewu-Banjwa is a registered Master's student (Student no. 47268905) of the University of South Africa. She is currently doing a research in the field of Educational Management. Her research topic entitled "The leadership role of the school principals in managing HIV and AIDS in Stutterheim area in the Eastern Cape requires her to conduct interviews in certain selected schools with the following stakeholders: principals, educators, school governing body (SGB), school management team (SMT) and learners' representative council. The main purpose of the study is to investigate their perceptions with regard to the leadership role provided by the school principals in managing HIV and AIDS in schools. Since her research project focuses on a sensitive matter, issues of ethics will be adhered to throughout the study. I hope that permission will be granted to enable her to conduct the study in selected schools in the said area and the outcomes of the study will be shared with other stakeholders in the province.

Regards

Dr SP Mokoena (Study Supervisor)

Appendix G: Permission letters from the Department of Basic Education to conduct research in schools

Province of the
EASTERN CAPE
DEPARTMENT OF EDUCATION
OFFICE OF THE CES- IDSM&G
KING WILLIAM`S TOWN EDUCATION DISTRICT OFFICE
14 LOWER MOUNT STREET, KING WILLIAM'S TOWN REPUBLIC OF SOUTH AFRICA
Enq: B.S. Yotsi: Cell: 082 O667 292: Fax: 043 6424 718: Email: bafoyotsi@yahoo.com
Date: 09/02/2012

The Principal
Kubusie Combined School
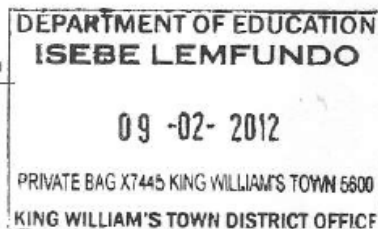STUTTERHEIM
4930

Dear Mr Ntlanzi

**RE: RECOMMENDATION PERMISSION TO CONDUCT RESEARCH: MS HEWU
BANJWA: STUDENT NO.: 4726 8905**

Based on the application letter from Dr S.P. Mokoena of the University of Sou
(UNISA), Ms Hewu-Banjwa's Supervisor in her Master's Degree; this Office reco
that you consider allowing her to conduct her research project in your institution.

We trust you will find this recommendation in order and apply your mind consider
purposes of assisting Ms Hewu-Banjwa to succeed in her project.

Yours sincerely

B.S. YOTSI
CIRCUIT MANAGER

DEPARTMENT OF EDUCATION
ISEBE LEMFUNDO

09 -02- 2012

PRIVATE BAG X7445 KING WILLIAM'S TOWN 5600
KING WILLIAM'S TOWN DISTRICT OFFICE

Province of the
EASTERN CAPE
DEPARTMENT OF EDUCATION
OFFICE OF THE CES- IDSM&G
KING WILLIAM`S TOWN EDUCATION DISTRICT OFFICE

14 LOWER MOUNT STREET, KING WILLIAM'S TOWN REPUBLIC OF SOUTH AFRICA
Enq: B.S. Yotsi: Cell: 082 O667 292: Fax: 043 6424 718: Email: bafoyotsi@yahoo.com
Date: 09/02/2012

The Principal
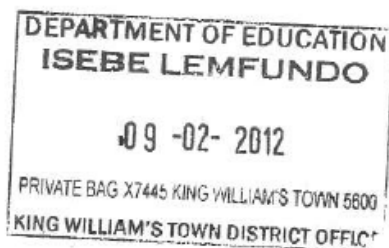Jongile Nompondo Public School
STUTTERHEIM
4930

Dear Mr Siziba

RE: RECOMMENDATION PERMISSION TO CONDUCT RESEARCH: MS HEWU-BANJWA: STUDENT NO.: 4726 8905

Based on the application letter from **Dr S.P. Mokoena** of the University of South Africa (UNISA), Ms Hewu-Banjwa's Supervisor in her Master's Degree; this Office recommends that you consider allowing her to conduct her research project in your institution.

We trust you will find this recommendation in order and apply your mind considerately for purposes of assisting Ms Hewu-Banjwa to succeed in her project.

Yours sincerely

B.S. YOTSI
CIRCUIT MANAGER

DEPARTMENT OF EDUCATION
ISEBE LEMFUNDO

09 -02- 2012

PRIVATE BAG X7445 KING WILLIAM'S TOWN 5600
KING WILLIAM'S TOWN DISTRICT OFFICE

APPENDIX H: AFFIRMING LETTERS FROM THE RESEARCH SCHOOLS

JONGILE NOMPONDO PUBLIC SCHOOL
P O BOX 370
STUTTERHEIM
4930

TELEPHONE: (043) 6810221   FAX: (043) 6810027
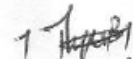**E-MAIL : jnschool@telkomsa.net**

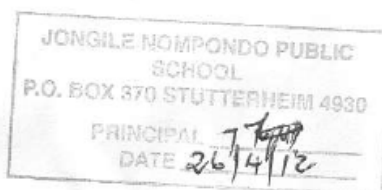26 April 2012

UNISA
Department of Education
Pretoria

RE: H.N. HEWU-BANJWA. STUDENT NO. 47268905. CONFIRMATION OF RESEARCH

This is to confirm that H.N. Hewu- Banjwa visited the above school for the purpose of conducting a research for Masters in Education Management, " The leadership role of principals in managing HIV and AIDS in secondary schools in Stutterheim area, Eastern Cape.

The period of research was 10th February to 28th March 2012.

Yours faithfully

F.D. SIZIBA
PRINCIPAL

JONGILE NOMPONDO PUBLIC
SCHOOL
P.O. BOX 370 STUTTERHEIM 4930
PRINCIPAL
DATE 26/4/12

"AIM HIGH AND SERVE THE PEOPLE"

Kubusie Combined School

Erf 896
Kubusie Village
Stutterheim
4930
Tel/Fax: (043) 683 3797
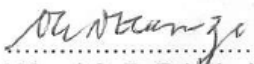
P.O. Box 5
Stutterheim
4930

UNISA
Department of Education
Pretoria

RE: H.N. Hewu – Banjwa. Student No: 47268905. confirmation of Research attendance

This is confirm that H.N. Hewu – Banjwa visited the school i.e Kubusie Combined School for the purpose of conducting a research for, masters in Education Management, on a topic, " The Leadership role of Principals in managing HIV and Aids in secondary schools in the Sutterheim Area, Eastern Cape".

The period of research was 6th February to 6th March 2012.

With thanks

Ntlanzi O. Z (Principal)

DEPARTMENT OF EDUCATION
KUBUSIE COMBINED SCHOOL
P. O. Box 5, Stutterheim, 4930

2012 -04- 2 4

Tel. 043 683 379
D/o Principal
PROVINCE OF THE EASTERN CAPE