

CHAPTER THREE

SCHOOL MANAGEMENT IN SOUTH AFRICA WITH SPECIAL REFERENCE TO THE IMPACT OF HIV/AIDS AND THE ROLE OF THE PRINCIPAL AS SCHOOL MANAGER

3.1 INTRODUCTION

School management can be defined as those managerial activities performed by teachers and other educational managers which make effective classroom instruction and therefore self-actualization of learners, possible. The teacher's managerial tasks, such as policy-making, planning, decision-making, leadership and control, must take place together with instructional activities if the ultimate aim of school management identified by Cangemi (1984:105), as the self-actualization of learners, can be achieved.

According to Van Schalkwyk (in Badenhorst *et al.* 1987:3), organizations perform two types of tasks. In the case of a school these are:

- **Functional tasks:** to educate and train its learners in such a way, that they may grow up into self-actualizing adults.
- **Managerial tasks:** to efficiently plan and organize the carrying out of the functional tasks of all involved including principals, teachers and learners.

Managerial activities must be carried out in the best interest of the functional tasks. In order for a school to function properly it must be managed optimally. The efficient management of the school system is a prerequisite for effective teaching and learning and therefore also for self-actualization (Buchel 1993:1-3; Badenhorst *et al.* 2003: 1-7). Management at school level refers to the duties that school managers, such as the principal and teachers have to carry out in order to reach the ultimate goal of education, namely self-actualization of learners. These include:

- leadership,
- planning,
- organization,
- activation (leadership and motivation) and
- control.

All these goals must be achieved to ensure that all objectives are met and positive results reached (Buchel 1993:2; Badenhorst *et al.* 2003:3-4; Van Deventer *et al.* 2003:66).

Considering the devastating HIV/AIDS situation in South Africa, demonstrated by the statistics already discussed, particularly in the age group between 14 and 49, it becomes clear that school management will be adversely affected by the impact of HIV/AIDS. A UNICEF report (2000:1) stated in 2000 that the most profound effects of HIV/AIDS would be felt in education. Looking at the managerial tasks of the teacher in the classroom and those of the principal as co-ordinator of all management activities in the school, and comparing them with the prevalence of HIV/AIDS in the community and the school; it becomes clear that the impact of HIV/AIDS could completely derail the current management structures in place in schools. Avert (2000:1-3) states that the impact of HIV/AIDS on education threatens both the quality and coverage of education. Pela (2001:1) confirms this statement, saying that the impact of the epidemic has shaken the entire education system in South Africa. UNAIDS (2004a:1-2) confirm the Barrow's findings (2001:1) that South Africa not only faces the loss of teaching professionals, but also that declining numbers of learners and delayed registration of learners from affected households will drastically complicate the basis of school planning, namely learner numbers.

As mentioned above not only will the illness and death of teachers and learners impact on school management, but also the rising numbers of AIDS orphans and children from AIDS-affected families threaten to obstruct the very fabric of school management. A World Bank Group report (2002:1) points out that HIV/AIDS kills teachers faster than they can be trained, makes orphans of their students and in highly infected countries threatens to derail even the most basic primary education. Not only the managerial tasks of school management are threatened, but also, by implication, the functional task, which will be obstructed leading to academic failure and poor self-actualization. Coombe (2000:4) reports that educational management capacity in South Africa is “*fragile*” at national, provincial, district and school levels, because the system is having problems attracting skilled managers, and because principals are not receiving sufficient support or training. The situation will become worse as the HIV/AIDS pandemic takes hold (Coombe 2000:4). Van Deventer *et al.* (2003:16) confirm the problem saying:

“Educators in South African schools are currently being stretched to the limit. The expectations placed on them seem to be expanding exponentially. Increasingly, their role encompasses not only the teaching of specific content and mentoring learners in the love of learning, but also functioning as frontline social workers. In addition to the expectation that they should deal with broader social problems that find their way into the classroom, many other pressures plague educators, including inadequate textbook supplies, overcrowded classes, disruptive learners, limited assistance, increased duties and low salaries.” Barnett & Whiteside (2003:311) agree that to the traditional roles of the education system, cultivating literacy and numeracy, are now added supporting

and nurturing large numbers of learners overwhelmed by the HIV/AIDS crisis. The impact of HIV/AIDS may thus be a contributory factor, which will make future school management difficult in South Africa. In the next section the possible effect of HIV/AIDS on the managerial and functional activities of the principal and teachers in the school will be examined.

3.2 THE ROLE AND RESPONSIBILITIES OF THE PRINCIPAL

3.2.1 INTRODUCTION

The principal or head teacher is the leader of the school, with appropriate management responsibilities, but also maintains a functional role in professional education. Although the principal is the manager of the school, leadership is not confined to him/her only, but may be assumed by or dispersed among other staff members such as deputy heads, team leaders, and heads of departments, curriculum leaders and class teachers. Leadership is widely recognized as the most important factor in school effectiveness. Murgatroyd and Gray (in Bush & West-Burnham 1994:68) say that an effective school “*is one which responds to individual pupil and staff needs and to the changing face of the community in which it is placed*”. There seems to be a worldwide trend towards centralization of school curricula and school budgeting, with more spending on pupils. However proactive principals and governing bodies, who bring into the open factors that influence the effectiveness of the school, and involve the community in resolving problems and differences between the school and community, have been found to have more effective schools, which in turn attract more pupils and have a positive effect on the school budget (Buchel 1992:44-99; Bush & West-Burnham 1994: 61-71). Piek (1993a:10) agrees that the most effective school managers are those who evolve naturally from leadership roles into management roles and are able to change their leadership style to suit the people and the situation. According to Van Deventer *et al.* (2003:16-17), principals who manage to foster a positive morale among teachers create a positive school climate, which ensures quality teaching and learning activities that result in the realization of learner achievement. This highlights the important role the principal as school and community leader could play in managing HIV/AIDS in South African schools.

3.2.2 GENERAL RESPONSIBILITIES OF THE PRINCIPAL

According to Buchel (1992:69) and Van Deventer *et al.* (2003:18), the school principal is responsible for every facet of the activities of the school. Some of these functions may be delegated to subordinates as mentioned above. Certain responsibilities and functions cannot however be delegated, and must be handled by the principal. These include tasks such as:

- the principal's right of decision,
- planning,
- work distribution and delegation of duties and
- organization and administration of duties.

In the light of the statistics explored in Chapter 2, it is clear that every one of these specific responsibilities of the principal could be adversely affected by the impact of HIV/AIDS.

The most daunting task facing the principal in the face of HIV/AIDS, is the provision of a quality service while the epidemic is playing havoc with human resources in education. Erratic attendance rates of learners and teachers who are ill, dying or taking care of ill and dying family members cuts through the very essence of good education and good planning, forcing principals in their role as decision-makers, to chop and change their planning strategy, to accommodate the gaps created in their planning by the impact of HIV/AIDS. Van Deventer *et al.* (2003:80) stresses that, without strategic management skills and operational planning, principals are likely to find themselves involved in nothing but crisis management, lurching reactively from one unexpected dilemma to the next. Prof. Michael Kelly confirms this, likening the effect of HIV/AIDS on the education system to what happens to a person when he/she becomes infected with HIV. The person's immune system is gradually infected until it is in the end overcome and can no longer protect that person against opportunistic diseases, and eventually succumbs to death (SADC 2001:2)

3.2.3 THE PRINCIPAL'S RIGHT OF DECISION

Because the principal is officially in charge of the school, the responsibility to take decision rests with him/her (Buchel 1992:69; Van Deventer *et al.* 2003:107). Decision-making is one of the principal's most important duties, and in the face of the HIV/AIDS epidemic implies added responsibility. The principal must take a stand, and may not evade responsibility by acting indecisively, because the well being of the entire school community rests with his/her ability to take decisions in the face of adversity. Purposeful and effective management and planning in the school depends on effective decision-making. In the decision-making process the principal as school manager should include the expertise and opinions of teachers, parents, learners and relevant others, to achieve the most effective results, particularly in the face of adversity (Piek 1993a:20-23). Badenhorst *et al.* (2003: 21-23) and Van Deventer *et al.* (2003: 101-105) agree that inclusive group decision-making is a valuable tool for effective and creative problem solving in schools. Another important duty of the principal is to protect his/her teachers and learners, while not condoning behaviour that constitutes misconduct or even criminality, but instead report such conduct immediately. The principal has a responsibility to act on

misconduct among staff members, and in the face of the increasing prevalence of HIV infections among teachers and learners and the high incidence of abuse in schools he/she cannot afford not to act on reports of misconduct particularly abuse (Human Rights Watch 2001:1-6; Khumalo & Maphumulo 2002:2; BBC News 2003:1-3). The seriousness of the effect of poor leadership and irresponsible decision-taking is illustrated by press headlines such as: “*Skoolhoof versuim om verkragting by departement aan te meld*” (Rooi 2002:4) from the *Beeld*. The negative school climate created by this can only lead to poor academic achievement and a lack of subsequent self-actualization (Van Deventer *et al.* 2003:17).

As mentioned before 258,000 learners in South African schools were estimated to be HIV-positive by the end of 1999 (Altenroxel 1999:4), leaving the principal with the dilemma of deciding how to deal with these massive ever-increasing numbers of sick and absent learners. The HIV infection is spreading most rapidly amongst 15-20 year olds (Keeton 2001:1), an age group representing a large proportion of senior school learners. Naidu (2004:2) as mentioned before predicts that 500,000 secondary school learners will eventually be infected. This large number of infected learners prompted Dr Olive Shisana to suggest the provision of free condoms in schools, to prevent the spread of the virus in schools (Caelters 2005:5). About 45,000 teachers in South Africa are also infected (Pretorius 2002a:9; Blaine 2005:1). Complicating matters further is the fact that disclosure of HIV status is not enforceable, which leaves principals to take decisions on a problem the extent of which they do not know. Principals therefore need to put structures in place that encourage voluntary disclosure then record, this information on the personal record cards of infected learners and teachers. This confidential information is essential for the effective planning of curriculum coverage and handling of accidents at school. A UNAIDS report (2004a:52) underlines the importance of precise data on the epidemic for effective school management and planning. J. De Lange, an ANC-MP and chairperson of the parliamentary portfolio committee for justice and constitutional development, proposed in 2004 that the transference of HIV/AIDS be made a criminal offence, because AIDS sufferers must accept responsibility for their actions, as infecting another person will eventually lead to severe illness and death. De Lange believes that ignorance of one’s HIV-status should not be accepted as an excuse for accidental transference, as every person has the responsibility to check his/her HIV status. The aim for the proposed legislation is not to promote discrimination against HIV sufferers, but rather to prevent the spread of the virus to healthy individuals, for whom infection spells a death sentence De Lange admits (Joubert 2004:1), that how such legislation would work is not clear, since HIV/AIDS remains a non-notifiable disease. In the light of the above, dealing with a new development regarding HIV/AIDS should this be implemented, namely the demand by COSAS that learners and students who

are HIV-positive must receive free anti retroviral treatment, paid for by the education department (RSG 100-104 fm: 2006) can cause further managerial problems for the principal.

3.2.4 PLANNING

A further important duty of the principal is planning, without which the numerous academic and administrative activities at the school cannot run smoothly (Buchel 1992:70; Piek 1993a:23-44; Badenhorst *et al.* 2003:23-25). It is at the planning phase of school management where HIV/AIDS could have its most severe impact. In order to ensure smooth running of the academic program in the school, the year's activities must be carefully planned before the school year starts. The principal must ensure that all activities are scheduled according to a set order of priorities. Setting these priorities implies that all matters in the school are attended to in order of their importance. This set order of priorities is upset by HIV/AIDS, when for example a teacher falls ill and can no longer cope with his/ her duties, or a staff member has to take leave to attend to sick family members, or if learners are absent from class due to illness or death in their families (Caelers 2005:5). Every time a teacher dies or is absent from class due to the affects of HIV/AIDS on his/her life, classes must be re-organized, and overloaded colleagues must take over the classes and administrative duties of the HIV-affected teacher or replacements must be found to fill the vacancies. The principal therefore has to reorganize as a priority attending to unexpected emergencies caused by HIV/AIDS. In order to cope with HIV/AIDS, principal's will now also have to include effective AIDS management in their planning (Jordan 2002b:3; UNAIDS 2004a:52) to minimize disruption of the curriculum. The planning of effective curriculum coverage is at best a difficult task; in the face of HIV/AIDS it requires special attention, because the vacancies caused by sick and dying teachers must be filled to ensure optimum academic achievement in the school. An SADC report (2001:3) states that HIV/AIDS negatively affects the supply of skilled personnel providing educational services and reduces their efficiency, while increasing costs of the delivery because of payment for sick leave and replacement staff and increased output of teacher training to fill vacant posts etc. According to Barnett & Whiteside (2003:202), it is difficult to replace teachers lost to the system because of AIDS. An HIVDENT report (2002:1-2) agrees and points out that, in a highly infected area like Kwa Zulu-Natal, new teacher replacements will have to be drawn from young and inexperienced teachers who, according to Caelers (2005:5) and Blaine (2005:1), suffer from even higher HIV-infection rates. This problem is exacerbated by ineffective departmental meddling in the appointment of teachers (Eybers 2003:1). According to Eybers in 2003 70,000 teachers in Gauteng were without jobs, while schools could not fill vacancies due to chaos caused by a new centralized appointment system, instead of the usual appointment system whereby schools

and their governing bodies decide on suitable applicants to fill the vacant posts. One school in Johannesburg started the year 2003 with eight vacancies. Considering the debilitating effect of HIV/AIDS on teacher provision, one can only wonder how principals will cope in the future if there are no local control systems in place to help them cope with grass roots problems. Another curious aspect of teacher provision is spelled out by Monare (2003:6) who states that many teachers are in the firing line due to dwindling numbers of learners in certain provinces. In 2003 Kwa Zulu-Natal sacked 6000 teachers, Eastern Cape 3000 and Limpopo 4000 after they were declared redundant by the provincial education departments. *Education officials ascribe the drop in learner numbers to migration.* Only Gauteng and the Western Cape are hiring teachers to cater for the large informal settlements around cities and townships. These figures of jobless teachers contradict Jansen (2004b:1) who predicts a severe shortage of teachers in the next five years and reports, by Caelers (2005:5) and Khangale (2005:1), who say that 4000 South African teachers died from AIDS-related illnesses in 2004.

Not only does HIV/AIDS impact on prioritisation in the planning phase of school management, but it also impacts on advance planning for the year. According to Buchel (1992:70), Piek (1993a:23-29) and Badenhorst *et al.* (2003:25), it is essential that the principal continually plan ahead to avoid disorganization of school activities. It is in advance planning that HIV/AIDS causes the most chaos. Both long-term goals and short-term objectives such as term testing or sporting events are influenced by the impact of HIV/AIDS, because of high teacher/learner turnover. UNAIDS (2004a:52) emphasizes that only with forward looking long-term planning will education systems be able to cope with the ravages of HIV/AIDS, and stress the importance of collecting accurate data on the epidemic to implement effective planning. Simple tasks, such as handing out and collecting textbooks at the beginning and end of each year and keeping attendance registers, are hampered by the absenteeism of learners and teachers in badly affected areas such as Kwa Zulu-Natal. Kadar Asmal (in Govender 2002d:1) stressed that “*teachers should also insure that learners return textbooks as the department cannot be expected to provide the same textbooks every year.*” The absenteeism among teachers makes control of stock and record keeping, which are essential for the proper running of the school, very difficult and ineffective. Disorganization, due to lack of control over teaching materials, impacts adversely on the academic outcomes of any school. This is confirmed by Nthite (2005:1), who mentions that two of the most serious problems encountered in the Greater Tswane school area are teacher absenteeism and lack of control over leave registers, which contribute to poor academic achievement in affected schools. Also, the 64.4% leap in HIV infections in the 15-19 year-old age group between 1997 and 1998 (Granelli 1999:4), and the 70% increase in mortality rate among female teachers aged

between 30-40 (De Bruin 2003:1), are two further frightening planning dilemmas facing principals in South Africa. UNICEF (2000:2) states in this regard that high rates of teacher turnover and fluctuating numbers of learners constrain educational planning, highlighting the impact of HIV/AIDS on education. Furthermore, the 2003 matriculation examinations point to serious school management problems; almost 17,000 learners who registered for the exams did not write, 164,816 grade elevens did not transfer to grade twelve and 70,000 fewer learners wrote the final school examinations in 2003 than did so in 1999 (Jansen 2004a:15). While some previous model-C schools are overwhelmed with learners anxious for places, schools in previous black townships are running empty; in Soweto at least four schools failed to open in January 2004 because of a lack of enrolment. The problem has been ascribed to poor planning in some schools and a tendency of parents to try to enrol their children in better schools. Enrolment in well-planned schools closes the previous year to allow for teacher provision and provision of study material for expected student numbers. Schools with poor planning start the year without teaching materials and teachers. Parents who leave enrolment late cause chaos and sometimes create problems by complaining against schools that cannot accommodate their children (Van Eeden *et al.* 2004:8).

A very important aspect of the planning component of school management is compiling a year program. Van Deventer *et al.* (2003: 80) describe planning as “*the forward thinking*” required to determine in advance what needs to be done and how to achieve this. The provisional program for the following year should be drawn up during the last quarter of the previous year, and the principal must submit the program to the circuit inspector for approval by the tenth day of the new school year (Buchel 1992:71; Piek 1993a: 29; Badenhorst *et al.* 2003: 23-25). The year program must correlate with the school calendar drawn up by the education department and sent to all schools each year. This program is affected by HIV/AIDS because it is based on two important aspects particularly vulnerable to the AIDS epidemic, namely:

- (a) Surveying of the expected enrolment at the beginning of the year and
- (b) Evaluation of the growth tendency to estimate expected pupil enrolment at the beginning of the next year.

UNAIDS (2004a: 52) maintains that only with forward planning can the impact of HIV/AIDS on education be managed. Unfortunately, the second aspect of planning mentioned above is skewed by a departmental drive to make school populations representative of the demographics of the country and do away with basic zoning. This allows learners from outside school zones to be bussed in from the townships to the suburbs, resulting in overpopulated suburb schools and struggling township schools (Van Eeden *et al.* 2004:8). Furthermore, parents from financially depressed families delay enrolment until after the schools have reopened, forcing principals to take in learners for which the

school cannot provide, thereby decreasing the schools' ability to provide quality education for all its learners. This caused chaos in many schools, leaving desperate learners without placement in schools at the beginning of the school year (Van Eeden *et al.* 2004:8).

With schools' planning already compromised by new legislation, HIV/AIDS only compounds the problem further, through its disruption of enrolment patterns in the worse-affected communities. A University of Natal survey found that 275,000 school-age learners in Kwa Zulu-Natal (where the adult infection rate is 1 in 3) are not attending school because sick or dying parents often do not send their children to school (HIVDENT 2002:1). It is particularly in the poorer communities where HIV/AIDS has a devastating effect on school enrolment, because children from overburdened households can no longer attend school due to dire need (Secure the Future 2000:1; Soul City 2003: 22-29). Moreover, the orphan crisis means that some learners have to drop out of school because of lack of means, and take care of younger siblings or other sick family members (Lackay 2001:9; UNAIDS 2004a:61-65). Many learners affected by HIV/AIDS have to take on adult responsibilities, while others live on the streets and turn to prostitution and crime in order to survive, with schooling no longer an option (Govender 2002i:1; Jacobs 2002:1). Matari (2001:9) reports a drastic decline in matriculants, which could be due to HIV/AIDS; the high infection rates amongst learners could cause a further decline in the number of students passing matric. Jansen (2004a:15), as mentioned before, points out a decline of 70,000 in matriculants since 1999, which SADTU (in Monare, 2004a:1; 2004b: 4) ascribes to poverty, HIV/AIDS, drug abuse and pregnancy. Rademeyer (2006:6) reports that 587,851 learners that were in grade 10 in 2003, disappeared out of the system and did not write matric at the end of 2005. It is not clear what happened to these learners; according to the report, some may have gone to colleges for further education, but many dropped out because of HIV/AIDS related problems. The decline in enrolment figures worsens this problem (Naidu 2004:1; UNAIDS 2004a: 52-53). All the previous aspects of school management are adversely affected by disrupted enrolment patterns, because annual planning is based on estimated enrolment figures. Schools are allocated staff in order to facilitate the academic program at that school, which means in effect that teacher allocation is based on enrolment statistics. In Kwa Zulu-Natal, the Eastern Cape and Limpopo large numbers of teachers could be retrenched because of declining learner numbers ascribed to migration by education authorities (Monare 2003:6). This is in spite of predictions of teacher shortages, mentioned above (De Bruin 2003:1; Jansen 2004b:1).

The annual program, which is beset with problems like those listed above, must address the important aspect of staff establishment. This entails maintaining a service record of all staff members, including a numbered list of approved posts

at the school, with the names of staff members holding these posts, plus the subject taught or classes allocated to each teacher for each specific post. Staff lists must include both academic and non-academic personnel at the school. Staff provision is allocated on enrolment figures as mentioned above, and currently at the ideal of 32 pupils to one teacher. HIV/AIDS constricts the planning of staff provision as ill and dying teachers hold posts in which they are no longer functional, restricting the employment of replacement or relief staff. Moreover, erratic enrolment patterns lead to skewed teacher/learner ratios. Van Deventer *et al.* (2003:80) say that principals are often not prepared or trained sufficiently for the roles they have to fulfil, nowadays and find themselves in a perpetual situation of crisis management.

Another important consideration for annual planning is the division of work at the school, which includes selection of class, register and subject teachers and selection of staff members to serve on specific committees that are essential for the smooth running of the school, such as timetables and well as duty rosters. HIV/AIDS disrupts this planning and division of work. The loss of key individuals at leadership level, including planners, inspectors and principals may further compromise the quality and efficiency of education (Barnett & Whiteside 2003:311). The high percentage of HIV-positive staff members at worse-affected schools adversely affects the division of work at these schools, due to high levels of absenteeism and teacher turnover. Staff shortages make it increasingly difficult for overloaded teachers to cope with their workloads, resulting in poor school organization and poor academic outcomes. According to De Bruin (2003:1) as mentioned above, large numbers of new teachers will have to be trained, to supply the demand for staff. This will be almost impossible considering the 25% HIV-infection rate among under-graduate students. Also, according to Pela (2001:1-2) many of these students may never teach or be able to pay back student loans, with serious financial implications for both education and the tertiary institutions that trained them. Furthermore, recent surveys conclude that 21.4% of young teachers between the ages of 25-34 are HIV-positive (Blaine 2005:2; Caelers 2005: 5), pointing to severe staff shortages in the future.

Despite these dilemmas facing principals trying to provide teachers in schools, staff expenditure has been curbed by legislation and funds redirected to learner development instead (Engela 2003:13). The Education Department and teacher trade unions agreed on rationalization of teaching professionals in 1999 and are still laying off and redeploying teachers regardless of the impact of HIV/AIDS. This points to a lack of insight into the impact of HIV/AIDS on future staff provision and leaves the principal with serious planning deficits (De Bruin 2003:1; Engela 2003:13). A UNICEF report (2000:1-2) underscores the problem facing principals with regard to teacher provision and delegation of school work,

stating that schooling is disrupted when teachers are absent from class due to illness, death or the need to care for ill family members, or when a decreasing number of teachers have to take on larger classes and a heavier load of administration. The Tswane Education District as mentioned above, recently reported poor leave control and high incidences of teacher absenteeism in schools under their jurisdiction as contributory factors to poorer academic achievement of learners (Nthite 2005:1). The running of schools is disrupted by the fact that overburdened teaching staff cannot cope with their increased academic and administrative duties, with resultant poor academic outcomes, often associated with poor school management.

The time and effort needed to cope with workforce restraints caused by HIV/AIDS reduce the time the principal has available for normal planning and running of the school. Furthermore, the loss of cohesion in the school society caused by loss of morale and motivation among teaching staff and learners leads to indiscipline and poor academic results. Caelers (2005:5) confirms that teachers affected by HIV/AIDS at home or at school report feeling depressed. Depression leads to poor service delivery and an inability to cope with daily demands. According to Creativepr, (2003:1-3) these negative aspects increase the management burdens already existing in affected schools. Mwamwenda (1996:311) stresses that African schools already have a problem with discipline, which subsequently leads to poor educational outcomes, a situation only worsened by the low teacher morale and negative school climate (Van Deventer *et al.* 2003:16).

3.2.5 THE PRINCIPAL'S RELATIONSHIP WITH VARIOUS IMPORTANT BODIES AND PEOPLE INVOLVED IN THE RUNNING OF THE SCHOOL

3.2.5.1 THE PRINCIPAL'S RELATIONSHIP WITH PEOPLE IN AUTHORITY

During the course of daily duties, a principal makes contact with officials from the Education department, such as officials from head office, regional office and circuit office, who visit or contact the school for a number of reasons. These officials are involved in the smooth running of the school, available for the most part in an advisory capacity to ensure the quality of education at the schools. For many years, quality control in township schools has been undermined by SADTU a large teacher trade union, preventing of inspectors from entering school properties by staging mass action (Van der Merwe 2002a:7). The Department of Education's evaluation of schools and teachers again had to be cancelled in 2002 after SADTU threatened mass action. At the Katlehong High School, angry teachers and learners evicted departmental supervisors, from the

school premises (Sapa 2002:2; Van der Merwe 2002a:7). In the face of the HIV/AIDS pandemic, this quality control is very important and the interference by SADTU very damaging. The advice and support of departmental officials is a very important support system for the principal, particularly in the face of the AIDS epidemic. The principal should be in constant communication with the circuit office, because this represents the first line of defence and is crucial in filling the vacancies left by HIV/AIDS-affected staff members. Moreover, the circuit inspector is the person who takes decisions, in accordance with departmental regulations, in the interest of the school and all its role players (Engelbrecht *et al.* 1987:128-12; Buchel 1992:73; Piek 1993a: 112-113; Piek 1993b:41-42; Walters 1993: 14).

The principal is required to act immediately to all directives sent by the department, and must carry out requests and assignments by the due date. Departmental statistics or annual returns form the basis of the material and human resources allocated to the school. Considering the paralyzing impact of HIV/AIDS on staff members and learners in worse-affected schools, meeting deadlines become extremely difficult. UNAIDS (2004a:19) says “*AIDS calls for a rethinking of how skills will be built, maintained and retained in the future.*” Naidu (2004:1-3) and Nthite (2005: 1) agree, underlining the problems encountered with service delivery in affected schools and government institutions. Because HIV/AIDS is not a notifiable disease, the principal has no record of what he/she is dealing with or how to counteract the effects of HIV/AIDS until they become an unplanned-for emergency.

3.2.5.2 THE PRINCIPAL’S RELATIONSHIP WITH STAFF

A principal who treats staff firmly, politely and with respect will enjoy their respect in turn. In the face of the demoralizing effect HIV/AIDS, which reduces performance standards of all role players, the firm but sympathetic leadership of the principal is very important. The principal must be available for discussion with and suggestions from staff, and his/her professional guidance must be evident to both teachers and the community at large. This leadership should actualize in good organization and academic outcomes under all circumstances. Of course, this becomes consistently more difficult as teachers die, fall ill or take days off to tend to the needs of ill family members, or to attend funerals (Caelers 2005: 5). Moreover, the principal has to be available to help staff members with confidential and personal problems, such as illness or even financial problems (Buchel 1992:73-73; Piek 1993b:42). In the face of the HIV/AIDS epidemic, staff members must be encouraged to discuss their problems with the principal without fear of victimization or breach of confidentiality. This is particularly important considering the demoralizing effects of HIV/AIDS mentioned above (UNAIDS 2004a:62-63; Caelers 2005:5).

A good principal will always take the side of staff members in any dispute, but should never conceal or try to conceal blatant misconduct, and act immediately to put it right. In the face of the HIV/AIDS pandemic the leadership role of the principal, particularly with regard to misconduct, has become more important than before. When this misconduct involves child abuse, which as discussed in chapter 2, is happening all too often, naming the punishing offenders is particularly important. It is the duty of the principal to be aware of misconduct amongst staff at all times and to act upon it decisively and urgently.

3.2.5.3 THE PRINCIPAL'S RELATIONSHIP WITH THE DEPUTY PRINCIPAL

The deputy principal is second in command of the school and must act as principal in the absence of the principal. The deputy principal is in a special relationship of trust with the principal, and has insight into all confidential matters regarding the school. His/her advice and management skills are of paramount importance to the smooth running of the school (Engelbrecht *et al.* 1987:121; Buchel 1992:72; Piek 1993b:42). In the face of the HIV/AIDS epidemic this relationship of trust becomes more important, because, according to Pela (2001:1), 8% of principals and heads of department are HIV-positive, leading to future leadership vacancies in schools, when senior members of staff become ill, or die, if no one is trained or ready to take over the leadership role. It is therefore imperative that the entire leadership structure of the school be qualified in managerial skills so that any one of them can take over the running of the school if necessary. Van Deventer *et al.* (2003:118) summed this up, saying

“The work of the principal as school manager is to get the work of teaching and learning at his school done through the efforts of others. No principal can exercise leadership without delegating most of his responsibility. Unless work responsibilities, authority and power are shared among staff members, the school will lack creativity and adaptability.”

3.2.5.4 THE PRINCIPAL'S RELATIONSHIP WITH HEADS OF DEPARTMENT

Departmental heads are the most senior members of the teaching staff and next in line in seniority after the deputy principal. Professionally they are the direct link between the principal and subject teachers (Engelbrecht *et al.* 1987:121-122; Buchel 1992:75; Piek 1993b:43). Certain functions and responsibilities must be delegated to the heads of department to develop their management skills including drawing up timetables and chairing committees. In the face of HIV/AIDS, and particularly considering the incidence of HIV infection among senior staff members, it is important that the principal draw heads of department

into *all* managerial and organizational functions at the school. This is of particular importance in the face of HIV/AIDS, which according to UNAIDS (2004a:19) calls for a total rethink of skills employment and maintenance, indicating that principals may face previously unknown problems with service delivery. This will ensure that in the case of an unforeseen emergency, any one of the senior staff members can take over the running of the school (Walters 1993:14-15; Van Deventer *et al.* 2003:118-120).

3.2.5.5 THE PRINCIPAL'S RELATIONSHIP WITH BOARDING-SCHOOL MASTERS AND MATRONS

The role a boarding-school master or matron takes special significance in the face of HIV/AIDS. It is the very difficult task of these professionals to prevent sexual activity and abuse amongst their charges. The high prevalence of HIV infections among South African teenage learners which, according to a Dispatch report (2000b:1) and Naidu (2004:2), is the highest in the world makes it clear that people in charge of hostels have a very significant role in preventing the spread of HIV. Boarding-school masters and matrons need the trust and moral support of the principal. The principal must set aside a period of time every morning to discuss problems in the hostel with the hostel superintendents, and establish a cordial and respectful relationship with them. Their authority must be supported by the principal (Engelbrecht *et al.* 1987: 125-126; Buchel 1992: 75).

The Department of Education appoints a superintendent for each hostel, who may be the principal or another member of staff. The superintendent in conjunction with the hostel board, is responsible for discipline and the admission and exclusion of pupils. The rules drawn up by these parties maintain internal order, and make sure that the necessary requirements are met by the superintendent, the masters/matrons and other hostel staff. The duties of the superintendent, and by implication the principal should another staff member be superintendent, are directly affected by HIV/AIDS, particularly the following:

- Ensuring that all departmental regulations are met (for example HIV/AIDS is not notifiable disease and no one may be refused admission on the grounds of being HIV-positive);
- Supervising and managing hostel discipline;
- Checking and keeping registers of boarders;
- Managing and controlling hostel administration and finances;
- Controlling admission and leave of boarders;
- Inspecting, supervising, storing and preparation of food; and
- Managing injuries and illness of boarders (Buchel 1993:104-105).

Considering the high incidence of HIV in teachers, which includes principals and heads of department, and the very high incidence of HIV/AIDS infection and sexual activity among teenage learners, it becomes evident that special

attention will have to be paid to preventing the spread of HIV/AIDS in school and tertiary-institution hostels for teacher-training students, where the threat is even greater due to freer movement. The mere fact that Dr Olive Shisana, executive director for HIV and AIDS at the Human Sciences Research Council, could make a call for free condoms at schools indicates the enormity of the problems facing schools and especially hostel staff in their attempts to protect HIV-negative learners from contracting the virus.

3.2.5.6 THE PRINCIPAL'S RELATIONSHIP WITH CLERICAL STAFF

People in clerical and administrative positions are essential for the smooth running of the school. Their duties include documenting, filing and recording resolutions taken in the staff room, and seeing that exam papers, timetables, letters and notices get typed and dispatched. Clerical staff collects and bank school funds, run the sickbay, contact parents if children are ill, and keep record of absentees and many other administrative matters that ensure the smooth running of the school. Clerical staff must be treated with respect and their needs addressed. In the face of HIV/AIDS the principal must ensure that sufficient clerical staff are available to serve the school's needs, since they are the staff members who can assist him in finding replacements to fill vacancies, or contacting family members when a learner or teacher becomes ill during school hours. Unfortunately, many small rural and township schools do not have the facilities or the learner numbers to qualify for a secretary, leaving all the administrative duties to overburdened teachers and the principal to cope with. These smaller schools, particularly farm schools, have a particularly difficult task in dealing with HIV/AIDS, as they have few amenities and often only two or three, staff members who have to cope with different grades in the same class (Buchel 1992:75; Piek 1993b:43). Furthermore, Nthite (2005:1) reports that uncontrolled leave and absenteeism of teachers have already begun to create serious managerial problems in schools in Tswane and negatively affected academic achievement in these schools.

3.2.5.7 THE PRINCIPAL'S RELATIONSHIP WITH LABOURERS, CLEANERS AND GARDENERS

Although many of these employees have not attained high levels of formal education, as members of the school society they must be treated with respect. The principal must be available to assist labourers, cleaners and gardeners on the staff with their special needs. These are the people who are responsible for maintaining the school surroundings, and it is important that their health and happiness is seen to. Though the HIV/AIDS epidemic is still growing and only expected to peak by 2010, among these employees the impact of HIV/AIDS is already severely felt. It is in the less affluent households where the impact of

HIV/AIDS is the greatest (Van Aardt 2003:1-3; Creativepr 2003:1-3). The principal has a duty to help these employees wherever possible. With the escalating HIV/AIDS epidemic taking its toll on the school population, the principal has a duty to plan for emergencies which may include financial assistance to AIDS affected personnel. The labourers, cleaners and gardeners are the staff members who may at this stage need financial aid from the school in order to tend to their sick or bury their dead. UNAIDS (2004a:53) says that the impact of AIDS needs to be tackled in a social and economic development context, and therefore poverty reduction efforts are critical as the AIDS epidemic will severely impact on the least affluent in society.

The work of these employees must be carefully planned on a daily and weekly basis, and more broadly, should this be necessary. They must know exactly what is expected of them, and each one must have a definite work program. Under the circumstances created by HIV/AIDS, consideration must be given to a back-up system, for occasions when any of these employees are absent or ill and not able to fulfil their duties. Should any of these employees have rooms on the school premises, as is sometimes the case, illness due to HIV/AIDS can cause serious problems for the principal, who would have to organize some sort of care for sick employees. Another problem can arise if employees with keys to implement stores, for example become ill, or are absent due to the effects of HIV/AIDS on their families, as these facilities are then inaccessible to other members of staff (Engelbrecht *et al.*1987:126; Buchel 1992: 77-78).

3.2.5.8 THE PRINCIPAL'S RELATIONSHIP WITH THE GOVERNING BODIES OF THE SCHOOL

The principal has to establish professional relationships with members of the following governing bodies of the school:

- Boards of control,
- School committees and
- Hostel boards (where applicable).

The importance of governing bodies and school committees must not be underestimated, even more so in the face of HIV/AIDS. They are the official links between the parents and the school, and are officially recognized as the media through which parents can make representations, via the circuit and regional offices, to the Department on matters of the welfare of the school (Buchel 1992: 78; Piek 1993b:43; Van Deventer *et al.* 2003:261-263). This link between parents, school and department becomes even more important with the current HIV situation, because parents have a say in matters such as the appointment of staff and the management of school funds via the school committees or governing bodies. The principal and especially the Department should respect their rights in this regard, and make sure that these bodies are

properly run. School funds are often supported by parental fundraising, to enable the school to improve its facilities beyond what is possible with departmental funding. In the face of HIV/AIDS these committees may well be the link that will ease the burden of school management for the principal. Parents and the community often have information that can help relieve problems particularly teacher absenteeism; they often know the names of unemployed or retired teachers in the community and non-working mothers can be used as non-teaching supervisors for classes where suitable substitutes have not yet been found, or are not immediately available.

Parental involvement not only helps the principal and staff to clear up difficulties at school, but can also be a valuable tool to ascertain the impact of HIV/AIDS in the school community. Discussions on how to spend school funds, problems experienced by pupils and teachers, etc. can be discussed and resolved at parent-teacher meetings, aiding the principal in overcoming problems caused by HIV/AIDS in school management. A help program for parents and learners affected by HIV/AIDS in the school community can even be devised (Soul City 2003:26-29). The successful functioning of the school is dependant on good relations between the principal and the governing body of the school, as well as the goodwill of the parents, particularly in the current HIV/AIDS situation (Engelbrecht *et al.* 1987:129-130; Buchel 1992:78-79; Buchel 1993:103-104; Piek 1991b: 133). Van Deventer *et al.* (2003:256) stress that the desire and willingness of local communities and parents to support schools has been a contributory factor in the expansion and development of education. In South Africa there are many communities that have built and repaired schools at their own expense (Van Deventer *et al.* 2003:257).

3.2.5.9 THE PRINCIPAL'S RELATIONSHIP WITH PARENTS AND PARENT-TEACHER ASSOCIATIONS

Although no school is legally or officially compelled to have a Parent's Association (PA) or a Parent-teacher Association (PTA), forming such associations is recommended as they deliver an invaluable service to the school (Van Deventer *et al.* 2003:257). These associations can be a highly effective channel of communication between school and home, which in the face of HIV/AIDS becomes invaluable. While the PTA or PA is merely a co-operative body, and should never become a politicized pressure group, it can be of great assistance to help raise funds for the school. Titi (2002:5) reports that parents at the Fundani High School in Cathcart, decided to roll up their sleeves and clean up the school. A parent Paulina Kwana says "*We have decided to clean up and make this school beautiful, because our children cannot learn under filthy conditions*" highlighting the value of parental support for the principal and the importance of a PTA at the school. Whilst the management of the school rests

with the governing bodies, principal and teachers, the assistance of the PTA or PA can be invaluable in helping the principal to restructure the societal dysfunction caused by HIV/AIDS, because its members could be involved in outreach programs in the community (Engelbrecht *et al.* 1987:133; Buchel 1992:79-82; Buchel 1993:105; Piek 1993b:43-44; Walters 1993:16-17; Badenhorst *et al.* 2003:108-117; Soul City 2003:26-29). Badenhorst *et al.* (2003:109) call the parent-teacher relationship “*a necessary cohesion*”, without which neither the parent nor the teacher can fulfil the education task completely; they should therefore collaborate in the closest possible way, for the benefit of the learners. Considering the HIV/AIDS situation, the symbiotic relationship between parents and school become even more important.

3.2.5.10 THE PRINCIPAL’S RELATIONSHIP WITH LEARNERS

“The education of pupils, that is everything that takes place in the school which has any direct or indirect bearing on the education of pupils, is the most important function of the principal and teachers of the school” (Buchel 1992:81). Parents entrust their children to the care of the school in the expectation that the school will educate them and take care of them, protect them from harm. Having done this the parents have the right to expect from the principal that every attribute of the child, mental, emotional and physical, will be nurtured and developed, and furthermore that the principal will co-operate with the parents to overcome any problems a learner may have, whether these are social, physiological, psychological or academic (Buchel 1992:81-82; Piek 1993b:45; Badenhorst *et al.* 2003:108). This clearly places a great responsibility on the principal, particularly considering the HIV/AIDS epidemic and the high incidence of abuse in schools (Schmidt, 2001:11). Bush & West-Burnham (1994:126-127) make it clear that delivering a quality service requires knowing and understanding your learners’ and their parents’ needs. For this you need information about their values, educational levels, attitudes, expectations, social situation and commitment. In order to manage parental expectations, the following information must be known about each learner:

- Physical condition i.e. health;
- Personality characteristics i.e. mental stability;
- Home background to help understand the learner better;
- The quality of the parents’ upbringing and child-care;
- The quality or lack of supervision at home;
- Socio-economic circumstances;
- Parental need or prosperity;
- Learner’s nourishment status and
- Learner’s cleanliness;
- Caregivers; and

- Orphan status

These last two are particularly important in South Africa facing the HIV/AIDS epidemic. It is the principal's duty to encourage staff to learn as much about the learners in their care as possible, because not only the community, but also schools in particular can make a difference to learners/households affected by HIV/AIDS (Buchel 1992: 81-82; Bush & West-Burnham 1994:126-127; Soul City 2003:28-29). UNAIDS (2004a:52) confirms the necessity of collecting precise data in order to manage the impact of HIV/AIDS effectively as mentioned above.

3.2.5.11 THE PRINCIPAL'S RELATIONSHIP WITH THE COMMUNITY

A very important relationship the principal must nurture, particularly considering the HIV/AIDS epidemic, is that with the members of the community which the school serves. The principal of a school fulfils a leadership role in the community and comes into regular contact with various community bodies, groups and people, such as churches, administration boards, community councils, welfare organizations and the like. Communities may include cultural and ethnic groups who want to represent their special beliefs in the school; while this is a good thing, the principal must remain impartial and make it clear to groups, religious or political where their limits of association with the school lie (Van Deventer *et al.* 2003:256). Regular contact with these institutions, people and organizations, in which the principal represents the school and the education department, puts a principal in an ideal position to help curb the spread of HIV/AIDS and to procure assistance for affected members of the school community. The principal of the school should act as a spiritual and moral, rather than a religious leader in the community served by his/her school, and make his/her services and school available to non-political societies striving for community development, including structures for preventing and combating of HIV/AIDS (Buchel 1992:85; Piek 1993b: 45-46; Soul City 2003:26-29; Van Deventer *et al.* 2003:255-256).

3.2.6 THE ROLE OF THE PRINCIPAL IN CURRICULUM COVERAGE AND THE TEACHING PROGRAM AT THE SCHOOL

One of the principal's school management responsibilities worst affected by HIV/AIDS is curriculum coverage. Not only does the principal face a high teacher turnover and absenteeism on the supply side of education (teacher provision) (UNICEF 2000:1 UNAIDS 2004a: 51-52) but also fluctuating numbers of learners disrupt schooling on the demand side (Avert 2000:1-3; SADC 2001:3-4; UNAIDS 2004a:52-53). These reports confirm that HIV/AIDS threatens the coverage and quality of education in the following ways:

absenteeism among teachers disrupts the teaching program (Nthite 2005:1; Caelers 2005:5); children have to do large sections of self-study, often in subjects such as science, mathematics, biology and geography which include difficult scientific and mathematical concepts which they cannot understand, leaving them discouraged and distressed, often failing the subjects; learners have to catch up missed work but again cannot always do this effectively, as the teachers' busy programs do not allow for extra lessons.

The principal must ensure that all the teachers at the school are in possession of the latest syllabi and work programs for the subjects they have to teach, and that every teacher brings his/her work up to date and compiles a work program before the third week of the academic year. This enables the principal to ensure quality control and coverage of the teaching program through out the year. To accommodate this, the provisional work programs for the school must be finished in the fourth term of the previous year to ensure effective planning and curriculum coverage (Buchel 1992:85-86; Piek 1993b:46): This aspect of school management is severely hampered by HIV/AIDS, as pointed out above, particularly in schools worst affected by HIV/AIDS, such as those in Kwa Zulu-Natal where large numbers of teachers are ill or dying (De Bruin 2003:3), causing serious organizational problems in curriculum coverage and positive academic outcomes in affected schools.

3.2.7 THE EFFECT OF HIV/AIDS ON THE DELEGATION OF RESPONSIBILITIES TO HEADS OF DEPARTMENT, TEACHERS AND LEARNERS

The delegation of duties has to be a well-planned, meaningful action in school management, to ensure the smooth running of a school. Delegation of certain duties to subordinates allows the principal room to deal with other urgent matters. Because the circumstances for every school are different, no hard-and-fast rules can be laid down for delegation of duties, other than that these duties must be given to responsible and capable members of the school staff. HIV/AIDS affects the division of duties in that it disrupts schooling, and therefore school management since teachers are absent and fewer teachers have to take larger classes (UNICEF 2000:1; SADC 2001:4). Furthermore, though replacement teachers may be able to help with curriculum coverage, more often than not the specialized administrative duties of the senior staff members cannot be entrusted to junior or relief staff, as they may not have sufficient experience to cope with these duties. HIVDENT (2002:1) and UNAIDS (2004a:53) point out that in the worst affected areas, young and inexperienced teachers the group with the highest infection rate, of 21.4% according to Blaine (2005:2), will have to be used as replacements. This creates problems with the planning, organization and quality-control aspects of school management.

The deputy principal has to assist the principal in all matters, has to act as principal in the absence of the principal and is expected to be indisputably loyal to the principal, school and education department. Not only is the deputy principal the most important link between the principal and the teachers, but also his/her integrity must be irrefutable. The deputy principal, and also the various heads of department (HOD), stand in a special relationship with the principal as far as the running of the school is concerned and certain important duties are delegated to these staff members (Buchel 1992:87-94; Piek 1993b:49). The duties and teaching responsibilities of the deputy principal and heads of department are jeopardized by the rising incidence of HIV/AIDS infections among their fraternity. According to Pela (2001:1-2), as mentioned before, 8% of principals and HOD's are HIV-positive. Irresponsible colleagues involved in learner abuse bring their integrity into disrepute. A BBC News report (2003:1) claims that many perpetrators of abuse in schools are head teachers. The principal is responsible for the duties and functions delegated to the other members of staff. The principal is also responsible for duties delegated to learner leaders at the school. The principal delegates these duties either on his/her own or in consultation with senior staff members such as HOD's. The duties include those delegated to class/register, subject and guardian teachers, as well as to class monitors and school prefects. The duties of class and subject teachers are directly related to the management of register classes or of the learners taking their subject and include the following:

- Drawing up class timetables;
- Compiling home-work timetables for register classes;
- Maintaining classroom routine and discipline;
- Completing daily attendance registers; and
- Controlling and marking pupils work.

Classroom monitors and school prefect's duties include:

- Maintaining discipline in the classroom if the teacher is absent;
- Helping check which pupils are absent;
- Reporting sick learners to the register teacher and school office;
- Maintaining discipline on the school grounds during breaks and at sporting events; and
- Helping new pupils find their way around the school (Buchel 1992:93-95).

Learner and teacher absenteeism due to HIV/AIDS impacts negatively on these duties, thereby making school management at all levels of organization more difficult. The principal, as school manager, clearly faces many problems in this aspect of his/her school management task, because even the division of work and duties among staff members and learners seems to be jeopardized by the impact of HIV/AIDS on affected schools.

3.2.8 SUPPORT PROGRAMMES

Several support systems exist within the education system to provide guidance for teachers, parents and learners. The teachers should be trained to identify any problems which a learner may have and then, in consultation with the guidance teacher, or in the absence of such a post at the school, with the help of the principal and parents, refer the child for help. While the services currently available are mainly designed for improving academic and socio-pedagogic circumstances, rather than dealing with the impact of HIV/AIDS, these could offer a starting point for helping pupils who are affected by HIV/AIDS. When a learner with some or other problem has been identified and has been referred for help, the teacher remains involved and has to assist the parents and pupil, wherever and whenever possible, to deal with the problem. The teacher works with auxiliary staff, from whom he/she receives guidance and advice. The teacher has to keep record of the learner's progress until such time as further assistance is no longer needed.

SADC (2001:7) and Coombe (2000:9-11) stress the importance of support programs. While the various auxiliary bodies were not set up to deal with HIV/AIDS, they may well become a useful aid in dealing with the management problems caused by the scourge (Badenhorst *et al* 1987:107; Buchel 1992:95-96). These programmes are needed to alleviate the suffering caused to children by the epidemic. The caregivers who look after these children affected and orphaned by AIDS often succumb to the virus as well, leaving them to suffer multiple bereavements and compounded emotional trauma. Learners affected by HIV/AIDS experience anger, fear and depression, which may result in aberrant or apathetic behaviour (UNAIDS 2004a:62); these learners need support and comfort, which in the long run may only be available via their teachers and school support systems.

Rutenberg *et al.* (2001:27-28) found that many learners who face transference to adulthood in the presence of the HIV/AIDS epidemic thought that their teachers and principals cared about them. 85% of these learners said that they had a teacher at their school to whom they could talk about problems; UNAIDS (2004a:63) find that the best chance an orphaned child has to escape extreme poverty and its associated risks is to stay in school as long as possible. This just underlines the importance of the role the principal and school can play in combating the impact of HIV/AIDS on education and school management.

3.2.8.1 SUPPORT SERVICES FOR LEARNERS:

Educational support services currently available include:

- Ortho-pedagogic services,
- Ortho-didactic service,
- Socio-pedagogic service,
- Vocational guidance service,
- Speech therapy,
- Occupational therapy,
- Educational media-school library services and
- Medical and dental services.

While not ideal, some of these services could be implemented to help manage the impact of HIV/AIDS, for example by giving assistance to sick learners, learners who need to find employment urgently and/or learners who have been emotionally affected by HIV/AIDS.

3.2.8.2 SUPPORT SERVICES FOR TEACHERS:

These currently include the following:

- Curriculum services,
- Professional advisory services,
- Educational research service, and
- Teacher training.

These services, once again may not be ideal but they offer a starting point from which principal and staff can obtain help. HIV/AIDS disable the normal schooling system by depriving learners of both teachers and parents, forcing the principal and remaining staff to look for every possible solution as well as much assistance as they can possibly obtain. The systems already in place are therefore an excellent starting point from whence a badly affected school can obtain help, whether it is with restructuring the curriculum, retraining suitable teachers, or using the professional advisory service to assist HIV/AIDS-affected teachers. However, these services will need to be transformed to adapt to the needs of an AIDS-affected society if education and educational management is to survive the onslaught of HIV/AIDS. This is particularly so in a regime where belated medical help is available only for those who are already very ill, with a CD4-count of 200 or less; and where the only protection those not yet infected have is education and moral leadership.

This transformation process will not be easy. The education ministry added HIV-prevention programs to their curricula, in the form of the Life Skills program, for which 1000 teachers were trained by the Department of Education in 2001 (Rutenberg *et al.* 2001: 30-31). However, many schools lack the infrastructure or will to implement the program, and large numbers of teachers

and secondary school learners are infected with HIV themselves. These and other problems will have to be faced if future programs are to succeed (Blaine 2005:1; Caelers 2005:5).

3.2.8.3 THE RELATIONSHIP BETWEEN THE SCHOOL AND THE EDUCATIONAL SERVICE

The school, that is the principal and teachers, in cooperation with the various support services, render a specialized service to learners with problems such as

- Learning problems,
- Disabilities,
- Physical or mental handicaps,
- Educational neglect,
- Subject choices,
- Career selection and
- Many others.

HIV/ AIDS has added many unforeseen problems of its own. Learners are faced with problems that daunt adults. Many learners who are not infected by HIV/AIDS are nonetheless affected by it; they have parents, relatives, friends or neighbours who are sick or who have died from AIDS, and because of this their lives have become harder, making it difficult for them to cope with many things including school (UNAIDS 2004a:44,52-53).

Teachers should be trained to identify learners who are hampered with any of the problems mentioned above, and, in consultation with the guidance teacher (should the school be fortunate enough to have one), the school principal and the parents, to refer the child for diagnoses and treatment. The impact of HIV/AIDS on the system becomes evident if one considers that AIDS-affected learners may not have parents or caregivers to turn to, or may indeed be the caregivers of younger siblings themselves (Buchel 1992:95-96; Soul City 2003:22-23). Once a learner's problem has been identified, the teacher and the principal have a duty to assist both learner and parents with the problem wherever and however possible (Badenhorst *et al.* 1987:107). Learners who are infected with or affected by AIDS should be treated the same as other learners, but special care should be given to their special needs as far as possible within the constraints which the disease places on the school system. Perhaps in the future special schools for affected learners could be useful where the long-term effects of HIV/AIDS could be resolved with trained staff catering for the specific emotional and physical needs of these learners, which the over-extended school system cannot cater for. (Badenhorst *et al.* 1987:107; Buchel 1992:96; Piek 1993b:7-8; Badenhorst *et al.* 2003:121-122).

Soul City (2003: 28-29) and UNAIDS (2004a: 62-63) highlight some of these needs and emphasize the added burden they are to the principal of any school affected by AIDS. The South African constitution gives all learners the right to go to school, but HIV/AIDS-affected learners may have problems in school or may not go to school for a variety of reasons. Problems include the following:

- Learners may discriminate against learners who are HIV-positive. They may tease them or refuse to play with them.
- Teachers may discriminate against learners, infected or affected by HIV/AIDS causing them to feel hurt or rejected.
- Learners whose parents are ill from AIDS may not have enough food at home, or may not have food to take to school with them. They may not be able to pay school fees or buy uniforms or books, and may not be able to participate in sport or go to school at all.

While the South African School's Act prevents discrimination against children who cannot afford school fees, it does not feed or cloth them, and does not provide them with the necessary tools such as books, stationary or the emotional security and nurturing necessary for effective learning.

However hampered the system may be, and in the absence of a special school system the principal and school must offer any assistance possible. Soul City (2003: 2) suggests the following tips for teachers dealing with AIDS-affected and infected learners, which I quote verbatim:

- *If you find out that a child in your class is infected or affected by AIDS, do not be afraid. That child is no danger to you or to the other children in the class.*
- *Identify children in distress so that you can help them.*
- *Ask for help and support if you feel worried and upset about what is happening in your classroom. Talk to a counsellor or a social worker, or a friend you can trust*
- *Talk to the children in your class about how to care for and support children who are affected by AIDS. Find practical ways to help.*
- *Follow the national policy on HIV and AIDS for learners and educators in your school.*
- *Keep work for a child who misses school.*
- *Talk to the parents so that you know what is happening at home.*
- *Ask the principal to cancel the child's school fees.*
- *Give the child love and support.*

These suggestions are certainly admirable, but the statistics given in chapter two suggest that this may be far too little and far too late. The toll of HIV/AIDS on the school system and school management is beyond what can be dealt with by caring for a few affected learners in a school. The frightening

fact is that a large percentage of learners are HIV-positive and a large percentage of teachers, parents and caregivers as well. Agence France Presse reports in the *Khaleej Times* (2003:18) that in seven southern African countries, including South Africa, at least one fifth of the adult population has the virus. (Adults are given by UNAIDS as persons over the age of 14 years). The report goes on to say that in the worst hit countries a whole generation of human capital is being wiped out by AIDS. South Africa, as pointed out in chapter two, has the fastest growing HIV/AIDS epidemic in the world. The economic and social cost is such that these countries' stability is at threat, experts say. Fields are lacking labourers to sow and harvest crops. *Schools are going without teachers and, considering the adult age-range, also learners.* Hospitals are losing their doctors and nurses. Business is losing entrepreneurs. Moreover, the decimation of the rural workforce creates a vicious cycle of food shortages in communities, where the AIDS-infected victims have the least resistance because of malnutrition and often die first, leaving behind scores of ragged AIDS orphans, whose numbers are set to reach 20 million by the end of this decade. These children are often shunned and become easy targets for criminals and militants, and are now becoming a security threat to the worst-hit countries (*Khaleej Times* 2003:18). South Africa is no exception, and her children dropping out of the school system at an alarming rate, and turning to crime and prostitution in order to survive and provide for their charges (*Pretoria News* 2001:1; Clark 2002:1; Jacobs E 2002:1-2). This leaves the principal as school manager in a dismal position trying to plan and organize a successful academic program to the benefit of all the learners entrusted to his/her school's care.

The difficulties school principals face in helping HIV/AIDS-affected learners is further illustrated in a report by Rossouw (2005:4), which states that many learners at the Masenga Vhadzimo Primary School in Diepsloot outside Johannesburg have no parents. According to Ms Rose Segale, the principal of the school, which has recently occupied new premises, the high proportion of child-headed households in the area are the result of parents leaving their rural homes for the city, because they are rejected by their families and communities when their HIV-positive status becomes known. When the parents become ill or die, the learners have to fend for themselves. The effect of HIV/AIDS takes its toll on both teachers and learners. However according to Ms Segale, the greatest enemy of education, is hunger, and the school feeding system is not coping with the problem (Rossouw 2005:4). There seems no point in building grand new schools if hungry and emotionally disrupted children cannot benefit from them.

3.2.8.4 THE SCHOOL AS A COMMUNITY CENTRE

Every school should play an important role in presenting cultural activities in the community. The school should not only serve the needs of the children in the community, but also an integral part of the community as a whole. Van Deventer *et al.* (2003:256-257) say that, although 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 who have already left school and the other adults in the community. The principal must assess the needs of the community in which the school functions, with the help of PA /school committee or the governing body of the school. Youth activities and other cultural groups could use the school and school grounds after school hours. The school should serve as a centre for formal and informal adult education, for the upliftment of the community (Buchel 1992:199). In the face of HIV/AIDS the school could serve as a clinic where counselling and AIDS education could be provided to those in need, and as a centralized point where the effects of HIV/AIDS can be monitored and help coordinated to where it is most needed among teachers, learners and families. For this reason, school zoning remains important. Allowing children to attend schools out of the areas where they live (i.e. out of zone), lessens the commitment of parents to their local school, and leads to over-crowding in some schools. The school is an important centre for the community in which it is situated; it should be nurtured by the community.

The importance of community involvement in the local school is illustrated by the case of Masibambane Senior Secondary School that has been consistently targeted and vandalized for many years by people from the immediate community who had no interest or pride in the school. The school was then refurbished by a maintenance committee of parents and community members with an interest in the school, who also helped in dealing with vandalism. According to the principal, Mr Gade, *"Thanks to the important role played by some in the community, some vandals were brought to book"*. The pupils can now look forward to schooling in a decent environment (Timse 2005:1). This example demonstrates the value of the role of the principal in making the school available and as a community leader organizing facilities to aid the community served by the school.

3.3 THE IMPACT OF HIV/AIDS ON CONTROL IN SCHOOL MANAGEMENT

Control as an aspect of school management is severely affected by HIV/AIDS, as well as by other outside influences that make teaching and learning difficult.

3.3.1. CLASSROOM CONTROL AND MANAGEMENT

Buchel (1992:100-104; 1993:67-96), Wray (1999:1) and Kruger (in Badenhorst *et al.* 2003:39-54) agree that effective classroom control forms the basis of good schooling. It is the cornerstone of the learning process; even if all other structures are in place, effective schooling cannot take place amidst ill discipline in the classroom.

Wray and Kruger underscore this by saying that there is a correlation between good management and teaching outcomes. For the purpose of this thesis the impact of HIV/AIDS on classroom control is singled out because the entire outcome of education is based on the ability of each teacher in the school to manage his/her classroom and by implication the learners, teaching environment and the instruction material effectively (Kruger in Badenhorst *et al.* 2003:39-54). This fact was illustrated by Nthite (2005:1) who correlates teacher absenteeism and poorly controlled leave of absence in schools in the Greater Tswane District with poorer educational outcomes. While the principal's role includes the overall management of the school as a whole, this is impossible if the control at classroom and instructional level is disorganized. The same rules apply to classroom management as would apply to the management of the school or any large business, but on a smaller scale (Buchel 1992:100-111; Buchel 1993:67-78; Piek 1993b:53-54).

The problems that HIV/AIDS could cause at this level become apparent when one considers the high incidence of infection rates among learners and teachers alike. If a teacher is frequently absent, his/her class has to be left without instruction either to the care of a class prefect, a willing supervising parent who cannot give instruction, or another teacher who cannot teach that particular subject. The returning teacher will not be able to manage his/her classroom or teaching effectively. Kruger (in van Deventer *et al.* 2003:3-5) stresses that one of the most important issues facing education in South African schools is the restoration of a culture of learning and teaching. The majority of schools continue to reflect characteristics of a poor culture of learning and teaching. The culture of poor learning and teaching is most profound in secondary schools; symptoms of this disturbing factor include tension between various elements in the school community, vandalism, gangsterism, rape and drug abuse, a high drop-out rate, poor academic results, weak leadership, management and administration, a feeling of hopelessness and apathy among teachers, demotivation and low morale, and dilapidated school buildings, facilities and resources. This poor culture of learning and teaching is aggravated by the impact of HIV/AIDS on school management. Coombe (2000:4) states that HIV/AIDS will have a traumatic impact in the classroom, on both teachers and learners. The work of teachers who are HIV-positive and those who have AIDS will be compromised by periods of illness. Teachers who are HIV-negative will be

forced to take over the duties of those who are ill, spreading the burden over the entire teaching fraternity. Caelers (2005:5) reports depression and a low morale among teachers who are either ill from AIDS-related infections, or are affected by the illness of others infected with HIV in their lives. These teachers have to constantly take time off work because of their AIDS-affected circumstances. Learners become traumatized by sexual abuse or by losing the support of parents and teachers who are sick and dying of HIV/AIDS. The affected learners are increasingly absent from school and become distracted and disinterested (Coombe, 2000:4). UNAIDS (2004a:62-63) finds that AIDS orphans in particular suffer from emotional distress not conducive to learning, and that AIDS-affected learners who care for ill family members have to take time off school or leave school to tend to increasing household chores which have become their responsibility; girls in particular is adversely affected (UNAIDS 2004a:52). Many are ill themselves. The self-actualization of both teachers and learners are severely hampered by the trauma caused by the impact of HIV/AIDS on their lives. The impact of HIV/AIDS on self-actualization will be further probed in Chapter 4.

The basic elements of classroom instruction include:

- *The teacher*, who has to manage him/herself in such a manner that he/she can carry out his/her duty as classroom manager effectively. When the teacher is infected or affected by HIV/AIDS this is not always possible.
- *The learners*, who must be managed so that their development is nurtured in terms of learning, social behaviour and health and welfare. Here HIV/AIDS probably takes a large toll when one considers the high levels of sexual abuse in schools and the high levels of infection among secondary school learners discussed in Chapter 2.
- *Classroom environment*, which must be managed so that effective and enthusiastic learning can take place.
- Resources that must be managed so that they are available when needed and properly cared for (Buchel 1992:102; Buchel 1993:70-71; Kruger in Badenhorst *et al.* 2003:39-54).

With this complex task in mind, the impact of the HIV/AIDS epidemic is easy to imagine as it will

“worsen the projected shortage of teachers, affect their ability to teach, increase infection rates among pupils, change enrolment patterns and generally disrupt schooling because of erratic attendance rates as teachers and pupils take time to care for family members with AIDS,” (Pretorius 1999: 1) or are sick and dying themselves (Soul City 2003: 22-29). The epidemic will create a vacuum at the level of classroom organization and administration, which in turn will impede effective instruction and learning as well as self-actualization of affected role players. Van Deventer *et al.* (2003:17-18) say that effective

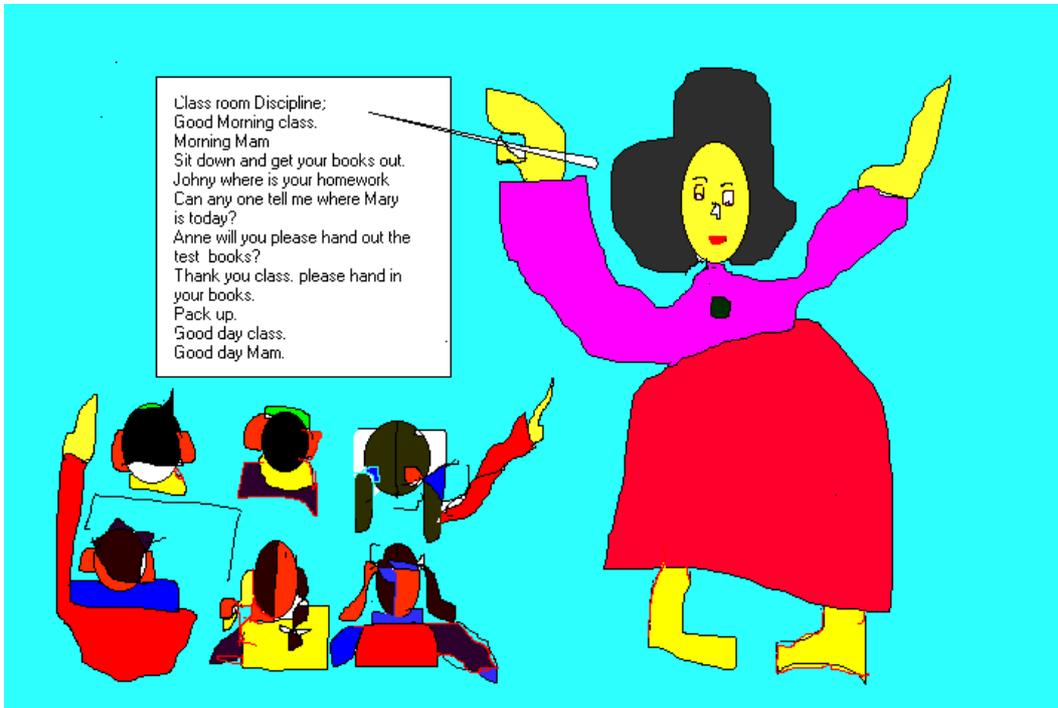
teachers use their knowledge and skills to create an effective learning environment, free of disruptions/disturbances in their classrooms. Disruption of management and instruction at classroom level leaves the principal with a dysfunctional school management system, as control of books, registers, mark sheets, subject and learning preparation, testing and evaluation, motivation and instruction of learners takes place in the classroom. Good and Brophy (1978:183) put it as follows: “ *Under classroom management we include the teacher functions, variously described as discipline, control, keeping order, motivation, and establishing a positive attitude toward learning, among others.*” This, Soul City (2003:22-29) indicates, is not possible in an AIDS ravaged community, because the dire emotional and physical needs of the AIDS-infected or affected learners or teachers override all other functions or needs, leaving the principal as school manager with the dilemma of having to run a school with the most basic structures for management and control lacking. Van der Merwe (in Van Deventer *et al.* 2003: 53-54) describes the debilitating effect of stress in the school environment as a negative factor in school management; general stress factors include the threat of death and violence, natural disasters, death and illness of loved ones, and threats to the individual’s self-worth and self-concept. In school, teachers’ stress is heightened by the following (Kruger in Van Deventer *et al.* 2003:53-54):

- **Learners:** large classes, lack of support and discipline, excessive admin loads and pastoral care responsibilities;
- **Working environment:** poor maintenance, lack of resources, overcrowding and inadequate staff facilities and ancillary support; and
- **Time:** excessive workloads, requiring evening and weekend work, which causes family stress.

All these factors are aggravated by the impact of HIV/AIDS, leading to management problems and poor self-actualization of role players.

Teaching life skills alone in the classroom will not prevent the spread of HIV/AIDS, but if all role players in education, under the leadership of school principals join hands to fight the impact of HIV/AIDS in education this can reduce infection rates. SAPA (2002e:8) reports that changes in teenage sexual behaviour have the potential to alter the course of HIV/AIDS in South Africa. Projections in 2002 indicates that in the absence of effective prevention strategies, the “*cumulative lifetime probability of HIV infection for the 16 million South Africans less than 15 years of age now exceeded 50%*” highlighting the problems facing school management (SAPA 2002e:8). The effectiveness of schools does not only depend on resources, curriculum programmes and improved buildings, but on the nature of the organizational culture and climate in the school. The principal and management team must manage the curricular and extra-curricular programmes of the school in such a manner that a positive school culture and climate results from this, so that

example will lead to a positive moral code amongst learners and teachers, that will help prevent the spread of HIV/AIDS (Kruger & Steinman in Van Deventer *et al.*2003:14).



Buchel 2004 (paint)

Figure 19: Classroom Discipline

3.3.2 CLASSROOM DISCIPLINE AND THE SPREAD OF HIV/AIDS IN SCHOOLS

A school can be regarded as a social institution, and has to have certain basic regulations governing, controlling and directing the behaviour of its members. In this setting discipline is important, since without discipline, the purpose of the school cannot be achieved effectively (Mwamwenda 1996:311).

Classroom discipline as an important and integral part of classroom and school management can be defined as: *the process of managing and influencing learner behaviour in the classroom so that effective learning can take place*. If disruption is minimized, effective learning improves; moreover, effective classroom discipline, under the guidance of a sympathetic teacher, leads to self-discipline, which in turn enhances self-actualization. The teacher's ability to maintain effective classroom discipline, not merely good order, is determined by the good relationship he/she has with the learners, based on trust. A well prepared teacher, who understands the learners, is able to encourage and motivate them to achieve self-discipline and eventually self-actualization by

being a positive role model (Buchel 1992:105-107; Piek 1993b:54-56; Badenhorst *et al.* 2003:39-54; Kruger & Steinman in Van Deventer *et al.* 2003:17-18).

The problem of discipline is not new in African schools. Pupils defy the teacher's authority, creating a state of tension and hostility that is not conducive to effective learning. Misbehaviour in school and in the classroom may originate in the child him/her self, the school, the society, the curriculum, the house or the teachers according to Mwamwenda (1996:311-314):

- **The learner:** A number of learner-related factors may be responsible for misbehaviour in the class e.g. upbringing which does not fit in with expectations at school, immaturity, developmental problems, frustration at home and school, cheating to avoid punishment.
- **The home:** A learner who is affectively neglected will extend his/her disrespect and defiance to other figures of authority. It also happens that learners may be preoccupied by problems at home, such as parents who are ill or infected with HIV/AIDS, or divorced, or financially distressed, and the learner misses school to do piece jobs. The attitude of parents towards school may result in misbehaviour.
- **Society:** Misbehaviour in school is often a reflection of discipline in society. Learners who are consistently exposed to abuse, crime and violence see defiance of authority as the norm.
- **The school:** Various aspects within the school may lead to misbehaviour in learner's e.g. overcrowding, rigidity of rules, and inadequate supervision of learners during breaks. These may also give rise to older learners bullying or abusing younger ones. In some schools, only the principal measures out discipline. His/her time constraints will then place a limitation on discipline in the school. Some schools have a reputation for defiance and rebellion, which is perpetuated through tradition, in line with what Badenhorst *et al.* (2003:78) and Van Deventer *et al.* (2003:14-17) describe as the school climate, which determines amongst other things learner behaviour and achievement.
- **The curriculum:** Learners who have completed their primary and secondary education often find themselves in a situation where employment has not kept up with the number of school leavers, or where the curriculum offered is irrelevant to the needs of the labour market. Furthermore, matriculants often see themselves as candidates for white-collar jobs, for which practical subjects are not essential, and fail to take these subjects, leaving a gap in the labour market.
- **The teacher:** Teachers seldom acknowledge their culpability for disciplinary problems at school. Sometimes teachers treat learners with ridicule and disrespect; some teachers are punitive and can only discipline learners through fear and corporal punishment. Furthermore there are

teachers who come to school unprepared, drunk, late or improperly dressed, and in South Africa, a third of all forms of child abuse are perpetrated by teachers (Reuters 2002b:1).

In the South African context with its HIV/AIDS problem, classroom discipline has become another casualty in a string of unfortunate circumstances (Coombe, 2000:4; Van Deventer *et al.* 2003:4). Various reports indicate that there are serious disciplinary problems in a large number of schools, with debilitating effects on school management. The reports indicate that problems are caused by a variety of factors, some of which could facilitate the spread of HIV/AIDS. These factors include the following:

- Crime levels at schools have become a serious problem, (Rademeyer 2001:2), with many schools in the position of having “*Pupils...out of control*” Bramford (2001:5). In one incident a grade 11 learner reportedly assaulted three teachers who tried to prevent him from gambling in the classroom (Govender 2002b:2).
- Many learners leave the school premises during breaks and then do not return for further lessons (Rademeyer 2002:3), a problem so prevalent that police aid has been called for in several provinces, in a bid to stop learners from playing truant (Oosterwyk 2002:7).
- South African girls too often encounter violence in their schools, and continue to be raped, sexually abused, sexually harassed and assaulted at school by male classmates and teachers; while school authorities insist on dealing with sexual abuse problems internally, victims who are helpless to prevent this, have learnt to suffer in silence (Human Rights Watch 200b:1-6; Govender 2002a:2; Van der Merwe 2002b:2).
- One third of all child rapes in South Africa are committed by schoolteachers, which means that our schools are a major site of harassment and rape of children, according to Dr Rachel Jewkes of the Medical Research Council in Pretoria (Reuters 2002b:1).
- Pretorius (2002a:9) states that 44,000 teachers are infected with HIV, leaving serious gaps in classroom discipline and teaching when they become ill and are absent or die. It is expected that more than 53,000 teachers will die by 2010 (Coombe 2000:4), leaving behind increasing numbers of traumatized learners in ill-disciplined classroom situations. Caelers (2005:5) reports that not only have 4000 teachers died so far of HIV/AIDS-related illnesses, but also others who are affected or infected are increasingly absent from school, leaving their classes unsupervised.
- One of the crucial reasons of the rise in HIV/AIDS among 15-25 year old female learners is the number of teachers having sex with their pupils (Van der Merwe 2002b:2). Many of the perpetrators are principals, who are supposed to set an example to and oversee the behaviour of teachers

on their staff, according to Pamela Machakanja, a Zimbabwean academic (BBC News 2003:1).

- “*Some teachers played a negative role [influential to pupils] such as late coming, absenteeism, substance abuse and having affairs with pupils*” according to an Education Department report in Mpumalanga (Mtshali 2002:4). Van der Merwe (2002c:7) confirms the negative example set by some teachers, in a report on proposed measures to combat management problems in schools.

These problems do not bode well for classroom discipline or learning outcomes in troubled schools. In a bid to curb the myriad problems facing schools in Gauteng, parents and teachers opted for locking the gates during school hours, hoping to thus prevent learners from playing truant and to reduce sexual abuse and school pregnancies. The Congress of SA Students (COSAS), many members of which are much older than the average school-going age (Khumalo & Maphumulo 2002:2), thwarted the effort. Similarly the SA Democratic Teachers Union (SADTU) objected to an Education Department’s ‘Whole School Evaluation policy, which would allow departmental officials the right to do random evaluations at schools (Nxesi 2002:15; Sapa 2002:2). These actions by both COSAS and SADTU limit the efforts that the Education Department may take to promote effective teaching and learning at school level, as well as Departmental assistance to principals of schools badly affected by teacher shortages and learner absenteeism due to HIV/AIDS. The impact of ill discipline on the spread of HIV/AIDS, given the facts set out above, will make the role of the principal as school manager very difficult. The management, embattled school leadership, not only find it difficult to attract skilled managers, but are also often faced with principals who have neither sufficient training nor effective support systems to help them in the face of the growing HIV/AIDS pandemic that threatens to disrupt school management completely (Coombe 2000:4).

3.3.3. THE IMPACT OF LEARNERS/TEACHERS AFFECTED BY HIV/AIDS ON CONTROL OF REGISTERS

The keeping of the attendance registers by class teachers; of the admission register, in the central office, of stock registers, and the control of books, laboratory and sporting equipment, by specially designated staff, could all be adversely affected by irregular attendance of teachers and learners affected by or infected with HIV/AIDS. The SADC Human Resources Development Sector in a report (2001:3-4) summarized the impact of HIV/AIDS on the education system in terms of demand (learners and enrolments), supply (provision of education and training) and quality of education. The report finds that the ravages of AIDS will increasingly shrink the demand for education, as many

children affected by AIDS attend school less frequently due to the devastation caused by the disease in their families. This is supported by UNICEF (2000:1-2), who says that children who are ill will attend school less and less frequently as their disease progress. On the supply side, HIV/AIDS impacts on teacher provision, as more teachers become sick and die, leaving vacancies in schools. Many teachers affected by or infected with HIV/AIDS are increasingly absent from school (Caelers 2005:5) which, according to SADC (2001:3-4), Pela (2001:1) and Coombe (2000:4) leads to extra infrastructure costs and poor teaching results.

The number of teaching posts allocated to a school depends on the number of enrolments at the school as mentioned above. The admission register is a permanent record of admission of pupils, their progress in school and the date on which they leave school. Learners must be enrolled in school not later than the thirtieth day of the first school term, and children who change schools during the course of the year must be in possession of a transfer certificate from the previous school (Buchel 1992:112-151; Piek 1993b:81-95). This system is disrupted by learners who, due to the devastation caused by HIV/AIDS in their lives, attend school erratically, enrol late, become orphaned and move away to relatives, or drop out of the system without anyone knowing where they are (HIVDENT 2002:1). A University of Natal report found in Kwa Zulu-Natal that 275,000 learners of school-going age were not attending school. Since 1998 the enrolment in Kwa Zulu-Natal dropped by 60%, a decline that is even more dramatic for female learners, suggesting a developing gender bias. Sick or dying parents do not bother to send their children to school, and those who are enrolled drop out before graduating to care for sick or dying parents and, later, younger siblings (HIVDENT 2002:1; UNAIDS 2004a:52). According to Frans Cronje (in Rademeyer 2006:6) of the 587,851 grade 10's in 2003 who disappeared out of the school system, before writing matric in 2005, many dropped out of school due to AIDS and poverty, highlighting the plight of learners affected by AIDS and the impact of HIV/AIDS on control of registers.

The principal must also keep an attendance register for staff members, in which the names of absent teachers, and the dates and periods of absence are noted, as well as the reasons for the absence (Piek 1993b:95). Considering the erratic attendance of affected learners and teachers in the face of HIV/AIDS in an increasingly traumatized classroom and school system (Coombe 2000:4; SADC 2001:3-4; HIVDENT 2002:1), it becomes clear that maintaining regular registers in badly affected schools will become increasingly more difficult. Nthite (2005:1) reports that lack of control over leave registers and absenteeism among teachers led to poor academic outcomes in Greater Tswane Education District Schools. Questions that arise with regard to maintenance of registers include the following:

- When can the school regard a learner affected by or infected with HIV/AIDS no longer as an enrolled member of the school community?
- At what stage of the disease or after what period of continued absence can a teacher no longer be regarded as an effective member of the teaching corps and be put on pension?
- What are the learner's rights concerning effective teaching, and how can the principal supply this right?

Considering the legal rights of people with AIDS, which is not a notifiable disease, it would seem that yet another important aspect of school management essential for the smooth running of the school, is adversely affected by the impact of HIV/AIDS, without there being a logical solution for the problem. This leaves the principal as school manager in a dilemma that Coombe refers to as “*embattled leadership*” (Coombe 2000:4). The Minister of Education realizing that South Africa not only faces a teacher shortage but also an enormous orphan and HIV-disrupted learner population, amid serious disciplinary problems in the schools, concedes that the government must take a proactive role in combating the impact of HIV/AIDS (Govender 2002k:1-4).

3.4 THE IMPACT OF HIV/AIDS ON THE TEACHER AS EMPLOYEE

Teachers are employed both directly and, in some instances, such as state-aided schools, indirectly by the Education Department, which controls and administers the education system in which they work. The relationship between the teacher and the Education Department can therefore be seen as an employer-employee relationship, which implicates a contract between the parties. This contract sets out what is expected from teachers as employees as well as stating the obligations of the Department as employer. A summarized overview can be given of the responsibilities and obligations of the two parties.

3.4.1 TEACHERS' RESPONSIBILITIES:

Teachers are responsible for:

- Certain aspects of administration and organization in the school,
- Teaching the subjects they are employed to teach,
- Supervision of learners in hostels, sport and cultural activities, and examinations,
- Discipline among learners during school hours,
- Obeying the rules of the authorities and education department, and
- Being on duty during official hours or any other time that the principal requires.

The unwritten obligations of teachers are to be:

- Productive, loyal, honest and obedient,

- Present at work during official hours, unless they have a valid excuse to be absent from duty and
- Honest and not to take on other work that will interfere with their teaching responsibilities.

3.4.2 OBLIGATIONS OF THE EDUCATION DEPARTMENT:

The education department is obliged to:

- Treat teachers and other employees fairly and
- Pay a fair salary for work done.

These are the basic contractual obligations between the Education Department and its teachers. However, certain conditions of service remain true, they include the following:

- Teachers have to serve a probation period before being finally appointed;
- They must have the correct qualifications for the post;
- They must be of sober character;
- They must have no mental or physical illness that will prevent them from carrying out their duties effectively;
- They must be South African citizens;
- Should a teacher not be able to carry out his/her appointed duties effectively, due to illness or for other reasons, the department may appoint a replacement for a period of time;
- Teachers over the age of 65, who would like to continue teaching, can do so under special conditions provided they can produce a certificate of good health.

3.4.3 TERMINATION OF SERVICE

Teachers are contractually bound to the Department from the day they accept a position in a school, and are also bound to all the rules and regulations of the Department. The contract may be cancelled under certain circumstances namely:

- *Misconduct or criminal offence by a teacher,*
- Resignation or transfer of a teacher,
- Mutual agreement,
- *Continuous ill health,*
- Doing away with his/her post (redeployment),
- Unsuitability for the expected duties,
- *Inability to carry out set duties competently, and*
- *Absence from work for more than 14 days continuously without permission.*

The italicised points are those likely to be worsened by HIV/AIDS. The notice period for termination of service varies according to the reason for ending the service but is usually a term's or at least one month's notice. As the highlighted points in the list show, the high prevalence of HIV/AIDS will mean that more teachers will fall under these regulations, which is incompatible with and the new rules against discrimination against HIV/AIDS-affected teachers. The whole system of employment, appointment, transfer and termination, as set out by Calitz (in Badenhorst *et al.* 2003: 143-156) becomes redundant and needs to be revised. The principal as school manager, may currently not insist on knowing the HIV-status of teaching staff, and may also not discriminate or act against teachers who are frequently absent in case this is due to the effects of HIV-infection on the teacher or family members. Coombe (2000:6) writes that confronting HIV/AIDS in education calls for mitigating the pandemics potential in schools by:

- Ensuring that learners infected and affected by HIV/AIDS receive counselling and care,
- Developing a culture of care, and
- Ensuring that human rights compromised by HIV/AIDS are protected in schools and education work places.

With 258,000 learners infected by 1999 (Altenroxel 1999:4), a figure which could rise to 500,000 secondary school learners alone (Naidu 2004:2) and an estimated 44,000 teachers infected (Pretorius 2002:9), as well as the alarming spread of the virus, the looming shortage of teachers, and the decline in enrolment and school attendance discussed previously; make it evident that the current regulations for employment and enrolment will have to be revised.

Should HIV/AIDS remain a non-notifiable disease, and the human rights of infected persons (learners and teachers), continue to be given preference above the educational rights of healthy learners and teachers (whose human rights are impeded by the rights of their HIV-infected and affected counterparts), the role of the principal in delivering quality education to all, becomes impossible. Some schools in the Pretoria area have adopted a system using college style timetables to cope with teacher shortages. Aggravating these shortages is the rationalisation of teaching posts, which cause serious management problems for principals (Govender 2002c:2).

Barnett & Whiteside (2003:203-304) show that government operations, including education are more adversely affected by HIV/AIDS than the private sector, due to employment practices and a constrained capacity to respond to adversity. It is difficult to dismiss civil servants, such as teachers, and so poor productivity is often tolerated. Also reputations are such that, should the levels of illness and death rise, the Education Department is faced with long and

complex procedures to rectify the problem and replace ill teachers. This leads to poor quality education and poor academic outcomes.

3.4.4 LEAVE

Leave of absence from school is a privilege not a right, and under normal circumstances is granted only according to the requirements of the Department and the specific school. In addition to school holidays, teachers are accorded twelve days leave with full pay per annum, which may be accumulated and taken in one session. This leave may also be used to attend to urgent private matters. Absence from duty without prior permission is regarded as leave without pay. In certain circumstances special forms of leave, i.e. study leave, confinement leave, examination leave and special leave may be granted, either with full pay, with half pay or unpaid. Sick leave is granted on a basis of 90 days in a three-year cycle. Sick leave is not cumulative. In a three-year cycle a teacher may be entitled to 90 days sick leave on full pay and 90 days sick leave on half pay, provided that he/she has not had a break in service, and has had at least one full month of service. As an exceptional privilege, the Department may grant a teacher who has through circumstance been forced to take the full sick leave (full plus half pay) an additional 90 days with full and 90 days with half pay (Buchel 1992:227-232; Piek 1993b:157-160; Walters 1993:82-85; Calitz in Badenhorst *et al.* 2003:156-158). With the relentless advance of the HIV/AIDS pandemic in schools, the regulations concerning sick leave and special leave (attending to urgent private matters i.e. caring for sick relatives) could become a severe burden for principals as school managers. Long-term absentees can be replaced by substitute teachers on a controlled basis, but the intermittent, and unplanned short-term absences of HIV/AIDS-infected teachers could create a serious problem with curriculum coverage. Nthite (2005:1) reports that teacher absenteeism and lack of control of leave registers are detrimentally affecting academic outcomes in affected schools. Barnett & Whiteside (2003:303) confirm that government officials such as schoolteachers can take generous paid and unpaid leave, if they take more than they are entitled to, they cannot be dismissed without lengthy due process. In the current context of HIV/AIDS this causes increased absenteeism, with a drop in quality of education. Classes are left untaught for extended periods of time and replacement teachers are difficult to find (Barnett & Whiteside 2003:202), causing serious problems with school management. Caelers (2005:5) confirms the dilemma of absence caused by HIV/AIDS, saying that teachers consistently take days off because they are ill or affected by others who are ill as a result of HIV/AIDS. A fifth of interviewed teachers confirmed that they had to take leave to attend a funeral at least once a month, increasing the levels of absenteeism further. There are no clear guidelines from the department, other than that HIV/AIDS infectees may not be discriminated against, leaving the principal with the dilemma of finding short-

term substitutes and facing inevitable remuneration problems. Cash-strapped schools in the poorer areas are the worst affected. While the present leave system, affords HIV-positive teachers a fair amount of paid leave, the cost of replacement teachers could add a heavy financial burden on an already disrupted school system in the worse-affected areas. The seriously affected Tswane Education District is currently planning to implement a system to help school managers (principals) to manage their leave registers effectively (Nthite 2005:1). Not only are there financial and academic implications which the principal has to deal with, but also the hidden strain that affects all the role players in the school system, as illustrated above.

According to SADC (2001:4), the epidemic presents schools and education and training systems with a number of unique challenges, such as:

- Providing education and training for HIV-positive learners,
- Providing care and support for HIV/AIDS affected learners and teachers,
- Solving the problem of AIDS orphans and their impact on the school system due to their special needs,
- Caring for learners who have to take on adult responsibilities,
- Preventing stigmatization and discrimination and
- Emotional counselling for children who are affected by illness and death.

Schools have to achieve this with a reduced teaching corps, many of whom are depressed as a result of the impact of HIV/AIDS on their lives (Caelers 2005:5), in an overburdened system. Normal healthy learners, who are equally traumatized by the events around them, are subjected to consistently lower-quality education, caused by the constraints HIV/AIDS places on the system as a whole and the worse-affected schools in particular. Coombe (2000:3-4), stresses that while the emphasis remains on the needs of HIV/AIDS-infected learners and teachers, it is clear that healthy learners and teachers are adversely affected to a large degree. If the principal and Department do make a concerted effort to protect the healthy members in the system, the system may collapse as a whole.

The reluctance of teachers to disclose their HIV status due to, fear of discrimination and stigmatization is making management of the epidemic in the classroom very difficult. The horror of AIDS discrimination is highlighted in an article titled “*infected teacher stabbed*” (Govender 2002j:3). This leaves principal with the dilemma of how to provide quality education to erratically attending learners, with often absent and sick teachers (Coombe 2000:3-4). UNAIDS (2004a:52) makes it clear that in order to plan properly, the education system must collect precise data on the impact of the virus on personnel and learners. These data are essential for planning training and recruitment strategies and for the creation of staff-health budgets when treatment option and funding sources increase.

3.5 FINANCE

Educational funding comes from two main sources, namely an amount allocated to the school by the Department to cover the budgetary estimates of the principal and school funds collected from the parents (Buchel 1992:201-221; Kruger in Badenhorst *et al.* 2003:102-105). The World Bank Group (2002:1) warns that HIV/AIDS were killing teachers faster than they can be trained, leaving classes without teachers; De Bruin (2003:10) calculates that Kwa Zulu-Natal would have to train 60,000 teachers at a cost of R100,000 each to supply in the demand by 2010. Duncan Hindle, Deputy Director-General of Education in South Africa, admits that “*We are seeing teachers getting ill and dying*”, but claim that the Department has a pool of unemployed teachers they can pull in. Hindle (in Pretorius 2002:9) is confident that the 26 teacher training institutions can supply enough teachers for the Department’s needs. This is in contrast to the Coombe report (2000:3), which is much less optimistic, stating that it is in the context of catastrophe, challenge and loss that South Africa’s education departments struggle to maintain their balance. Jansen (2004b:1) also warns that South Africa will face a serious teacher shortage over the next five years, since the teacher training facilities are not producing new teachers fast enough to prevent the shortfall. To make matters worse it is the newly trained teachers between 25 and 34 years of age who have the highest incidence of HIV prevalence (Blaine 2005:1). The system’s embattled leadership will lose experienced senior teachers to HIV/AIDS, who will have to be replaced by younger inexperienced colleagues from an age group with a high 25% rate of HIV infection among undergraduates (Pela 2001:1). Blaine (2005:1) agrees with Pela that there will not be many young teachers left to replace the loss of experienced teachers as it is among these teachers where AIDS is taking its highest toll with 21.4% reported to be HIV-positive. Moreover, the money spent on education of many students will be wasted, because they may not be able to repay their study loans or teach due to their HIV status (Barrow 2001:2; Kirby 2000:1-2; Pela 2001:1). The cost incurred, because of the ravages of HIV/AIDS among teachers is inestimable; financing meant for upgrading the education system will have to be redirected to defray the cost of HIV/AIDS to education. UNICEF (2000:1-2) confirms that countries affected by AIDS will have less money to train teachers to replace the ones that die. The quality of education will suffer because fewer resources for classrooms and materials will be available. Moreover, the hidden costs of HIV/AIDS will absorb ever-larger portions of funding for education, as government funding must eventually be redeployed to cater for the cost of maintaining the health of affected societies, leaving less and less funding to support an ailing school system Creativepr. (2003:1-3). UNAIDS (2004a:19) agrees that AIDS calls for a complete rethink of how skills are to be built, sustained and retained, amid warnings from Jansen (2004b:1) that South Africa is facing a critical shortfall of teachers.

The financial implications of HIV on the collection of school fees for schools in the worst-affected areas are phenomenal. UNAIDS (2004a:52) stresses that school fees pose a significant problem for AIDS-affected households; these families simply cannot afford fees. The South African law prevents schools from turning away learners who are unable to pay school fees. With the AIDS epidemic raging out of control, many families are unable to send their children to school because of the abject poverty that often accompany HIV. Kirby (2000:2) states that a family's food levels drop precipitously when the first adult in the family dies of AIDS. Remaining adult family members can often no longer work, because they have to care for the sick, thereby depriving the family of an income. Those who take in AIDS orphans cannot afford to pay for their schooling as well, and many of the adoptive adults are ill and dying themselves (Neville 2000a:1). To combat the cost of AIDS, parents delay enrolment of learners due to lack of funds, and then causing chaos in schools, when they do enrol their children who may not be turned away (Pela 2001:1). Principals in the poorer areas are faced not only with the chaos created by absenteeism among staff and learners, but must also somehow accommodate AIDS-affected learners with an ever-decreasing budget, because affected families cannot contribute to the school's fund. School funds may under normal circumstances be used only for projects that will directly benefit the school and in particular the learners (Buchel 1992:214). Schools with large numbers of HIV/AIDS-affected learners, who are most in need of the benefits that the school funds can provide, are sadly deprived of these benefits through the impact of AIDS on the community.

The figure below depicts the trauma suffered by learners who have to take on adult responsibilities, because of HIV/AIDS in their families and the negative impact it has on their resources and their schooling. The girl has to miss school to do household chores and look after her father, while the young brother is hungry because there is no money for food.



Buchel 2004 (paint) - adapted from Soul City (2003:24)

Figure 20: The impact of HIV/AIDS on learners who become caregivers

3.6 RIGHTS AND LEGAL ISSUES ARISING OUT OF THE PANDEMIC

The previous section examined the devastating impact of HIV/AIDS on education, and on the communities served by that system. Fynn (2001:13) calls AIDS “*a human rights issue for all*”. The fact that HIV/AIDS is not a notifiable disease causes serious problems at every level of educational management and makes difficult the balancing of the rights of learners/teachers infected and affected by HIV/AIDS, and those learners/teachers not infected (Coombe 2000:1-11). HIV/AIDS not only hampers the learning of learners who are ill themselves, or have to tend to sick family members, but also that of healthy learners, who are affected by a high turnover of teachers affected by HIV/AIDS. Furthermore, the high incidence of HIV infection among teachers and senior school learners (Altenroxel 1999:1; Pela, 2000:1), coupled with high levels of sexual abuse of female learners by teachers and fellow learners (Human Rights Watch 2001a:1-6; 2001b:1-3) as well as of sexual activity among learners, poses a very real threat to healthy learners. The South African Law Commission (in Cameron & Havenga 1998:121-122) acknowledge that because of increasing infection rates, increasing numbers of learners with HIV/AIDS will form part of the school population, but states that there is a negligible risk of transmission in schools. The Human Rights Watch (2001a:1-6; 2001b:1-3) in articles on sexual abuse in schools indicate that this is not the case. The number of infected learners is much higher than previously estimated; Naidu (2004:2) says that as

many as 500,000 senior school learners will be infected, underlining the serious extent of the problem.

The South African Law Commission (in Cameron & Havenga 1998:121-135) and Coombe (2000:5) describe South Africa's HIV/AIDS policy for schools as a very good. The policy specifies the following:

- Constitutional rights of all learners and educators must be protected equally;
- There should be no compulsory disclosure of HIV/AIDS;
- Testing of learners prior to admission or of teachers prior to appointment is prohibited;
- No HIV-positive learner or teacher may be discriminated against, but they must be treated in a just and life affirming way;
- No learner may be denied admission or continued attendance of a school on grounds HIV status;
- No teacher may be denied appointment to a post because of his/her HIV status;
- Learners and teachers who are HIV-positive should lead as full a life as possible;
- Infection control measures must be universally applied to ensure safe school environments;
- Learners must receive education on HIV/AIDS and abstinence in life-skills as part of an integrated curriculum;
- Schools must ensure that learners acquire age and context-appropriate knowledge and skills that will protect them from infection; and
- Educators need more knowledge of and skills to deal with HIV/AIDS and should be trained to give guidance about HIV/AIDS.

Though these are excellent points, the spread of HIV/AIDS spiralling out of control, leaving South Africa with the largest HIV-positive population in the world (Coombe 2000:11), suggest that these specifications may be too idealistic and unrealistic. Above all they ignore the constitutional rights of healthy learners. Prof. M.J. Bondesio, Dean of the Faculty of Education at the University of Pretoria, and the South African Foundation for Education and Training (SAFET) describe the policy as unacceptable and flawed because of a lack of balance between the rights of learners with HIV/AIDS and those of healthy learners (South African Law Commission, in Cameron and Havenga, 1998:135-138). In a new development HIV-positive learners and students demand free anti retroviral treatment, paid for by the Education Department (RSG 100-104 fm:2006). Should this be implemented, the rights of healthy learners to quality education will be further compromised, due to increased budgetary constraints. Furthermore, learners in hostels need different regulations

and special life skills to protect them against HIV infection. Coombe (2000: 6-7) notes that not only are life-skills content in the curriculum suspect, but also to introduce it would mean retraining 64,000 teachers and 21,000 lay-councillors. Moreover, while there seems to be a measure of safe-sex teaching in schools, only 15% of schools have an HIV/AIDS policy, and male teachers still represent one of the biggest dangers to learners and female teachers. A Horizons survey in Kwa Zulu-Natal revealed that life-skills education seemed less than effective with only a third of schools offering all the topics set out by the Department of Education curriculum, and 17% of schools not offering the curriculum at all (Rutenberg *et al.* 2001: 30-34). The principal as school manager, already overloaded with commitments, now faces a school system where the demand for education is consistently changing, amid absenteeism and illness of teachers and learners, and the trauma and loss associated with HIV/AIDS are entrenched in South African classrooms, according to Coombe (2000: 9-11), Caelers (2005:5) and UNAIDS (2004a:53, 62-63).

The Catholic Institute of Education observes that the ability of schools to cope with HIV/AIDS will vary considerably, depending on the experience and training (and also health) of their staff, financial resources, and the quality of their administration. Any given school can cope with a few infected learners, but will be overwhelmed should the numbers become too great (South African Law Commission in Cameron and Havenga 1998:130-131). Principals in the worse-affected schools may well find their schools becoming functionally disabled, with dire consequences for curriculum coverage, academic outcomes and the self-actualization of role players. This is confirmed by a report by Nthite (2005:1) on teacher absenteeism and a lack of control over leave registers, which affects academic outcomes in the schools. Department officials in fact acknowledge that teachers in the affected schools may be playing truant, disregarding the impact of HIV/AIDS completely.

The Catholic Institute of Education and Greater Pretoria schools principals pointed out that the situation in South African schools is far from 'normal', with principals having to control widespread indiscipline among learners and unacceptable behaviour from teachers. In these abnormal circumstances, sexual activity among learners, including sexual relations with teachers, becomes more likely and increases the risk of HIV infection in schools (South African Law Commission in Cameron & Havenga 1998: 131; Human Rights Watch 2001b: 1-2). This is a fact also confirmed by Kruger (in Van Deventer *et al.* (2003:4).

School principals from the Greater Pretoria area, need to know how sexually active learners in schools should be dealt with, and asked for clarification of the role of the principals in protecting healthy learners. The Association of Professional Teachers pointed out that there are not enough protection measures

in the policy to protect the rights of healthy learners or teachers in the system, or for support staff who will be in daily contact with HIV-positive colleagues or learners. With regard to the non-disclosure clause in the policy, several institutions and school principals, as well as parents of HIV-positive learners, felt that disclosure to the principal and the HIV-positive learner's class teacher may be helpful in dealing with HIV/AIDS in the school, and would benefit both HIV-positive and healthy learners (South African Law Commission in Cameron and Havenga 1998:150). This feeling is supported by a UNAIDS report (2004:52), which underlines the importance of precise HIV-infection data for planning and teacher provision, as well as for maintaining enrolment targets. The principal as manager of the school is put into a difficult situation with regard to the management of HIV/AIDS in the school. The law protects the rights of learners and teachers infected and affected by HIV/AIDS, yet there seems to be a vacuum in the legislation for the protection of the rights of healthy learners, who in the constitution are entitled to *quality basic education as well as a right to life*. The rights of healthy teachers are also undermined by the fact that they are forced to take on extra duties when their HIV-positive colleagues become increasingly *unable* to cope with their duties due to the progression of the disease, leaving their classes unattended. The inability of HIV/AIDS-infected and affected teachers to cope with their teaching duties impacts on the rights of learners who are entitled to proper instruction and education in order to reach their full potential and become self-actualizing adults. The following questions must therefore be asked

- What happens if a healthy learner becomes exposed during school hours through accidental injury or another way to body fluids of others whose HIV status may or may not be known?
- Who is responsible if a healthy learner becomes infected as the result of sexual abuse at school? A Human Right Watch report (2001b:1-2), states that South African girls are raped, sexually abused and harassed at school by male classmates and even schoolteachers. According to the report girls are attacked in school toilet facilities, empty classrooms, corridors and hostel rooms and dormitories.
- Should infection of healthy learners take place during school hours, does the school or the authorities not have a legal responsibility to the learner and his/her parents? Can the principal or teacher be held liable as in the case of other injuries at school?
- If a female teacher becomes HIV-infected after being sexually assaulted or abused on the school premises, does this constitute injury on duty, and who is liable, the school or the Department?

3.7 CONCLUSION

The AIDS epidemic will have a traumatic impact on all teachers and learners. In the context of school management, which forms the grass roots level of educational management, every structure will be compromised. The work of teachers, whether HIV-negative or HIV-positive or suffering from full-blown AIDS will be compromised by periods of illness and absence. Healthy educators will become demoralized by their additional duties and the trauma of losing colleagues, family and friends to the disease.

HIV/AIDS will have a traumatic impact on learners. Many are abused, orphaned or have to take on adult responsibilities of looking after sick family members and caring for younger siblings. Many do not have homes and others have to move away to relatives who are willing to take them in. As a result, learners, like their teachers, become increasingly absent from school and some drop out of the system completely (UNAIDS 2004a: 62-63, 52-53).

Many principals have not received support training or trained staff to deal with the ravages of HIV/AIDS on the school system, leaving many schools in disarray barely functional. Coombe (2000:1) states that HIV/AIDS not only attacks individuals, but also systems. The South African school system is under attack, leaving principals with increasing managerial dilemmas as the pandemic increases with large numbers of teachers and several hundred thousand learners (Altenroxel 1999; Naidu 2004:1) known to be infected. Sapa (2002f:4) quotes the Minister of Education, Kader Asmal: *“The number of teachers, pupils and students, decision makers and ordinary workers we are losing directly and indirectly through this pandemic will have a tremendous impact”* he said. According to Asmal (Sapa 2002f:4) teachers are seen as a powerful tool in the anti-Aids fight, and he lamented the fact that so many are also dying from the disease. This indicates the role that the principal as school and community leader will have to play in the future management of HIV/AIDS in schools, working with all available structures in the Department, the school and the community, for the benefit of all those who are affected by AIDS, healthy or infected. The impact will be felt in all spheres of society and very much so in education. In the context of the HIV/AIDS epidemic the following factors need to be considered, and the question asked whether HIV/AIDS played a role:

- A debate arising from the 2003 Matric results poses alarming questions for school management and self-actualization of role players in South Africa: Of the 804,150 learners who were in grade 10 in 2001 only 440,267 sat for the matric examinations in 2003 and 164,816 learners in grade 11 did not register for grade 12. *“Where did these learners go?”*

asked Prof. Jansen, Dean of Education at the University of Pretoria (Jansen, 2004a:15).

- Of the 1,096,214 learners who were in grade 10 in 2003 only 508,363 wrote the 2005-matric examinations. More than half, 587,851 disappeared out of the school system. Cronje (in Rademeyer 2006:6) suggests that AIDS played a role in many of the cases, but does not explain the extent of the discrepancies.
- There were 70,000 fewer matriculants in 2003 than in 1999.
- More than a quarter of the 2003 matriculants (117,604) failed matric, many from the township schools passed with only the basic minimum requirements, and only 82,000 (18, 6%) of the 440,267 learners obtained a university entrance pass. Of the class of 2005 68% passed, representing a mere 32% of learners who were in grade 10 in 2003 (Rademeyer 2006:6).
- Almost 17,000 learners who registered for the matric exam in 2003 did not show up for the exam.
- Who must be held responsible for the discrepancies (Jansen 2004a:15; Monare 2004a:1; 2004: 4)?
- Did HIV/AIDS play a role in these poor results and the unexplained discrepancies? As mentioned above Cronje (in Rademeyer 2006:6) felt that AIDS might indeed be partly responsible.

On the issue of learners leaving the school system, SADTU states that a recent survey found that learners drop out of the school system because of HIV/AIDS, poverty, pregnancy, and schools discouraging pupils from going to grade 12 to shield their poor results. Govender (2005:1) says that the high rates of school dropouts set off alarm bells, highlighting future problems in school management. Further questions about school management at grass roots level arise from a statement by the Minister of Education that the improved pass rate at a number of schools, particularly in informal settlements and rural areas, were due to intervention programs taught by outsiders after-hours to learners in these schools. Minister Asmal says that hard work to improve attendance figures of both learners and teachers has led to stabilization of the education system, so that more time can now be spent on the learning process. The Minister further stresses the fact that schools which have become safe learning centres; and improved the quality of their leadership, by training principals and involving control boards, have shown marked improvement in results (Van Eeden 2004:10). This is confirmed by Kruger (in van Deventer *et al.* 2003: 3-5) who stresses the central role of the principal in all the programmes at the school, and the impact he/she has on the school ethos, which should be conducive to a culture of learning and teaching in the school. Such a culture will result in high professional standards, effective discipline and instruction, which in turn will lead to the academic success and positive self-concept development which are

necessary for self-actualization (Bloom 1976:97; Farmer 1984:165-166; Buchel 1994:73).

