CHAPTER SEVEN

RECOMMENDATIONS AND GUIDELINES FOR FURTHER RESEARCH

7.1 INTRODUCTION

The findings of this study strongly suggest that HIV/AIDS will have a negative impact on the provision and quality of education in South Africa. The South African school system is threatened by the impact of HIV/AIDS, leaving principals as school managers with increasing managerial dilemmas as the pandemic worsens and large numbers of learners, parents and teachers become infected with the virus.

The work of teachers who are infected with or affected by HIV/AIDS is compromised by periods of absence and illness. Healthy educators become demoralized by the work overload and extra administration that they are faced with as well as the trauma of losing colleagues, friends and family members to the virus. Many principals have not received support or training on how to deal with the ravages of HIV/AIDS in their schools. Many schools are in disarray, with their principals often having to devote their time to crisis management as more teachers and learners become absent and dysfunctional because of the epidemic.

HIV/AIDS has a traumatic impact on learners. Many are abused, or orphaned, or have to take on untimely adult responsibilities such as caring for seriously ill parents and/or siblings. Learners in their early teens and even younger act as heads of households and have to take charge of the wellbeing of family members. Many are homeless or have to move in with relatives or friends who are willing to house them. Learners are further faced with disrupted schooling as they themselves and their teachers become frequently more absent from school.

There is a correlation between effective school management and those structures in the learner’s life-world and personality that influence his/her self-actualization. Furthermore, this study points to a definite negative impact caused by the stress created by HIV/AIDS in the lives of teachers and learners. HIV/AIDS negatively affects effective school management, leading to low morale and a negative school climate, which leads to a lack of
discipline, low motivation and poor academic standards that limit the self-actualization of all the role-players in the school system.

7.2 RECOMMENDATIONS AND GUIDELINES FOR MORE EFFECTIVE SCHOOL MANAGEMENT STRATEGIES AND SELF-ACTUALIZATION IN THE FACE OF HIV/AIDS

In accordance with the findings of the research, the following recommendations can be made:

7.2.1 Recommendations for preventing the spread of HIV/AIDS

1. Efforts to prevent the spread of HIV/AIDS need to focus on individual risk behaviour as well as on the broader structural factors underlying the spread of the virus, such as gender inequality and abuse of learners. Vulnerability can be reduced by providing young people with proper schooling in safe environments, both at school as well as in the society in which the school is situated.

2. Voluntary counselling and testing must be encouraged for all role-players in the school community, including parents, teachers, learners and caregivers.

3. Teachers and learners who are affected by or infected with HIV/AIDS can act as motivational and educational speakers. These people, because of their own experience, can give invaluable information to learners on the ravages of AIDS and guidance on how to protect themselves. These speakers can be appointed as part of HIV-literacy programs in secondary schools on a regional or school-appointment basis.

4. Stigmatization and discrimination against HIV-positive learners and teachers must be actively discouraged, without infringing on the rights of HIV-negative learners and teachers.

5. Disclosure of HIV/AIDS status by teachers and learners must be encouraged. The prevalence of the virus cannot be assessed without proper data. Knowledge of HIV status not only opens the door to treatment but also has documented benefits for health-care and prevention.

6. Life skills programmes have so far not reduced risk behaviour in learners and a serious effort must be made firstly to encourage learners to abstain from sex until marriage and, if this is not possible, to stress the importance of responsible sexual behaviour.
7. Teachers who indulge in promiscuous or abusive sexual behaviour must be taken out of the system and put into administrative positions away from learners, to whom they present negative role models. It is the duty of the principal at all times to be aware of negative behavioural patterns in the school that could endanger learners and lead to a breakdown of discipline.

8. The hardest hit group in South Africa is women between the ages of 15-24 years old. In order to prevent spread in schools, setting up of single sex schools may offer a solution for the protection of female learners and teachers in abusive school environments, as was suggested in 2002 by the then Minister of Education Prof. Asmal (Lund 2002:6).

9. Social structures under the auspices of the school principal as school manager and community leader must be put in place to prevent particularly young female learners from dropping out of school to care for ailing parents and younger siblings.

10. Schools must have structures in place that provide a safety net for learners and teachers who are affected by HIV/AIDS. Careful note must be taken of increased absenteeism or ill health among learners and teachers and the cause for these established in order to put together a support program.

11. A supportive attitude for HIV-positive teachers and learners must be fostered in schools, and any signs of hostility or discrimination towards them must be severely dealt with.

12. HIV/AIDS must be brought into the open and questions and debate on the topic encouraged. Only if HIV/AIDS is treated as just another illness like influenza, TB or diabetes will the spread of the epidemic be effectively curbed.

13. Strict control of substance abuse such as alcohol abuse, drug abuse and particularly mainline drug abuse in schools is important. Substance abuse fuels the risk of HIV infection via shared injection needles and increased risk behaviour patterns. Learners involved in substance abuse must be identified and referred for assistance and counselling. Parents must at all times be involved in any action or assistance which the principal deems necessary for learners with problems.

14. Condom use must be promoted in secondary schools when behaviour change with safe sex negotiation is being advocated as an alternative to abstinence. Effectively promoting condom use requires a clear message that dispels misconceptions such as the idea that only
promiscuous people use of condoms. It must be made clear that condom use is indicative of mature and responsible sexuality.

15. Care must be taken that the wrong message regarding the use of condoms is not spread, namely that indiscriminate risky sexual behaviour can be condoned as long as a condom is used. Condoms are not the ultimate failsafe but merely the best physical barrier to infection currently available and are not a replacement for responsible moral behaviour.

16. Lectures on sexually transmitted diseases and health-care must be incorporated into senior secondary classes, and learners as well as teachers must be encouraged to have regular health checks and seek treatment for any suspicious symptoms. Biology teachers could be trained to give these lectures where possible, as they already have a sound grounding in human anatomy and physiology and in most instances a matter-of-fact approach to sexuality.

17. Behaviour change and an internalised moral code lie at the core of HIV prevention. These must be advocated without moralizing or criticizing of existing behaviour patterns by sympathetic AIDS counsellors or specially trained personnel.

18. Consideration should be given to the state-driven AIDS-consciousness program in Uganda, which operates under the auspices of the Ugandan president. Research shows that the remarkable success of this national drive to reduce new infections is the open debate about AIDS and its causes, without the stigmatisation of victims.

7.2.2 Recommendations to limit the impact of HIV on school management

1. Careful and precise data must be kept on HIV/AIDS prevalence in every school. The data must be kept in confidential files and be accessible only to the principal, deputy principal and possibly the head of department for School Guidance or an AIDS counsellor, if the school has one on the staff. This will enable the principal and senior staff to deploy a system of relief teachers for absent staff members, and support systems for affected learners and teachers so that the planned school program remains on track.

2. Lists of available relief teachers [locum lists] and the subjects they are able to teach must be made available to the principals of schools in the area local office to prevent gaps in the instructional programmes of
the schools. Regular contact between the principal and the local area office will ensure that problems in the school are resolved quickly.

3. Schools that are severely affected by poverty must receive extra aid from the Education Department. School fees provide affluent schools with facilities for which the Department does not normally provide. Learners in poorer schools are therefore disadvantaged in that they cannot afford these additional facilities. Many AIDS-affected households may not even consider schooling as an option and learners are withdrawn from classes to fulfil care-giving functions or to find job to assist with household expenses. The school under leadership of the principal should know about these cases and refer the families for assistance.

4. Learners should be restricted to attending the school nearest to where they live. The community served by the school should be encouraged to take pride in their school and support its development. Schools where parents play an active role in upkeep, running and fund-collecting generally achieve better because of better discipline, a sense of belonging and pride of association. Allowing learners to attend schools out of zone leads to the degeneration particularly of township schools, with lower enrolment figures and a lack of interest or support from the community because their children are no longer involved. It also leads to overcrowding in city schools, which affects learning outcomes negatively and takes away the option from the school and principal to play an active role in alleviating the misery AIDS causes in the community around the school.

5. Strict control of attendance registers and enrolment figures is essential for the effective planning of curriculum coverage, teacher provision and extra-mural events at the school. Not only the attendance of learners is important, but especially the leave and attendance patterns of teachers who have to present the curriculum content is of prime importance. Strict control of teachers’ leave registers is essential for effective curriculum coverage. Serious investigation into the causes of increased teacher absenteeism must be undertaken by the principal and referred to the Department. The possible relationship to higher HIV prevalence among teachers must be investigated.

6. Anti-retroviral treatment must be provided for HIV-positive teachers to keep them healthy and functional in the system for as long as possible. For this, general screening for HIV infection is essential and anti-retroviral medication must be provided as soon as a teacher reports HIV-positive, not when the CD4 cell count reaches 200,
because the disease patterns are by then already so far advanced that continuous absenteeism has already caused serious problems with curriculum coverage. The principal can liaise with teacher unions and non-governmental organizations as well as the health authorities in the area to assist with this.

7. The school should identify HIV-positive learners and refer them to the attention of the local district surgeon, or nearest the health-care clinic for treatment with anti-retroviral medication before they are too sick to respond positively. The principal should assure confidentiality and monitoring of HIV-positive learners’ healthcare and needs via support structures in the school.

8. More positive structures that protect the rights of healthy learners and teachers should be put in place so that these rights are not negatively affected by the established rights of HIV-positive learners and teachers. While discrimination against HIV-positive learners and teachers must be prevented by law, infringing on the rights of healthy individuals and exposing them to unfair risks is detrimental not only to them but also to the entire education system and the economy of the country which has to rely on the diminishing and overburdened services offered by healthy individuals.

9. Extra-mural activities under supervision must be made compulsory for all schools, because this keeps children from wandering in the streets and safe until the late afternoon. Du Plessies (2002:9) says that school sport is an alternative to crime and, by implication, a positive factor for combating the spread of abuse and also of HIV/AIDS. Many city schools offer extra-mural programs in the afternoons, including different types of sport or cultural activities such as debating societies or choir practice. Extra-mural duties form part of the teacher’s overall duties. Learners and parents in conjunction with the principal and teachers should be encouraged to help with the layout of simple sports facilities at their schools. Where school premises are too small, the schools should apply to local sports clubs for permission to use their facilities.

10. Enrolment figures for the next year must be finalized before schools close for the December holidays. Teacher provision for the offered subjects must be sorted out and textbooks must be ordered before the schools close. The principal must inquire via learners and teachers whether there are any possible learners in the area who to their knowledge have not applied for admission and for what reasons.
11. All textbooks must be taken in before the schools close and absent teachers and learners must be contacted to collect teaching materials from them. The principal and senior staff must see to it that reusable learning materials are returned to the school in good order. In many city schools, textbooks are loaned to learners on a library system and lost books have to be replaced by the errant learner or his/her parents. Some schools demand a refundable deposit which is given back when the books are handed in in good condition for reuse by the next year’s learners. This system provides quality textbooks to learners for several years in all subjects.

12. Timetables must be ready before the schools start in January so that learners do not hang about the school aimlessly. Instruction or handing out of teaching materials must start on day one. Delays in timetable organization and teaching lead to indiscipline and a negative school climate, with resultant poor academic achievement and self-actualization. This can also contribute to substance abuse and abuse of learners by unsupervised, loitering, bored learners and teachers.

13. Complete planning for the ensuing academic year must be in place before the schools break up for the December holidays. Provision must be made for possible eventualities such as late registration of learners, possible absenteeism of appointed teachers due to unforeseen circumstances (including HIV/AIDS-related problems), and support systems for learners who are faced with social and emotional problems. The principal as school manager must co-ordinate all the various staff functions and make sure that all essential structures are in place so that the academic year can start without interruptions in teaching and learning.

14. The principal and senior staff must complete the delegation of duties and classes to staff members before school starts. Possible problems with staffing and staff shortages must be sorted out as soon as possible, preferably before the first day of the school year.

15. Misconduct among teachers must be closely monitored and perpetrators must be brought to book.

7.2.2.1 Recommendations to combat the impact of AIDS orphans on educational management

AIDS orphans, because of their sheer numbers and their dysfunctional living conditions, present a problem for school principals that needs special consideration. Many of these children live with poverty-stricken relatives, in
child-headed households or on the streets. They are constant victims of abuse, hunger and emotional trauma. Schooling often is not an option, but only by keeping them in school can their dismal circumstances be alleviated. Some of the luckier ones are absorbed into care centres, but the majority have nowhere to go. South Africa had 2.3 million AIDS orphans by 2003 (UNAIDS 2004:61).

The following recommendations can be made to help find a solution for the increasing orphan problem in South Africa:

1. Careful data collection by the school on each learner, including notes on his/her home situation, is essential considering the HIV/AIDS pandemic. This data must be kept in confidential files that are updated once a term and locked away in the school safe. The continuous monitoring of learners from their first day at school until they leave at the end of the senior secondary phase enables the school, under leadership of the principal, to intervene in situations which are disruptive for learners. For this a system of extra administration staff could be employed. A system of classroom helpers can be employed to assist teachers with supervision and assessment in the classroom situation. The continuous assessment required by the outcomes based teaching system limits teachers’ time for other administration duties such as keeping of registers, and help is needed to relieve this burden.

2. The school should create support systems to help affected learners with their difficulties. In the case of AIDS orphans, the impact on affected learners can be monitored and timely intervention offered via community or other support systems which can ensure that learners do not drop out of school when their parents die, but are placed under community or foster care and remain in school where social services can oversee their progress.

3. More effective school feeding schemes are needed to provide poor children and AIDS-affected children and orphans with at least one balanced meal per day. Hunger is one of the most debilitating issues facing AIDS orphans and affected learners.

4. School fees for AIDS orphans and AIDS-affected learners should be waived. Lottery money could be directed to provide for the needs of these learners over and above state funding for education, because their health, emotional, schooling and housing needs may be beyond what the tax payer can provide for.

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5. Un- and/or under-utilized school/state facilities could be used to house and school AIDS orphans and other AIDS-affected learners. A number of these facilities may be available and should be investigated for use by AIDS orphans, for example:

- The building that used to house the Ugie Orphanage, which held approximately 450 learners in its heyday, could be used. The learners attended the Ugie School that provided education from grade 1 to grade 12. The orphanage was closed and has served variously as an army base and an attempted old age home, and may currently be in disuse.

- De Villiershof in Mear Street, Sunnyside and other empty previous old Normaal Kollege Pretoria buildings that have been subject to destruction by vagrants and controversy by the authorities could be utilized as homes/schools for AIDS-orphans and street children under suitable adult supervision. De Villiershof housed approximately a 120 female teacher training students and staff, and was taken over by vagrants and virtually destroyed while debate raged about who is actually responsible for the upkeep of the premises (Mtembu 2002a:6).

- Transvaal College of Education in Soshanguve, which reportedly has been turned into boarding facilities for the technical university, could be used. The college had extensive hostels, which housed 1200 students and classrooms that would be suitable for housing AIDS orphans as well as providing excellent school facilities. There may well be facilities at other closed-down teacher training facilities that could be investigated for the same purpose. During one interview, at a Tswane North school, the principal mentioned that the nearby Hebron College of Education had closed down completely, and Mtembu (2002b:4) reports that hundreds of homeless people moved into the disused Willie Snyman school in Daspoort. The school that catered for children with special needs was closed a few years ago. Schools such as the Willie Snyman should be investigated as possible institutions for the settlement of AIDS orphans.

- Due to urbanization, there may be many rural schools with hostels that could be utilized. Willing teachers could be redeployed to these schools and housed in the hostels as foster parents to AIDS orphans.
Female and male learners and teachers must be kept separate as far as possible to prevent abuse of learners and sexual activity among hostel dwellers.

The researcher would like to put forward a serious proposal that these facilities be investigated to see if they can indeed be utilized to help stem the managerial problems that will face the Education Department if the problem of AIDS orphans is not properly addressed.

6. Agricultural schools in rural areas must be encouraged to plant vegetables and keep their own livestock and poultry. Township and city schools could encourage learners to maintain small gardens at their homes or in a set area of the schoolyard.

7.2.3 Recommendations and guidelines to help learners and teachers achieve self-actualization despite HIV/AIDS pandemic

To ensure that all learners and teachers in the school system reach the highest possible level of self-actualization, the following recommendations, in accordance with the findings of this study, can be suggested:

1. Over and above the life skills curriculum, structures must be put into place whereby parents and learners receive meaningful education and guidance on HIV/AIDS and the threat it poses to learners and society.
2. The principal as school manager must arrange informative talks at the school where learners, parents and caregivers from the community can receive information and guidance about HIV/AIDS.
3. Essential guidance and support must be given to learners and families affected by HIV/AIDS.
4. Structures must be put in place to aid learners with perceived social problems and dysfunctional homes. Parents and caregivers must also receive guidance and support.
5. The school, in conjunction with the local health clinic or district sister, must give guidance and support to HIV-positive learners and teachers.
6. The principal must put in place a motivational drive to encourage parents, teachers and learners to go for voluntary HIV screening.
7. Support structures must be established to help infected and affected learners and teachers. Support must also be available to parents and/or caregivers to insure minimum stigmatisation and maximum care.
8. Structures must be set up at the school and in the community to prevent learners and orphans from dropping out of school because of the impact of HIV/AIDS on their families.
9. Research shows a marked decline in numbers of learners completing matric in South Africa. The cause for this decline must be investigated and possible links with the spread of HIV/AIDS investigated. Principals must report a decline in enrolment figures at their schools as well as a decline in registrations for matric exams or absenteeism of registered learners from the exam.

10. Schools under the leadership of the principal must put structures in place where victims of abuse can complain without fear of retribution from perpetrators. Victims must have access to health-care and counselling, which the school can help to arrange.

11. An overall impact study of HIV/AIDS on all sectors of education must be implemented as soon as possible. Exact data must be collected to facilitate planning and control of the impact to ensure maximum self-actualization of all those involved.

12. Economic provision must be made to defray the escalating cost of benefits, for and provision, recruitment and training of staff, to prevent lapses in curriculum coverage that may influence the self-actualization potential of learners.

13. Provision must be made for economic and other assistance to affected learners and teachers and their families. The principal and school can help in this regard by keeping exact data on learners who display signs of possible social devastation or abuse and reporting this in time to facilitate intervention and support.

14. Looming teacher shortages due to AIDS and other causes need to be investigated and addressed. Provision must be made for more teacher training facilities as well as extended in-service training to prevent dismal academic results limiting self-actualization.

15. District offices must provide principals with lists of available replacement teachers and the subjects they are able to teach. Calling up retired or resigned teachers may alleviate the teacher shortage.

16. Causes of absenteeism among learners and teachers must be investigated and followed up. The possible link to HIV/AIDS must be established and counselling and health-care facilitated via the school if possible.

17. Morbidity and depression on the job due to the impact of HIV/AIDS on the performance of learners and teachers and the effect thereof on their self-actualization must be investigated and addressed.

18. The impact of crisis management in the face of HIV/AIDS on effective school management and self-actualization of the principal must be looked into. Loss of cohesion and reduction of morale among
learners and teachers in schools affected by HIV/AIDS must be established and addressed.

19. Reliable statistics on the mortality rates of teachers due to AIDS-related infections must be established and kept up-to-date.

20. Special attention must be given to the home circumstances of learners, particularly where and with whom they are living. Support and counselling structures must be in place for displaced learners living with relatives or friends or in child-headed households.

21. Statistics on child neglect must be kept under management of the principal. Feeding schemes at schools must be implemented to ensure that learners get at least one nourishing meal per day.

22. Rural and farm schools need special attention because learners often walk long distances to attend schools and are frequently undernourished.

23. Special attention must be focused on schools that have large numbers of orphans, and extra funding should be made available to these schools, to satisfy the extraordinary emotional and physical needs of these learners.

24. Exact numbers of orphans in schools must be ascertained so that school and community assistance can be implemented under the leadership of the principal.

25. Absenteeism patterns of learners must be carefully monitored, as this is usually the first indication of suffering and/or need. The principal and senior staff must be particularly alert to indications of possible social dysfunction affecting learners in their schools. Assistance programs under the leadership of the principal and specially designated staff must be available to disaffected learners in the school.

26. Levels of abuse and violence that learners are exposed to must be monitored and any suspicion of possible abuse brought to the attention of the principal and social services.

27. Learners who show signs of emotional disruption or deprivation must be followed up and referred for social assistance and counselling.

28. Parent-teacher associations must be involved in the running of the school and the provision of social services to HIV/AIDS affected learners and families in the community.

29. The impact of HIV/AIDS on reported enrolment figures must be ascertained and structures put in place to manage this. Principals in schools with erratic enrolment figures face a huge dilemma since salaries and post allocations are based on enrolment statistics.
30. Special attention must be given to absentee-patterns among female learners because they are the first to be withdrawn from school to take on care-giving duties when the family is faced with AIDS-related problems. This fuels gender inequality and limits their ability to reach self-actualization.

31. Learners must be encouraged to take up teaching as a serious career option. Positive role models in the form of the principal and teachers at the school as community leaders will dispel many of the current misgivings held by learners regarding teaching as a fulfilling and self-actualizing career.

32. Parents must be encouraged to discuss responsible sexual behaviour and the risks of HIV infection openly with their children. Parent-teacher gatherings arranged by the principal to give guidance to parents on how to deal with what is for many parents an embarrassing topic will help learners to adopt a responsible gender role which will enhance self-actualization and limit the spread of HIV.

33. A positive effort must be made to dispel the myths and misconceptions regarding HIV/AIDS via information talks to parents, teachers and learners at school evenings arranged for this purpose under leadership of the school principal.

34. The principal as school manager and community leader has access to structures whereby he/she can keep close contact with parents, teachers, learners, the community, social services and the authorities. This access must be utilized optimally to help affected teachers, learners and other staff members and their families to cope with the impact of HIV/AIDS. This could be done by arranging after hours clinics and or counselling services at the school.

35. The principal by virtue of his/her contact with people in authority, such as the circuit, regional and head office personnel, staff members and governing bodies is ideally placed to intervene of behalf of teachers and learners affected by HIV/AIDS and organize support and help for them.

36. The principal has direct contact with education support services and must utilize these to obtain help for learners and teachers affected by HIV/AIDS.

37. The principal as school manager has a duty to ensure that no class is without a teacher for any length of time. Communication with AIDS-affected teachers and the Department or parents to facilitate timely replacements will enhance academic performance at the school and also self-actualization of role-players.
38. Extra lessons and home teaching programs for HIV/AIDS affected learners must be organized where possible. Retired teachers could be employed on an hourly basis to facilitate the program.

39. Strict control of learner movements during school hours is vital. Staff and prefects must be put on ground duty to prevent learners from leaving the premises during school time to prevent abuse and crime on the school grounds.

40. Termination of service and leave structures need to be reviewed in order to facilitate quality teaching and curriculum coverage.

41. HIV/AIDS-infected teachers who can no longer fulfil their teaching obligations must be redeployed to administrative positions where their absenteeism will not affect the learners.

42. Replacement teachers must be appointed in place of constantly absent teachers, and bulk long-term leave for erratically attending teachers must be considered to ensure continuation of quality teaching and curriculum coverage. Extra financial allocation in school budgets needs to be considered for this purpose, either via the Department or Lotto proceedings.

43. Schools and the Education Department must insist on timely treatment of infected teachers and learners to ensure continuous quality teaching, which will support a healthy economy and the self-actualization of role-players.

44. Structures must be put in place to ensure that the safety and security needs of all role-players, including AIDS orphans in the system, are met to ensure maximum benefits from education in order to promote self-actualization.

Figure 25 is a graphic representation of the role of the principal as school manager and leader in combating the impact of HIV/AIDS on school management and self-actualization. The figure indicates all the support structures available to the principal as coordinator of the managerial structures at the school.
Figure 25: Schematic representation of the role of the principal in combating the impact of HIV/AIDS on school management and self-actualization

**Departmental structures available to assist principals as school managers**

- Educational support structures:
  - counselling
  - academic support
  - feeding schemes
  - medical and dental services
  - socio-pedagogic services
  - curriculum service
  - professional advisory service
  - educational research
  - teacher training

- Principal as coordinator and school manager
  - teacher provision based on enrolment figures
  - leave
  - in-service training
  - professional development
  - disciplinary measures

- Health Department via district clinics
  - clinic/district sister
  - antenatal clinics
  - STI’s – school sister
  - ARV HIV-testing
  - government funding
  - Love life
  - life skills
  - destigmatization

- Teacher unions
  - Naptosa and Sadtu
  - principal to liaise with unions to facilitate ARV provision for teachers with HIV from Government funding

- Orphans
  - accurate records of numbers
  - keep in school
  - investigate housing
  - feeding schemes
  - emotional support

- Parents committee
  - consultation
  - information
  - fund collecting
  - maintenance of school and grounds
  - HIV debate
  - community support for affected teachers and learners
  - curriculum support
  - sport activities at school
  - extra-mural clubs and societies in schools
  - supervised homework sessions at school

- Teachers
  - identification of problems
  - sound teaching practice
  - responsible behaviour
  - positive role models
  - support for learners and parents
  - classroom and school discipline
  - control of registers and absenteeism
  - support principal with planning
  - control in school to facilitate teaching and learning
  - meticulous record keeping

- Learners
  - compassion for affected peers and learners
  - no discrimination
  - study groups
  - help for affected peers
  - self-help schemes
  - openness and HIV-debate
  - after-hours student group
  - group and sport activities
  - control of absenteeism
  - discipline
  - abuse reporting centres
  - HIV support and information
  - responsible sexuality
  - sport participation
Figure 26: Model highlighting the leadership role of the principal in dealing with the impact of HIV/AIDS in South African schools

**GOAL**

A more effective education system in the face of HIV/AIDS

**STRATEGY**

Strengthen professional support to principals and teachers
Train more teachers and provide replacements for absent teachers
Provide sufficient teaching materials and adequate school structures
Empower female staff and act decisively against abuse and corruption
Increase safety at schools and enforce discipline
Promote strict control of attendance registers and leave registers
Promote voluntary testing and disclosure of HIV status
Arrange ARV’s and counselling for infected teachers and learners
Organize structures to cope with large numbers of AIDS orphans
Promote abstinence and safe sex and use of both female and male condoms
Provide mobile clinics for schools to assist learners and teachers with health, social and academic problems
Keep accurate, but confidential HIV/AIDS data to facilitate effective planning

**IMPROVEMENTS BY**

**Department of Education**

Strengthen professional support to principals and teachers
Train more teachers and provide replacements for absent teachers
Provide sufficient teaching materials and adequate school structures
Empower female staff and act decisively against abuse and corruption
Increase safety at schools and enforce discipline
Promote strict control of attendance registers and leave registers
Promote voluntary testing and disclosure of HIV status
Arrange ARV’s and counselling for infected teachers and learners
Organize structures to cope with large numbers of AIDS orphans
Promote abstinence and safe sex and use of both female and male condoms
Provide mobile clinics for schools to assist learners and teachers with health, social and academic problems
Keep accurate, but confidential HIV/AIDS data to facilitate effective planning

**Department of Health**

Provide ARV’s to infected teachers, and learners with a CD4 count of 350 or less
Promote voluntary testing and disclosure
Implement mobile clinics and immunization against TB and children’s diseases
Provide medication for STI’s and provide information on this
Promote abstinence and condoms by providing information pamphlets
Work with the Education Department to encourage behaviour change and safe sex practice
Keep accurate, confidential HIV/AIDS data to monitor the spread of the disease

**Principal**

Create a positive school climate to enhance learner and teacher achievement
Enforce good discipline and implement strict learner policies
Implement safety structures at the school and increase supervision of learners during breaks and extramural activities
Report all incidences of abuse and corruption and act decisively
Liaise with available departmental structures to maximize assistance to the school regarding teacher and learner support
Arrange substitute teachers to maintain academic standards
Arrange extra lessons for absent learners
Involve parents in the school and establish good relations with parents
Keep accurate data on HIV/AIDS related problems at the schools
Keep strict control of all registers
Keep confidential data on available HIV/AIDS statistics in the school
Monitor the numbers of AIDS-orphans and implement structures to help them

Enhance teacher and learner health and therefore school management and self-actualization

Improve school management and planning in the face of HIV/AIDS to enhance the self-actualization potential of role-players in the school

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Support the principal in running the school
Improve classroom management and create a positive classroom atmosphere
Attend classes regularly, be well prepared and maximize teaching-learning time
Set a positive example to learners
Provide help to struggling learners and keep note of AIDS orphans in the class
Be aware of learners with problems in the class and report this to provide help
Keep note of frequently absent learners and investigate the cause
Improve professional skills and promote professional conduct
Refrain from relationships with learners and report all instances of abuse to the principal
Promote voluntary HIV testing and disclosure
Encourage open debate on HIV/AIDS and promote abstinence
Encourage both female and male condom use in sexually active learners
Encourage learners to go for HIV testing and seek help for STI’s
Promote self-respect and respect for others
Discourage gender inequality and discrimination against AIDS victims

Be committed to school work and attend school regularly
Refrain from relationships with teachers
Do not leave school premises during school hours
Report all incidences of abuse or misconduct in schools
Promote abstinence and open debate on HIV awareness and behaviour
If sexually active, go for voluntary testing and promote safe sex using condoms
Insist on safe ablution blocks at school
Report personal problems to the class teacher or school psychologist if available
Discourage gender inequality
Promote self-respect and respect for others and property

Limiting of the impact of HIV/AIDS on school management and self-actualization of teacher and learners by encouraging the positive leadership role of the principal in affected schools
7.3 Discussion of the role of the principal in addressing the impact of HIV/AIDS on school management and self-actualization

The layout of the model is in three basic columns, which represent the following:

Column one: The authority or person responsible for making the improvements suggested,

Column two: The strategy or strategies to be employed, and

Column three: The goal to be achieved

- **Department of education**

The Department must strengthen professional support for teachers and train more teachers. It must provide sufficient teaching materials and adequate schools. Female teachers must be empowered and action must be taken against abuse and corruption. Safety at schools must be increased and strict control of leave and attendance registers enforced. Voluntary disclosure of HIV status must be encouraged and ARV’s arranged for infected teachers and learners. Structures must be devised to cope with large numbers of AIDS orphans. Moral behaviour and abstinence and/or safe sex and the use of both male and female condoms must be promoted. Mobile clinics must be provided particularly for rural schools. Accurate but confidential HIV/AIDS data must be kept to facilitate effective school management and planning.

The goal of this strategy is a more effective education system in the face of HIV/AIDS.

- **Department of Health**

The Department must provide ARV’s to infected learners and teachers who are HIV-positive. It must promote voluntary testing and disclosure, and implement mobile clinics and immunization against TB and children’s diseases. Medication must be provided for STI’s and information made available on these. Abstinence and condom use must be promoted and information pamphlets provided at schools and in the community. The Department of Health must work with the Education Department to encourage behaviour change and safe sex practice. Accurate and confidential data must be kept on the epidemiology of the virus to monitor the spread of the disease.

- **Principal**

The principal must create a positive school climate, to enhance teacher and learner achievement and self-actualization and enforce good discipline and strict learner policies. Safety structures must be implemented at the school, and supervision of learners during
breaks increased. All incidences of abuse and corruption must be reported. The principal must liaise with all the available support systems to maximise teacher and learner support. Substitute teachers must be arranged for if staff members are absent to maintain academic standards and extra tuition arranged for absent learners. Parents must be involved in the school and good parent-teacher relations established. Accurate data on HIV/AIDS-related problems at the school must be kept, as well as strict control over registers. Confidential data on AIDS statistics should be kept in the school, and the numbers of AIDS orphans monitored.

The goal is to improve school management and planning in the context of AIDS to enhance the self-actualization of teachers and learners.

- **Teachers**

Teachers must support the principal in the running of the school, and improve classroom management. They must attend classes regularly and be well prepared. Teachers must set a positive example for learners, and provide help for learners with problems and also to AIDS orphans. Teachers must at all times be aware of learners with problems and report them to seek help. They must keep a look out for frequently absent learners and find out the reasons for their absence. Teachers must refrain from relationship with learners, and promote voluntary HIV-testing and safe sex, encourage learners to seek help for STI’s, and promote self-respect and respect for others, as well as discouraging all forms of gender inequality and discrimination.

The goal is to promote student health and academic achievement, and to improve classroom and school management and self-actualization.

- **Learners**

Learners must be committed to school work and attend school regularly. They must refrain from relationships with teachers, and not leave the school premises during school hours. They must report all incidences of abuse and misconduct to the teachers and principal, promote abstinence from sex and open debate on HIV/AIDS. Sexually active learners must go for voluntary HIV testing, promote safe sex and use condoms. Learners must insist on separate ablution blocks for males and females. They must report personal problems to the class teacher, discourage gender inequality and discrimination and promote self-respect and respect for others and for property.

The goal is to promote successful learning, improved academic results, prevention of HIV/AIDS and increased self-actualization.
7.4 SUGGESTIONS FOR FURTHER RESEARCH

The researcher recommends that further qualitative and quantitative research be undertaken in the following areas with the aim of addressing the impact of HIV/AIDS on school management, and establishing what the leadership role of the principal should be in providing effective school management in order to help teachers and learners attain optimal self-actualization:

- The exact numbers of teachers and learners who are HIV-positive, so as to facilitate school management and planning;
- The influence of HIV/AIDS on school management in the worst affected areas;
- The feasibility of registering all retired teachers for a replacement role to do locums in the place of absent teachers;
- A country-wide survey to establish the role of HIV/AIDS in the drop-out rate of learners from the school system;
- A survey to ascertain the exact numbers of orphans in the system and the feasibility establishing of a register of these orphans, to facilitate the management of the orphan impact on school management;
- The impact of HIV/AIDS on the rights of healthy learners and teachers, and the development of a system to limit this without discriminating against AIDS-affected teachers and learners;
- The actual rate of teacher and learner absenteeism and the effect it has on academic outcomes;
- The prevalence of abuse in schools and its influence on the spread of HIV/AIDS in schools;
- The effectiveness of life skills programs on the sexual behaviour of teenage learners;
- The rate of teenage pregnancies in schools and its relationship to poor school management and discipline; and
• A rating system to gauge the effectiveness of the leadership role of principals in schools, and the correlation between this, poor discipline in schools, and the spread of HIV/AIDS.

7.5 CONCLUSION

The researched in this thesis indicates that HIV/AIDS has a negative impact on effective school management and the self-actualization of role players. Not only the learners and teachers who are affected by or infected with HIV/AIDS experience the negative impact of the virus on education, but also healthy participants in the education and economic structures of the country as well. South Africa cannot afford to lose the gains it has made in providing quality education for all its learners because of the ravages of HIV/AIDS.

This study confirms that strong leadership from the principal has a positive affect on school management and the academic success of the school. This points to the positive role that the principal can play in combating HIV/AIDS, which has the potential to disrupt education in South Africa if preventative structures are not put into place to curb the spread of the virus among teachers and teenage learners. Serious attention must be given to implement possible solutions to combat the impact of HIV/AIDS on the school system. The principal as school leader has a crucial role and a duty to provide effective management structures that will help all role-players, including teachers, learners and orphans in the school to become successful self-actualizers.

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