MANAGING THE COUNSELLING OF PRIMARY SCHOOL LEARNERS AFFECTED BY HIV/AIDS

By

NOBULUNGISA TIKANA

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SUPERVISOR: PROF GD KAMPER

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DECLARATION

I declare that : "MANAGING THE COUNSELLING OF PRIMARY SCHOOL LEARNERS AFFECTED BY HIV/AIDS" is my own work and that all sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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(Ms N Tikana)

21 – 01 – 2009
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Date

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ABSTRACT

In the light of the HIVAIDS pandemic in South Africa and its potential impact on learners, counselling is still the best available tool that can be used by the school management team to deal with the loss, pain, trauma and suffering experienced by the learners. This study focuses on the role and functions of the school management team in managing the counselling of primary school learners affected by HIV/AIDS in Mount Ayliff District in the Eastern Cape, using a literature review and empirical investigation. The former discusses the HIV/AIDS phenomenon, school policy on HIV/AIDS, HIV/AIDS counselling, and the role and functions of the school management team in managing school counselling services. Egan's model, known as the skilled helper model was used to provide an understanding of counselling services.

A qualitative study investigated the views of a sample of management teams of three primary schools in Mount Ayliff District in the Eastern Cape. Sites and participants were selected by purposeful sampling. Data were collected by use of in-depth interviews with two principals, two deputy principals, four heads of departments (HODs) and one senior teacher. All the interviews were tape-recorded and transcribed. Notes were also taken to supplement the audio-tapes. The data were later analysed.

Essentially, findings illustrated that the school management team has a critical role in ensuring the provision of effective counselling services to those learners who are affected by HIV/AIDS. The data further reflected the importance of a school counsellor, an HIV/AIDS school policy and the Department of Education's intervention in training and empowering the management team in effectively managing the ravages of HIV/AIDS in schools.

CONTENTS

CHAPTER ONE

STATEMENT OF THE PROBLEM, OBJECTIVES AND PLAN OF STUDY

1.1   INTRODUCTION AND RATIONALE

South African society is experiencing one of the greatest threats to humanity, HIV/AIDS. HIV infection is a chronic progressive disease that is highly stigmatised because of its association with sex, drugs and death. It is a psychosocial and behavioural problem that urgently needs to be addressed because youth are the future of society and HIV/AIDS is destroying communities (Taylor, Dlamini, Kagoro, Jinabhai & De Vries, 2003:97). Almost half of South African orphans have lost one or both parents to HIV/AIDS, were it not for this epidemic, those children would not have been orphaned ("AIDS to blame", 2007). Costin, Page, Pretzak, Kerr and Symons (2002:79-80) explain that children of school going age who are infected and affected with the virus face grief, loss, shame, abandonment, depression, anger, anxiety and hopelessness that can compromise academic success. There is therefore a need to develop tools to deal with this problem and give hope to HIV/AIDS affected learners.

Counselling is the appropriate tool and a valuable source of assistance and support for HIV infected persons (Hoffman, 1991:498). It is therefore imperative that the school management team deals with the epidemic in the school by providing counselling services to those learners affected by the virus. Every service and activity scheduled and provided by school counsellors is directly or indirectly supervised by a school principal. The HIV/AIDS counselling is no exception. The school management team has to work hand in hand with the health experts and school counsellors who will occasionally visit the school as per invitation by the school principal. By collaborating with their principals, school counsellors take charge of their counselling programs, inform the school management team about their annual plans, focus on essential services for learners and keep lines of communication open to receive advice from their school administrators (Schmidt, 2003:171).

The rising prevalence of HIV/AIDS among learners makes it imperative that schools have an HIV/AIDS policy. It is the responsibility of the school management team to see to it that the policy is formulated. There are administrative responsibilities that must be considered when a number of staff are involved in counselling relationships, including legal issues, the possibility of parental complaints, communication and privacy issues. Policies and procedures need to be developed to address such concerns. An elected committee comprising the school principal, deputy principal, school health personnel or school nurse, a co-ordinator and some teachers must be responsible for monitoring the condition of the learners. It may also be necessary to occasionally involve parents and learners.

The specific roles, functions and responsibilities of the school management team in managing the counselling of HIV affected learners in primary schools have not been extensively researched. This motivated the researcher to conduct this study. The purpose of the study is to investigate the role and functions of the school management team in managing the counselling of primary school learners affected by HIV/AIDS.

This chapter gives a brief outline of HIV/AIDS, its effect on primary school learners, the appropriate tools that can be used, and the role of the school management team in this respect. The research problem, research questions and purpose of this study are discussed. The methodology that will be used to achieve these research aims will be outlined briefly. The various terminologies that are used in the study will be examined and the chapters that are to follow will be introduced.

1.2 RESEARCH PROBLEM

HIV/AIDS has had a devastating effect on the educational system in many parts of the world where it sows havoc among learners and teachers alike. The school has a very important role to play in empowering children with the necessary knowledge, attitudes, values and life skills to protect themselves against HIV infection and AIDS (Van Dyk, 2001:195). The current study attempts to examine the role and functions of the school management team in managing the counselling of primary school learners affected by HIV/AIDS. The research problem is formulated as follows:

What are the role and functions of the school management team in managing the counselling of primary school learners affected by HIV/AIDS?

1.3   AIMS OF THE RESEARCH

The increasing number of AIDS orphans in the school system has become a serious complication of the HIV/AIDS pandemic. The potential impact of this pandemic on primary school learners, and the fact that an increasing number of learners are attending school, makes it imperative that young learners are provided with counselling services and information they need to protect themselves. The current study consists of three focus areas with the following aims:

- To investigate the strategies employed by the school management team in identifying learners affected by HIV/AIDS.
- To examine the extent to which the school management team actually manages the counselling process in the school.
- To identify problems and training needs which are experienced by the school management team in managing the counselling of learners affected by HIV/AIDS.

This study focuses on three selected primary schools in Mount Ayliff District in the Eastern Cape.

1.4   DEFINITION OF CONCEPTS

For the purpose of this study, the following terms are defined:

1.4.1 Counselling

Counselling refers to ongoing helping processes that are confidential in nature, in which the counsellor meets with learners individually and in small psycho educational groups to assist them to focus on concerns to achieve self-efficiency and self-sufficiency. It means helping them to work out the best ways of making and

maintaining satisfactory relationships with others (Schmidt, 2003:29; Thompson, 2002:10; Charlton & David, 1990:90)

1.4.2 HIV/AIDS

According to Van Dyk (2001:5), AIDS is a syndrome of opportunistic diseases, infections and certain cancers, each or all of which have the ability to kill the infected person in the final stages of the disease. The human body has a defence system, which protects it against diseases and infections. This defence system is called the immune system. HIV destroys the defence system and makes the body vulnerable to many infections and diseases, which can eventually kill a person (Wood, Khan, Spencer, 2004:13). The HI virus directly attacks and hijacks the most important defensive cells or the human immune system, the CD4 of the T helper cells, thereby undermining the ability of the human immune system to defend itself against attack from exterior pathogens. (Van Dyk, 2001:7). For the first one to five years, the infected person may have no signs of illness, but between three and seven years after infection, some individuals may develop minor symptoms and signs secondary to the HIV infection. These may include the following:

- Weight loss
- Occasional fevers
- Skin rashes
- Shingles
- Recurring infections of the throat
- Recurrent ulcers in the mouth

About five to eight years after infection, the immune system continues to deteriorate. Signs of more severe HIV related diseases begin to appear. The most common signs and symptoms of these stages include:

- Thrush in the throat and mouth
- Shingles
- Persistent diarrhoea
- Several pimples and skin infections

- Reactivation of tuberculosis
- Weight loss of more than 10% of normal body weight.
- Persistent and unexplained fevers and night sweats (Van Dyk, 2001:8).

AIDS does not appear the same in everyone, but may differ according to the germs, which happen to invade the person's body. People with AIDS often go through the stage of being very sick with severe diseases, to being reasonably well again, usually due to medical or traditional treatment. However, infections tend to reoccur and become more frequent. The body becomes weaker with repeated infection, the multiplication of HIV and possibly even cancer. Death usually occurs six months to three years after developing signs of AIDS (Wood, Khan & Spencer, 2004:23-24). Thus, what is common among the definitions is that AIDS is a chronic, terminal illness.

1.5   RESEARCH DESIGN AND METHOD

The research design refers to the overall plan or strategy by which research questions are answered or the hypothesis tested (McMillan & Schumacher, 2001:31). Qualitative methodology attempts to understand thoughts, feelings and emotions by getting to know people's values, symbols, beliefs and emotions. In this study, in-depth interviews are used to investigate the role and functions of the school management team in managing the counselling of primary school learners affected by HIV/AIDS. This method produces a wealth of detailed data. The research design will be elucidated in detail in chapter three.

1.5.1 Ethical measures

The researcher will take the following ethical measures into consideration.

1.5.1.1   Permission to conduct research at an institution

The researcher will obtain written permission from the principal of the schools in which the research will be conducted.

1.5.1.2 Informed consent

The researcher will explain to the school management team the aims of the research, procedures that will be followed during the research process and how the results will be used so that the respondents may make an informed decision on whether they want to participate in the research.

1.5.1.3 Avoid deception of subject/respondents

The researcher will ensure that she does not practise any deception of respondents, withhold information or offer incorrect information.

1.5.1.4 Avoid violation of privacy

The researcher will ask permission from the school management team to use audiotapes, and to take notes discretely.

1.5.1.5 Actions and competence of researchers

Due to her experience in the field, the researcher will be competent and fully prepared to undertake the research project.

1.5.1.6 Confidentiality and anonymity

The researcher will treat all the information with confidentiality and only the researcher will know the names of the schools, the participants and the sources of data.

1.5.1.7 Informing subjects about the findings

The researcher will inform the school management team about the findings of the study as a token of appreciation and gratitude for the participation.

1.5.2 Method

1.5.2.1 Sampling

Selection of interviewee will be done by means of judgement or purposeful sampling techniques. Judgement sampling is a technique commonly used in qualitative research aimed at providing an intensive study of a particular group, character or trait. Interviews will be conducted with the school management team of three primary schools of Mount Ayliff District in the Eastern Cape. The researcher will choose three primary schools which are at least ten years old, with principals, deputy principals, HODs and senior teachers with at least five years of experience in their current positions.

1.5.2.2 Data collection

In this study in-depth interviews will be used to elicit data from principals, deputy principals, HODs and senior teachers who make up the management team of the school. Interviews will be recorded on audiotape and the tapes will be transcribed for closer examination. The researcher will also apply literature control by making use of information from literature, newspaper articles and information available on the Internet to verify the role and functions of the school management team in managing the counselling of learners affected by HIV/AIDS in primary schools. The data that has been collected will be compared with the documentary sources and then added as new information to the present study where they can be used. The data from all the available sources that were used during the research process will be integrated and collated to conclude the data collection stage.

1.5.2.3 Data processing

The researcher will read through all transcripts and jot down reflections as they come to mind. She will select the best interview and go through it. The researcher will make a list of all the themes and leftovers. She will abbreviate themes by means of codes and write these codes next to each segment of data in the transcribed

interview. The researcher will form categories. Data materials will be grouped and achieved according to the identified categories.

1.6 Division of chapters

In this chapter the background to the study and rationale were discussed. The research problems, aims and terminology were also discussed. Concepts such as counselling and HIV/AIDS were defined after which the research design and method were briefly explained.

Chapter two presents the literature review, which explores and examines the role and functions of the school management team in managing the counselling of HIV/AIDS affected learners in primary schools. The HIV/AIDS virus is described and how it affects learners. The school policy on HIV/AIDS is discussed. The primary purpose of counselling is outlined. The role and functions of the principal, Deputy principal, HODs and senior teachers in the counselling process is discussed. A model appropriate to the above is presented within a theoretical framework.

Chapter three outlines the research methodology used in the research process. The design, sampling method, procedure for the collection of data and the analysis of data are explained. The reliability and validity of the study are discussed.

Chapter four presents an in-depth analysis of the results. The literature reviewed on chapter two is integrated into the findings of the study for an integrated perspective on the role and functions of the school management team in managing the counselling of learners affected by HIV/AIDS in primary schools.

Chapter five draws out conclusions from the research and makes recommendations.

CHAPTER TWO

SCHOOL POLICY AND MANAGEMENT PERSPECTIVES ON THE PROVISION OF HIV/AIDS COUNSELLING

2.1   INTRODUCTION

This literature review covers the following areas:

- Description of the HIV/AIDS phenomenon.
- School policy on HIV/AIDS.
- HIV/AIDS counselling.
- The role and functions of the principal, deputy principal, HODs and senior teachers (school management team) in managing school counselling services.
- Synthesis.

2.2   THE HIV/AIDS PHENOMENON

HIV, which stands for human immunodeficiency virus, is the virus that causes AIDS (acquired immunodeficiency syndrome)(Engender Health, 2005:1). HIV destroys a certain type of blood cell known as T cells or CD4 cells that help the body fight off infection. A person can be infected with HIV for many years before any symptoms occur and during this time, an infected person can unknowingly pass the infection on to others.

AIDS is an advanced stage of HIV infection that occurs when the immune system cannot fight off infections that the body is normally able to withstand (Engender Health, 2005: 1). At present there is no cure for AIDS and it is believed that most people with HIV infection will eventually die from an AIDS related illness.

2.2.1 History of HIV and AIDS

Widespread awareness of the HIV/AIDS disease began with a brief report in 1981 published in the Morbidity and Mortality weekly report, of a rare pneumonia caused by

pneumocystic carimi as well as other unusual infections in five young homosexual men in Los Angeles (Potter, 2002:165). Awareness that a significant epidemic was developing grew as case reports mounted and similar immune deficiency syndromes were described in New York.

HIV is related to a virus called Simian Immune Deficiency Virus (SIV), which is found in primates such as chimpanzees, macaque and African green monkeys (Van Dyk, 2001:6). The virus probably crossed from primates to humans when contaminated animals' blood entered open lesions or cuts on the hands of humans who were butchering SIV–infected animals for food. According to Potter (2002:165), the virus appears to have been transmitted to people who hunted, butchered and consumed the chimpanzees for food. While the initial spread of HIV/AIDS was probably limited to isolated communities who had little contact with the outside world, various factors such as migration, improved transportation networks, socio economic instability, multiple sexual partners, injecting drug use and exchange of blood products, ultimately caused the virus to spread all over the world (Van Dyk, 2001:6).

2.2.2 The HI virus and AIDS

HIV is a member of a group of viruses called retroviruses. A retrovirus is a virus that changes itself very rapidly. It stores its genetic information on a single stranded RNA molecule (Engender Health, 2005:1). Once this virus is in the body, it uses the CD4 cells of the body's immune system to replicate itself and in the process destroys these cells. These CD4 cells are vital as they co ordinate the body's immune system, protecting us from illness. As the amount of HIV in the body increases, the number of CD4 cells decreases, weakening the immune system even further (Soul City, 2004:5). There are two types of HIV.

HIV-1 is responsible for the vast majority of infection and cases of AIDS in the world. HIV-2 is a more common type in West Africa and has a slower course than HIV. (Engender Health, 2005:1). HIV is detected either through viral load, a test that measures the level of the AIDS virus in a person's blood stream, or through the presence of antibodies in the blood, which show up generally about three months after the virus is contracted (Ford & Russo, 1997:255). From the time a person is infected

with HIV, the virus begins to damage the immune system (Engender Health, 2005:1). Although an infected person's immune system struggles to fight back and can do so for as many as 10 years or more in an otherwise healthy adult, the virus continues to destroy these defenses until the immune system is too weak to fight off infections (Engender Health, 2005:2). A person can be infected with HIV and not know it, because any symptoms or illness related to HIV may not occur for many years after infection. Most people lead healthy and productive lives after HIV infection but can unfortunately pass the infection on to others (Engender Health, 2005:2).

AIDS is the collection of diseases that are "acquired" from HIV once the immune system is no longer able to protect the body from illness (Wood et al, 2004:13, Soul City, 2004:5). The acronym "AIDS" means the following (Wood et al, 2004:13):

A – Acquired   we are born with it.
I – Immune   to do with the body's defence against diseases.
D – Deficiency   not working efficiently, a break down.
S – Syndrome   a collection of different diseases.

2.2.3 The effect of HIV on the immune system

The immune system has two main lines of defence:

- a number of different white blood cells.
- antibodies, which are chemicals produced by our body to destroy harmful germs (Wood et al, 2004:13).

HIV enters the blood stream of a person to infect it and it can only survive within another living cell. Whilst the virus can infect cells in all parts of the body, including the brain, its primary targets are certain white blood cells called T4 cells or CD4 cells which are also known as the soldiers of the immune system. The immune system is composed of many interdependent cells and organs that protect the body from bacteria, parasites, fungi, viruses, and tumor cells (Engender Health, 2005:1). When bacteria, viruses or other agents invade the body, they are recognized as foreign, which then signals the immune system to attack and destroy them. If the immune

system does not act sufficiently in response to an invading agent, the result will be infection.

HIV infects one particular type of immune system cell, called CD4 cells (or T-cells). T-cells coordinate immune regulation and secrete specialized factors that activate other white blood cells to fight infection.

When infected with HIV, a T-cell becomes an HIV-replicating cell (Engender Health, 2005: 1 of 2). In other words, the virus binds with the cell, copies itself into other cell's DNA, and causes the cell to begin producing new HIV viruses. This process eventually causes the cell to die. As the number of T-cells decreases, the infected person's immune system becomes increasingly compromised. When a person's T cell count drops to below 200 cells per micro litre of blood, the person is considered to have AIDS.

2.2.4 How HIV is transmitted

HIV is transmitted primarily by unprotected vaginal, anal or sexual intercourse, by the sharing of needles with an HIV infected person, through transfusions of infected blood and through breast-feeding. Furthermore, babies born to women who are HIV-infected may contract the infection before or during birth (Martin, 1991:327; Ford & Russo, 1997:257). The transmission of HIV will be discussed briefly below.

2.2.4.1   Sexual contact with an infected person

HIV is transmitted primarily through unprotected vaginal or anal intercourse with an infected person, that is, when bodily fluids are exchanged during sexual contact (Olivier, 2002:260; Van Dyk, 2001:19; Wood et al, 2004:14; Soul City, 2004:7). The virus enters a person's blood stream via the body fluids of an infected individual. In order to gain entry into the body, the virus needs to connect the CD4 receptors, which are found on various types of cells such as macrophages and CD4 cells (Van Dyk, 2001:19).

2.2.4.2   Direct contact with the blood of a person living with HIV

The HI virus can be transmitted from one person to another when a person receives HIV-contaminated blood in a blood transfusion, when he or she uses needles that are contaminated with HIV-infected blood to inject drugs, or when he or she is injured with blood contaminated needles, syringes, razor blades or other sharp instruments (Van Dyk, 2001:24; Wood et al, 2004:15).

2.2.4.3   Mother to child transmission of HIV

Mother to child transmission of HIV is one of the major causes of HIV infection in children (Van Dyk, 2001:28). Transmission of the virus from mother to child may occur during pregnancy, at birth or from breast feeding (Van Dyk, 2001:28; Olivier, 2002:260; Wood et al, 2004:16).

2.2.5 How HIV/AIDS affects learners

Many schools are already experiencing the effects of the epidemic as learners and members of their families fall ill (Janse & Van Rensburg, 2003:15). Almost every educator will eventually be teaching some learners who have HIV/AIDS. Illness disrupts learning and teaching. Learners who are ill fall behind with their studies and need special assistance in school (Ford & Russo, 1997:259; Janse & Van Rensburg, 2003:15). HIV/AIDS causes enormous stress on those affected. Many are confronted with the demands of caring for the seriously ill and the trauma of death (Hermann, 2003:26). HIV/AIDS deprives children of the requirements to become economically productive adults (Garbus, 2003:55).

Carol Coombe of the HIV and Education Research Program at the University of Pretoria, cited in Garbus (2003:67) highlights the following effects of HIV/AIDS on South Africa's educational sector. These include:

1. Lower enrollment rates because of non-attendance by children who are ill, impoverished, orphaned and caring for younger children.
2. Higher drop out rates

3. Fewer tertiary students as secondary school output and quality decline.

Coombe, cited in Garbus (2003:67) highlights the effects of HIV/AIDS induced trauma on vulnerable children. She mentions the following:

- Secrecy, silence or denial about parental illness.
- Family and community strain or dissolution, separation from siblings and friends.
- Lack of acknowledgement or discussion of children's fears and grief, which can lead to confusion and anxiety.
- Difficulties, behavioral changes, loneliness and isolation.
- Decline in school performance, low morale and poor concentration.
- Stigma and discrimination, teasing and insensitivity.

From the discussion above, it is apparent that HIV/AIDS is a very serious disease that devastates both individuals and societies alike. The primary method of spread of HIV/AIDS worldwide is through sexual exposure, among others. HIV/AIDS damages the immune system leaving the infected person vulnerable to a variety of infections. Illness among learners leads to deterioration in schoolwork mainly because of regular absenteeism and poor concentration. Having explored the phenomenon of HIV and AIDS, the school policy on HIV/AIDS will now be discussed.

2.3 SCHOOL POLICY ON HIV/AIDS

2.3.1 General overview

Policies as well as prevention and intervention programs are crucial for schools to have the ability to meet the needs of all children and other members of the educational community, regardless of whether they are HIV/AIDS infected (Ford & Russo, 1997:254). Educational leaders should develop teams to review existing policies and should be involved in developing, implementing, and assessing HIV/AIDS education policies, premised on current scientific data, law and educational technology, that provide clear guidelines and procedures for dealing with HIV infection in the schools (ibid). Teams should include parents, teachers,

counsellors, school nurses, learners (as age-appropriate), and appropriate community representatives.

Policy makers and educators must be aware that there are cultural factors to be taken into consideration when formulating and implementing a program that will be effective for all learners. School based HIV/AIDS education must be grade appropriate and sequential, and, in the process, learners must have opportunities to learn about and discuss openly the emotional and social factors that influence types of behaviour associated with HIV/AIDS transmission (Clark, 1994: 6). Numerous activities to educate learners about HIV/AIDS have been developed by various schools. The success of these activities depends upon their implementation and the unique context of actual school populations. Some of the more effective activities include the following (Ford & Russo, 1997: 271):

- The use of peer counsellors who discuss HIV/AIDS issues both in classrooms and individually with learners.
- Dramatic theoretical presentations that portray the risk of HIV.
- School health fairs with presentations about HIV/AIDS or presentations by young people who are HIV positive.
- Health columns on HIV/AIDS in the school newspaper.

The previous Minister of Education, Kader Asmal, after consultation with the Council of Education Ministers, published the National policy on HIV/AIDS for learners in public schools and students and educators in further education and training institutions, in terms of section 3(4) of the National Education Policy Act No. 27 of 1996 in Government Gazette no. 20372 dated 10 August 1999 (Education Labour Relations Council, 1996:13). Because the Minister of Education acknowledged the seriousness of the HIV/AIDS epidemic, and international and local evidence suggests that there is a great deal that can be done to influence the course of the epidemic, the Ministry committed itself to minimise the social, economic and developmental consequences of HIV/AIDS to the education system, to all learners, students and educators, and to provide leadership to implement an HIV/AIDS policy. This policy seeks to contribute towards promoting effective prevention and care within the context of the public education system (Education Labour Relations

Council, 1998:13). The Ministry of Education works alongside the Ministry of Health to ensure that the national education system plays its part in stemming HIV/AIDS, and ensuring that the rights of all those infected with the disease are fully protected (Burger, 2004:225). This priority has been operationalised into three objectives of the "Tirisano" implementation plan (Burger, 2004:225). Each is linked to anticipated outcomes and performance indicators. The three programmes are (ibid):

- Awareness, information and advocacy.
- HIV/AIDS within the curriculum
- Planning for HIV/AIDS and the education system.

On 9 June 2003, the Council of Education Ministers announced a three-year strategic plan, which is consistent with the national five-year plan. The new plan focuses on:

- Limiting the spread of HIV and AIDS through life-skills education, a component which had been a large scale enterprise by mid 2003, with the training of 130 000 educators, and over 60% of schools offering the programme.
- Providing social support to educators and learners who are affected.
- Managing the impact of HIV and AIDS on the education system (Burger, 2004:225).

2.3.2 School attendance by learners with HIV/AIDS

Learners infected by HIV/AIDS do not apparently present an infection risk to the classmates or to adult school personnel and should therefore be allowed to attend classes and to participate fully in programmes and activities offered by the school, as long as they function effectively and do not present a medically significant health risk (Martin, 1991:334). Every child has the right to education, whether they are HIV positive or not, and schools should cultivate a culture of non-discrimination towards learners with HIV/AIDS (Van Dyk, 2001:415; ELRC, 1998:16).

According to the National Education Policy Act No. 27 subsection 5 (ELRC, 1998:16), learners with HIV have the right to attend any school or institution. The needs of learners with HIV/AIDS with regard to their right to basic education should as far as is reasonably practicable be accommodated in the school or institution.

- Learners with HIV/AIDS are expected to attend classes in accordance with statutory requirements for as long as they are able to do so effectively.

- If and when learners with HIV/ AIDS become incapacitated through illness, the school or institution should make-work available to them for study at home and should support continued learning where possible. Parents should, where practically possible, be allowed to educate their children at home in accordance with the policy for home education in terms of section 51 of the South African School Act, 1996, or provide older learners with distance education (ELRC, 1998:13).

- Learners who cannot be accommodated in this way or who develop HIV/AIDS-related behavioral problems or neurological damage, should be accommodated, as far as is practically possible, within the education systems in special schools or specialized residential institutions for learners with special education needs. Educators in these institutions must be empowered to take care of and support HIV/AIDS positive learners. However, placement in special schools should not be used as an excuse to remove HIV positive learners from mainstream schools.

2.3.3 Placement decisions

According to the National Education Policy (ELRC, 1998:16), no learner may be denied admission to or continued attendance at a school on account of his or her HIV/ AIDS status or perceived HIV/ AIDS status. The testing of learners for HIV/AIDS as a prerequisite for admission to or continued attendance at school, to determine the incidents of HIV/ AIDS at school, is prohibited. The following factors are considered for placement purposes (Martin, 1991: 335):

a) The risk of transmission of the disease to others.
b) The health risk of the particular learner

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2.3.4 Disclosure of HIV/ AIDS- related information and confidentiality

The National Education Policy on HIV/AIDS (ELRC, 1998:17) states that no learner is compelled to disclose his or her HIV/AIDS status to the school. Voluntary disclosure of a learner's HIV/AIDS status to the appropriate authority should be welcomed and an enabling environment should be cultivated in which the confidentiality of such information is ensured and in which unfair discrimination is not tolerated. In terms of Section 39 of the Child Care Act No. 74 of 1983, any learner or student above the age of 14 years with HIV/AIDS, or if the learner is younger than 14 years, his or her parent, is free to disclose such information voluntarily (ELRC, 1998:13). Since HIV/AIDS carries a great stigma, confidentiality is an extremely important issue. Unwarranted disclosure of the diagnosis violates the child's right to privacy. Therefore, knowledge of the child's diagnosis should be limited to those persons with a direct need to know. Such persons include the principal, school nurse and the class teachers in whose classes the child is enrolled (Martin, 1991:337-338).

The seriousness of the HIV/AIDS epidemic led the previous minister of Education, Kader Asmal, to commit himself into minimising the consequences of HIV/AIDS by providing leadership to implement an HIV/AIDS policy. Prof. Kader Asmal worked alongside the minister of Health in order to protect the rights of all those infected with HIV/AIDS. The National Policy on HIV/AIDS clearly states that learners with HIV have a right to attend any school and may not be denied admission due to their HIV/AIDS status. A child may disclose his or her status voluntarily. The next discussion is on HIV/AIDS counselling.

2.4   HIV/AIDS COUNSELLING

2.4.1 Primary purposes of counselling

The purpose of counselling or helping a client must always be based on the needs of the client (Van Dyk, 2001: 201).

The purposes of counselling are:

- To help clients manage their problems more effectively and develop unused or underused opportunities to cope more fully.
- To help and empower clients to become more effective self-helpers in the future (Egan 1998, cited in Van Dyk, 2001:201).
- To facilitate changes in one's behaviour and learn decision-making processes.
- School counselling also aims at facilitating learner's self-knowledge and emotional acceptance, improve social and personal relationships and enhance human potential (Hornby, 2003:1, Schmidt, 2003:139-40).

For the purposes of this study, the specific aim of counselling the HIV infected individual is to focus on life beyond infection and not to dwell unnecessarily on the constraints of the disease (Johnson, 2003:3, cited in Van Dyk, 2001:201). The counsellor's role is therefore to facilitate the client's quality of life by helping him or her to manage problems, to effect life-enhancing changes, and to cope with the kinds of problems that will arise in the future.

2.4.2 Egan's three stage model: the skilled helper model

2.4.2.1   Background to the model

Gerard Egan is Professor Emeritus of Organisation Development and Psychology in the Center for Organisation Development of Loyola University of Chicago (Egan, 1998: XII). Egan, highly qualified with a Ph.D, has written many books in the field of counselling and communication. He has lectured, consulted and given workshops in Africa, Asia, Australia, Europe and North America. In China he has worked with university and community-based professionals or counsellor-training systems. Egan consults to a variety of companies and institutions worldwide. He specializes in working with senior managers on management development, leadership, strategies for development, challenging and designing corporate culture (Egan, 1998: XV).

Egan's model, known as the skilled helper model is a helping model based on problem solving. Egan (1998:XV) maintains that problem solving is one of the most

highly researched paradigms and is not based on an unsupported theory. He further explains that problem management and opportunity development constitute key dynamics underlying every form of helping. The reason for this is that the process focuses on the client's needs, not the assumptions of a theory. He continues to say that the basic problem-solving process or model is universal, therefore it crosses cultures easily and is easily adapted to cultural differences.

This model is practical. It deals with individuals and focuses on results. Each case is a study in itself, goals are set and progress toward these goals is plotted. Furthermore, clients recognize, understand and can use the problem management process, once it is shared with them. A mutual understanding of the helping process allows clients and helpers to become partners. Once the helping process is mutually owned, then helping sessions become "labs" in which clients learn how to become better problem managers and opportunity developers in their everyday lives.

2.4.2.2   The relevancy of Egan's model for HIV/AIDS counselling

It is the duty of the management team of the school to see to it that all learners in the school are coping well academically, spiritually and emotionally. This, however, becomes problematic when there is a life-threatening epidemic in the lives of some learners in the school.

The school management team cannot just sit back and do nothing about this devastating problem. They must help the learners to fulfill their potential. The school has a very important role to play in empowering children with the necessary knowledge, attitudes, values and life skills to protect themselves against HIV infection and AIDS (Van Dyk, 2001:195). It is therefore imperative that the school management team and specifically the principal organize and facilitate counselling services that will help the affected learners to cope much better with their lives.

Learners are affected by HIV/AIDS in different ways. They may be infected with HIV themselves, they may have one or two parents who are HIV infected or they may be orphaned because of the AIDS related deaths of their parents (Van Dyk, 2001:265). The school management team could identify some problems which the affected

learners are experiencing, for example, loneliness, regular absenteeism, non-acceptance, fear of dying, low self-esteem, depression and poor academic achievement. These learners need help. Egan's model is therefore important and is the most relevant in this case because it is a helping model, which is based on problem solving. Affected learners must be helped and their problems must be solved so that they can cope with life much better and more effectively.

2.4.2.3   Overview of the stages of the skilled helper model

Egan (1998:116, 220, 272, 313) identifies three stages of the skilled helper model. Each stage consists of three steps. These stages will be outlined briefly below:

Stage 1 deals with the clarification of the key issues calling for change i.e. the current state of affairs. The three steps of stage 1 are:

- A – helping clients tell their stories in terms of problem situations and unused opportunities.
- B – recognizing blind spots and helping clients move beyond these blind spots and develop new perspectives on their problem situations and opportunities.
- C – helping clients discover and work on issues that will make a difference in their lives.

Stage 2 deals with helping clients determine what they need and want i.e. developing a preferred scenario. The three "steps" of stage 2 are:

- A – possibilities for a better future
- B – the change agenda
- C – commitment – what are you willing to pay for what you want?

Stage 3 deals with helping clients discover how to get what they need and want i.e. developing action strategies. The three "steps" of stage 3 are:

- A – possible actions

- B – choosing best-fit strategies
- C – crafting a plan

Action is the last stage, which deals with helping clients turn decisions into problem-managing action, i.e. making it all happen.

The different stages will be elucidated below and the researcher will attempt to apply the model to explain the phenomenon of counselling HIV affected learners.

2.4.2.4 Elucidation and application of the skilled helper model

1) Stage 1: Helping clients identify and clarify problem situations and unused opportunities (Egan, 1998:116)

Stage 1 in the helping process can be seen as the assessment stage, that is, finding out or rather learning, what is wrong and what resources are not being used. Assessment contributes to learning, to increasing the client's options. Client centred assessment is the ability to understand clients, to spot "what's going on" with them, to see what they do not see and need to see. This is all done to help clients manage their lives and develop their resources more effectively. Assessment is therefore a kind of learning in which both client and helper participate.

Step 1A : Helping clients tell their stories in terms of problem situations and unused opportunities (Egan, 1998:121)

To elicit the current scenario, the counsellor must help clients to tell their 'story' in such a way that the counsellor (as well as the client) gets a clearer picture of the problem situation. For example: the results of the school audit, which is a tool developed by the Department of Education for determining and checking problems experienced by learners in the school, may have revealed that there is a grade four learner by the name of Zuko who is affected by his HIV positive status which everyone knows in the school and village. The whole family is experiencing discrimination, ridicule, and other children teasing him. Friends prefer not to socialize with this child because of the stigma attached to this syndrome. Almost everyone is

avoiding him and even the closest relatives do not want to accept him as he is because they are saying he has disgraced the entire family. Zuko has even decided to quit rugby because he can see that teammates do not want him in the team anymore.

The counsellor must allow Zuko to tell his 'story'. By listening to himself (as he tells his story), Zuko may get a much clearer picture of what is actually going on in his life. He may, for instance, realize how lonely he really is. Zuko needs help. Helping can be seen as a process in which clients are helped to control the severity of their problems in living. The severity of any given problem situation will be reduced if the stress can be reduced, if the frequency of the problem situation can be lessened, or if the client's control over the problem situation can be increased (Egan, 1998:125).

Step 1B : Helping clients move beyond blind spots and develop new perspectives on their problem situations and opportunities

By listening to Zuko's story and asking appropriate questions, the counsellor can help him to recognize his blind spots, one of which may, for example, be that although he has known his HIV status a year ago, and has tried to accept it, he does not accept the fact that he can be loved by others.

Step 1C : Help clients discover and work on issues that will make a difference in their lives choosing the right problems or opportunities to work on

By listening to Zuko's story, the counsellor can also help him to identify the issues which are really bothering him. Such issues may include self-acceptance, regaining a positive attitude towards life, feelings of worthlessness, fear of dying and discrimination.

2)   Stage 2: Helping clients determine what they need and want (Egan,1998:220)

This stage deals with helping clients discover and commit themselves to what they need and want. It focuses on the better future, the client's preferred scenario. The

steps of stage 2 outline three ways in which helpers can help their clients to explore and develop this better future.

Step 2A :Helping clients identify possibilities for a better future. What do you want? What do you need? What are some of the possibilities?

The goal of step 2 A is to help clients develop a sense of direction by exploring possibilities for a better future. Brainstorming possibilities for a better future often help clients to understand their problems more clearly. By understanding their problems more clearly, they begin to acquire real hope for the first time (Van Dyk, 2001:203). Clients must be helped to choose realistic and challenging goals so that they can manage their key problems. Realistic and reachable goals focus client's attention and actions, they mobilize energy and effort, they motivate clients to search for strategies to accomplish their goals, and they increase a client's determination to grasp what he or she wants (Van Dyk, 2001:2003). When goals are realistic, clients can make a realistic commitment to work towards them. Counselling helps clients move from a problem-centred mode to "discovery" mode. The discovery mode involves creativity and divergent thinking.

A creative person is characterized with optimism and confidence, flexibility, tolerance of complexity and independence. Divergent thinking on the other hand means more than one way to manage a problem or develop an opportunity.

Some clients can see future possibilities better when they see them embodied in others. The counsellor can help clients brainstorm possibilities for a better future by helping them to identify models (Egan, 1998:233). By models are not meant superstars or people who do things perfectly. Models can be found anywhere: among the client's relatives, friends and associates, in books, on television, in history and in movies. Counsellors can help clients identify models, choose those dimensions of others that are relevant, and translate what they see into realistic possibilities for themselves.

The counsellor should encourage Zuko to say what he wants and needs for his future. He may want the following:

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- To be able to accept love again.
- To feel worthwhile to his parents, relatives, friends and society at large.
- To be a member of some kind of community, maybe a self help group of fellow AIDS victims, people who do not fear him.
- To have one or two intimates with whom he can share the ups and downs of daily life.
- To manage bouts of anxiety and depression better.

The counsellor can help Zuko combine a set of goals from these possibilities and ways of accomplishing them. This can contribute substantially to Zuko's quality of life, even under very difficult circumstances. The following are the kinds of questions the counsellor can help Zuko ask himself to discover possibilities for a better future:

- What are my most critical needs and wants?
- What are some possibilities for a better future?
- What outcomes or accomplishments would take care of my most pressing problems?
- What would my life look like if I were to develop a couple of key opportunities?
- What should my life look like a year from now?
- What should I put in place that is currently not in place?
- What are some possibilities for making my life better?

Step 2B : Moving from possibilities to choices/the change agenda

Once possibilities for a better future have been developed, clients need to make some choices, that is, they need to choose one or more of those possibilities and turn them into a program for constructive change. Clients now need to discover ways to bridge the gap between their current scenario (what they have) and their preferred scenario (what they need and want). Step 2 A is, in many ways, about creativity, getting rid of boundaries, thinking beyond one's limited horizon, moving outside the box. Step 2 B is about innovation, that is, turning possibilities into a practical program for change. If implemented a goal constitutes the "solution" for the client's problem.

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The counsellor must help Zuko to see that there are many different ways of achieving his goals. He should think and brainstorm about these different ways and choose the action strategies that best fit his talents, style, personality, resources and timetable. The counsellor should help Zuko to organize his actions into a coherent, simple, achievable plan that he will be able to execute to accomplish his goal. Egan says a plan of action is a map the client uses to get to where he or she wants to go (Egan, 1998:243).

Step 2C : Commitment: what are you willing to pay for what you want?

In this step, counsellors help their clients pose and answer such questions as:

- Why should I pursue this goal?
- Is it worth it?
- What are the incentives for pursuing this agenda?
- How strong are competing agendas?

The job of the counsellor is to help clients face up to their commitments.

The counsellor can advise Zuko to join a support group that will advise him about healthy living. Zuko will then start eating healthy foodstuff, stop smoking and even start an exercise programme in order to boost his immune system. Zuko will soon realize that if he looks after his health and his immune system in particular, he might prolong his life and so be around for a longer time.

3) Stage 3: Helping clients work for what they need and want (Egan, 1998: 272)

Stage 3 is about the activities needed to fulfill the needs and wants identified in Stage 2. The role of the counsellor is to help clients engage in all the internal and external behaviors in the interest of goal accomplishment. These internal and external behaviors include:

- Determining what you want, that is, a goal or a set of goals "powerfully imagined".
- Focus and concentration in preparation and planning.
- A commitment of emotional energy.
- The confidence or belief in oneself to see the goal through.
- A capacity to enjoy the process of getting there.

Step 3A: Strategies for action: what do I need to do to get what I need and want?

By associating himself with peers who are also HIV positive, Zuko will feel less lonely. The group will prompt him to keep himself occupied with some kind of activity or activities. He can decide to do volunteer work, just something that will make him feel useful to society. This will fulfill one of his greatest needs. Zuko will therefore enter the process of deciding which particular kind of volunteer work will suit his personality and style best. He may decide for example to take condoms from the clinic and bring them to the local shops where people will get them easily.

Step 3B: What strategies are best for me?

Step 3B deals with the ways of helping clients choose the strategies that are best for them. Some clients, once they are helped to develop a range of strategies to implement goals, move forward on their own, that is, they choose the best strategies, put together an action plan, and implement it. Others, on the other hand, need help in choosing strategies that best fit their situation. The counsellor should ensure that strategies chosen are consistent with Zuko's values. Zuko desperately needs emotional stability. He therefore needs to find ongoing emotional support and derive pleasure from helping others. Zuko's strategies for achieving emotional stability can be shown by the following specific strategies:
- Participating in a support group.
- Helping teachers in organizing concerts and activities in the school that are AIDS related.
- Eating healthy food and taking care of himself.
- Finding someone to talk to about the problem, someone to trust.

***Step 3C: Helping clients make plans: what kind of plan will help me get what I
need and want?***

Plans help clients develop needed discipline and keep clients from being
overwhelmed. Formulating plans also helps clients search for more useful ways of
accomplishing goals, that is, even better strategies. The counsellor will help Zuko to
make a formal plan. He will identify the activities and actions he needs to do to
accomplish his goal. He will then put those activities in a logical order and set a time
frame for the accomplishment of each key step.

4) Action: Making it all happen (Egan, 1998:313)

The client must now move from the planning mode to the action mode. Action should
not be the "last stage" of change, the client needs to act from the very first
counselling session, i.e. he or she needs to begin to make the transition from the
current to the preferred scenario (Van Dyk, 2001:204). The counsellor should
encourage clients to act, even if it is in small ways, right from the very beginning of
the counselling process. Helping is ultimately about getting the client to work towards
constructive change. Egan (1998:31) stresses that there is nothing magic about
change, it is hard work, and if clients do not act in their own behalf, nothing happens.
Zuko may take the first step by joining a support group of HIV infected peers. Zuko
will feel good about himself, become more confident and develop a positive outlook.

This section explored the HIV/AIDS counselling. The primary purposes of
counselling included helping and empowering clients to become more effective self-
helpers in the future. Egan's model, which is the skilled helper model, was discussed
according to the three stages. Stage 1 basically deals with the clarification of the key
issues calling for change. Stage 2 deals with helping clients determine what they
need and want and stage 3 deals with developing action strategies i.e. helping
clients discover how to get what they need and want. The discussion that follows is
on the role and functions of the different members of the school management team
in managing school counselling services.

2.5 THE ROLE AND FUNCTIONS OF THE PRINCIPAL, DEPUTY PRINCIPAL, HODs AND SENIOR TEACHERS (SCHOOL MANAGEMENT TEAM) IN MANAGING SCHOOL COUNSELLING SERVICES

2.5.1 The composition of the school management team

The management team of the school consists of the principal, deputy principal(s), the heads of department and the senior teachers. Each member of the management team is charged with specific duties involving organization and decision-making, leadership and policy formulation that would ensure effective education. The role of the members of the management team will be explained under the next heading.

2.5.2 Role and functions of the members of the school management team

Every person in the teaching profession who is charged with duties involving organization and decision-making, leadership and policy formulation is in fact engaged in management which entails the initiation and maintenance of dynamic interaction that could lead to more effective education and teaching (De Witt, 1993:8). The members of the school management team are, however, appointed in a managerial position with specific assigned duties. The discussion, which follows, will focus on the roles of the members of the school management team, with specific reference to counselling.

2.5.2.1 The principal as leader of the school management team

Schools are managed by principals trained in educational administration, curriculum, law and other aspects of the school governance. Principals are ultimately responsible for everything that goes on in the school. The principal manages the school as an enterprise for the realization of the functional task of the school, namely educative teaching and learning (Kruger, 1995:7). In order to manage the school as an organization, the principal should execute certain management functions such as planning, policymaking, organization, leadership, controlling, decision-making, motivation and communication within certain areas of management. The principal could for example, plan when the school audit, developed by the Department of

Education to identify learners with problems related to HIV/AIDS could be done; how to keep lines of communication open between the school and the school counsellors, nurses and health experts and between the principal and teachers, teachers and learners and so forth. Bearer, Coldwell & Millika (1989:83) describe the school as a multidimensional organization, since the principal's management functions might differ within these different areas.

Kruger (1995:8) identifies the following four management dimensions or domains that will incorporate the different management areas and in which management functions and approaches will be differently applied:

The operational dimension: This includes ordinary routine in the school.

The project and planning dimension: The focus in this area is on special projects, for example, the HIV/AIDS programme.

The professional dimension: This entails teaching and learning.

The political dimension: This refers to policy-making aspects, such as school policy on HIV/AIDS; school community and parent-management bodies.

The school principal occupies a special position in the school, which is decisive for the effective functioning of all facets of school life. According to Kruger (1995:5), the principal's leadership, among others, determines the following:

- The school climate.
- The climate of teaching and learning events.
- The school's success.

The school principal is both a professional leader and a manager of the school, and his management and leadership style also affect classroom management and, therefore, the learner's performance. Teaching is a very personal activity that can take place in relative isolation in every classroom. The principal can influence its effectivity

by means of his leadership style, his personality and his educational leadership programme, which includes the following (Badenhorst, 1993:33; Pillay, 1998:59)

- Formulating and disseminating the mission of the school.
- Didactic guidance.
- Remediation.
- Climate creation.

De Witt (1993:9) further maintains that the principal as the manager of the school is the organizer of all its activities. He also serves as the educational representative on committees and boards offering representation to other special institutions. In society at large he is also the embodiment for the principles the school stands for (Van Wyk, 1994:18). Bush (1989:23), says a school principal has to meet many demands and the exacting and highly varied nature of his task is apparent from the many divergent functions he performs, namely those of (for example), father, confessor, chief justice, co-ordinator, organizational analyst, entrepreneur of change, administrative mechanic, pastoral leader, idealist and realist, pioneer and preserver of the status quo and technical educationist.

Being a manager means getting things done which leads to the realization of the vision through and with other people. A school principal should collaborate with the counsellors about the design of the counselling programme, selection of major goals and objectives and identification of essential functions (Schmidt, 2003:170). This collaboration between principals and counsellors enables counsellors to include their principals in program planning processes and, at the same time, to inform principals of issues affecting learners' educational development. It is critical that principals have current and accurate information and training regarding HIV/AIDS to adequately supervise and guide teachers and learners for whom they are ultimately responsible (Keaster, Evans, Melville & Cas, 1996:2).

Given the responsibility that principals have to their learners, teachers and parents, each school district, regardless of location must immediately take steps to provide updated, accurate guidance about the threat of HIV/AIDS infection (Keaster et al, 1996:5). Ethical standards and legal guidelines regarding confidentiality should be

followed by principals and counsellors when sharing information (Garcia, Froehlich, Cartwright, Letiecq, Forrester & Mueller, 1999:42; Schmidt, 2003:170). Ethically, school counsellors cannot reveal confidential information to principals or other people without the consent of their clients. However, because counsellors are privy to information that reflects on the overall condition and climate of the school, they have an obligation to inform principals about these conditions. For example, if a counsellor has learned that a certain number of learners are HIV positive or that they are affected by their parents or relatives who are HIV positive, the counsellor needs to inform the school principal of this situation.

By having this information, the school principal is in a position to plan the educational services these learners will need and to consult with the school nurse about appropriate health services to provide (Schmidt, 2003:170-171). Mobile Clinics usually visit all the schools according to their programme and schedule from the Department of Health. These mobile clinics have nurses who look specifically into the needs and problems of learners and sometimes teachers. School nurses come to the school with charts showing substance abuse and charts with pictures of sick people with HIV/ AIDS. The nurses educate both the learners and the teachers on these.

In addition, the principal should confer with the counsellors and teachers about preventative services the school should develop for the future. By collaborating with their principals, school counsellors take charge of their counselling programs. School counsellors inform the school management team about their annual plans, focus on essential services for learners, parents and teachers, and keep lines of communication open. Many authors of articles and books on counselling advocate a team approach for coordinating services in schools (Gysbers & Henderson, 2000; Humes & Hohenshil, 1987; Schmidt, 1991 cited in Schmidt, 2003:91). School counsellors use their consulting skills when principals seek information about problems they are having with learners or difficulties they observe in the school as a whole, for example, with learners affected by HIV/AIDS.

Principals are charged with managing all aspects of the educational and extracurricular programs. This is an awesome responsibility and most principals rely on specialists, such as school counsellors, to provide accurate information and use

specialized training to assist with problems (Schmidt, 2003:90). Effective school counsellors meet with their principals on a regular basis to report the progress of their counselling program. Communication between the school principal and counsellors is essential to provide appropriate and comprehensive services in school. Such co-operation allows for respect and acceptance of professional roles and builds a level of trust with which the judgment of counsellors and the leadership of principals is balanced to meet the needs of students (Schmidt, 2003:90). Although teachers are in a much better position of identifying those learners who are affected since they spend much time with them in the classroom, the principal as the leader of the school management team and manager of the whole school must see to it that teachers collect information about affected learners in a confidential and unharmful way. This can be done through a school audit. The school audit could be done using the following seven steps:

Step 1:   The principal should ask each educator to identify learners who are vulnerable or who are experiencing problems. The principal should encourage educators to do this as confidentially and sensitively as possible. For example, they could ask learners in class who may be experiencing (for example), death of a parent, HIV/AIDS related problems, to come and talk to them privately about their problems. Educators could also ask learners to come and tell them of fellow learners experiencing difficulties who may find it difficult to tell the educators themselves. The audit form should be kept as safely as possible, preferably in the principal's office. Only the concerned people must have access to the form.

Step 2:   The principal should ask educators to fill in an audit sheet (see example of audit sheet on next page).

Step 3:   Once these sheets are completed, educators should pass them on to the school management team.

Step 4:   The SMT should draw up one combined list from all the separate class audits and decide on the most common and important problems.

Step 5:   The school management team should hold a meeting with the school governing body, colleagues and parents to discuss the kinds of

problems children are experiencing. They should also discuss ways to deal with these problems, for example, inviting nurses, professional health experts and school counsellors to the school.

Step 6:   The school management team should agree to repeat this exercise at least every six months.

Step 7:   The audit should be designed and implemented every year on an agreed date. This will keep information on learners up to date.

AN EXAMPLE OF AN AUDIT FORM

GRADE 4							
NAMES OF LEARNERS	Has lost parent	Is chronically ill	Is often absent	Lives with relatives	Is HIV positive	Other problems and comments	Action
Boyce, Sindile	X	X	X	X	X		Make appointment with school counsellor
Dumisa, Khalipha		X	X				Make appointment with school counsellor
Koloni, Ayabonga	X			X		Seems to have accepted death of father	Internal guardian
Mfenqa, Senzo	X					Seems a happy, well-balanced boy	Continue monitoring
Nomake, Mveleli		X	X		X		Make appointment with school counsellors

The principal should encourage families to deal with their financial problems in the following ways:

- Apply for exemption from paying school fees. The principal and chairperson of the school government body must assist with this process.
- Schools should link up with the national nutrition programme, which provides learners with food such as bread and soup usually served during first break.

- Schools could ask businesses to donate school uniforms.

Since school principals are responsible for the education of their respective learners, they are obliged to know the facts about HIV/AIDS in order to properly educate adolescents in their charge.

2.5.2.2   The deputy principal

Although the deputy principal is an important and dynamic resource in schools and in the continuing improvement of education, many teachers describe the role of the deputy principal as follows: "the deputy is a teacher whose main function is to deputize for the principal during any absence. The main duties include keeping the staff and principal informed of what the other side is thinking" (Reay & Dennison, 1990: 41). According to Van der Bank (1997:116-117) the role of the deputy principal in the day to day functioning of the school is a combination of the following assigned, expected and assumed tasks:

1)   **Assigned tasks**

These tasks are expressed in job descriptions, organizational structure and directions from superiors. These tasks include:

- Participation in the schools decision-making team.
- Shared responsibility for student discipline, attendance and activities.
- Involvement in teacher evaluation and supervision.

2)   **Expected tasks**

These tasks are communicated through tradition, training programmes and interactions with staff, parents and learners.
The following are expected tasks:

- Awareness of national and local laws and policies that refer to learners' well being.

- Assistance in enhancing learner attendance responsibility.
- Involvement in activities of the school that include parents and the community.

3) **Assumed tasks**

These consist of what the deputy principal chooses to do to complement and expand upon the assigned and expected tasks. It can be creative and active and provides the deputy principal with opportunities for a more active role in the leadership of the school. The deputy principal should work with the principal and management team to enhance student learning. The effectiveness of the deputy principal will be largely determined by sound and successful relationships with the principal, the management team, teachers, learners and parents. Sallis (1993:12) and Van der Bank (1997:117-118) describe these relationships as follows:

a)   Relationships with principal

The principal should take a personal interest in the professional development of the deputy principal. The principal should also make continuous efforts to utilize all abilities of the deputy principal by establishing a major role for him/her in the school management team, for example, monitoring the educators closely in filling the audit sheet for each class in trying to determine those learners who are HIV positive and those who are experiencing problems. The deputy principal must co-operate and diligently carry out all the responsibilities assigned to him/her in ways that complement the principal's effectiveness. The principal and the deputy principal should form a leadership partnership in the management of the school, recognizing each other's important contribution to the success of the school.

b)   Relationships with staff

The staff must view the deputy principal as a person with knowledge and activities that could help the teachers in a variety of ways. The deputy principal should provide support and assistance to teachers wherever possible.

c)   Relationships with learners

The deputy principal must promote positive relationships with all the learners in order to be seen as an objective, fair and kind mentor.

d)   Relationships with parents

Parents and parent bodies must develop a good understanding of the deputy principal's role in the school, as well as the valuable contributions that the deputy principal makes. The deputy principal must notify parents of problems with their children and involve them in the resolution of problems.

2.5.2.3   Heads of departments

Although administrative functions take up a substantial amount of a head of department's time, they still spend most of their time in contact with the learners, teaching their subjects (ELRC, 1998:9). This means then that they can also be greatly involved in doing the school audit, have some time with the teachers to discuss the progress of the learners and problems which learners encounter. The head of department is responsible for the management of the staff in his/her department and will be expected to support and encourage staff teaching their subject. He/she will usually be involved and accountable for what is going on in the classrooms. According to Shah (1994:11) the head of department must:

- provide effective leadership to staff in his/her department;
- manage the departmental team successfully;
- have the knowledge and ability to delegate; and
- be capable of motivating staff in his/her department

2.5.2.4   The role and functions of the teachers and senior teachers

No school-counselling program is successful without the support of teachers. Teachers are in an ideal position to help children with their social and emotional development. Since they see pupils regularly over a long period of time and have

extensive experience of children's development, they are able to identify those children who are experiencing difficulties (Schmidt, 2003:168). Counsellors at all levels of educational practice wisely cultivate collaborative relationships with all the teachers in the schools. By having both a teacher and a counsellor as advisors, learners can be encouraged to perform to their fullest potential, knowing that they are nurtured and supported outside of the academic classroom. The teacher's role is to identify learners who need help and assist them in getting the services they need.

Teachers are also in an ideal position to bring their concerns to the attention of parents and offer guidance on different strategies and sources of help, which may be needed. In order to optimise the help they can provide to children and to their parents, teachers need to develop their knowledge and skills in the areas of counselling (Hornby, Hall & Hall, 2003:12). Teachers and counsellors should consult with each other to identify the needs of individual learners, assist them in getting the services they need, gather data to assess these needs, make decisions about practical strategies to assist learners, and evaluate outcomes of these strengths (Schmidt, 2003:170). Teachers should encourage communication and co-operation (Thompson, 2002:160; Hall & Hall, 2003:2; Schmidt, 2003:170). In order to fulfil this counselling role, educators and particularly school principals must be knowledgeable about the HIV disease, its causes, its symptoms and its effects in order to address the needs of their learner population (Keaster et al, 1996:2). Educators must teach all learners the facts about the virus to reduce the very imminent risk of transmission, and to eliminate the prejudice, stigma and discrimination associated with the HIV (Martin, 1991:343). Teachers can provide a supportive classroom environment where anxiety about HIV is allowed to be expressed. They can also play an important role in promoting peer acceptance of an ill child. Communication, assertiveness, decision making and problem solving skills are areas where teachers can affect prevention of HIV in vulnerable (high-risk, low self-esteem) children (Naidoo, 1999:17).

Educators must set an example of responsible sexual behaviour. In so doing, they will protect their families, colleagues, learners and themselves. Professor Kader Asmal, cited in Janse & Van Rensburg (2003:16), explained that because educators are well educated, they can grasp the facts about HIV/AIDS and help spread correct

information about the disease and its effects. He further explained that almost every young person attends school so educators have a great opportunity to discuss the disease, and help the young to protect themselves from becoming infected, getting sick and dying. Educators have a moral and ethical responsibility to be knowledgeable about HIV/AIDS and to cultivate appropriate attitudes in order to prevent its further spread among the youth of this nation (Keaster et al, 1996:5). Educators have a responsibility of helping in the identification of the learners who are infected and affected. They spend a great deal of time with learners in the classrooms and sports field and are therefore in an ideal position to see and note any changes in behaviour or anything that may suggest that the child has a problem. Affected learners will probably be depressed.

The following are the signs of depression a teacher may easily look for in children (Department of Health, 2004:44):

- Tiredness
- Tearfulness
- Not caring about appearance
- Lack of motivation
- Drop in school performance – poor marks
- Poor concentration and memory
- Withdrawal from others
- Feeling negative and uninterested
- Thinking about suicide

Educators need to collect information about affected learners in a confidential and unharmful way. This could be done through a school audit, as explained earlier. Teachers are expected to work more closely with parents and professionals such as psychologists and social workers. Senior teachers are expected to be able to support and appraise other teachers. To fulfill their roles in each of these areas teachers need to possess basic counselling skills (Hornby, Hall & Hall, 2003:3). It is therefore important that every educator learns these skills. An educator can help a learner who is suffering in the following ways (Department of Health, 2004:50):

- Find a quiet place where you will not be disturbed.

- Make sure that the learner is the centre of your attention. Be relaxed. Make eye contact. Lean forward slightly.

- Listen carefully so that you understand the learner's point of view and feelings.

- Ask for more information, opinions and feelings. Encourage the learner to tell you more by asking questions.

- Don't interrupt or judge. Control your own emotions. Don't question the learner too strongly. Don't be afraid of silence. Educators should set up a 'listening hour' after school. Learners can talk to a sympathetic educator who will listen and allow them to 'offload' their problems. Educators could also start a mentoring programme, where educators with counselling skills could offer help to learners. If appropriate, certain learners could also learn counselling skills themselves and visit affected learners.

2.5.3 The management team and parental involvement

One of the most important functions of the school management team is the involvement of parents in the formal schooling of their children (Vos, 1997:21). Responsible parents consider their children's education important and therefore want to be kept informed of their children's behaviour and progress in school and to be involved in their children's formal education. Parent involvement in school activities is based on the natural right of parents to educate their children (Berger, 1987:15). Parental involvement helps in the improvement of learner academic achievement, learner attendance and behaviour generally.

2.5.3.1   The importance of parental involvement in HIV/AIDS counselling

Parents are by virtue of their parenthood the primary and natural educators of their children and for this reason bear the chief responsibility for their children's education (Department of Education, 1998:43). Parents therefore need to be supportive of their children. Being a supportive parent means being able to provide security, stability, enthusiasm and encouragement to their children (ibid). Teachers are able to trace the learner's background through parents' assistance.

Parent involvement can engender a more positive spirit between parent and teacher. HIV/AIDS is a very sensitive issue, therefore trust between the parental home and the teacher must be maintained. Knowledge of the learners' home circumstances can help the teacher to understand the child better. Parent involvement can increase the learner's sense of security and emotional stability.

It is very important to have effective communication between the school and the parental home if there is to be any real partnership between parents and teachers. Successful communication is an important part of any parent involvement plan (Department of Education, 1998:58). Parents and teachers can communicate with one another in the following ways:

- informal discussions and formal consultations regarding the condition of the child.
- home visits to check how the learners are coping.

According to the National Education Policy Act No.27 (ELRC, 1996:20), the ultimate responsibility for the behaviour of a learner rests with his or her parents. Parents of all learners are expected to require learners to observe all rules aimed at preventing behaviour, which may create a risk of HIV transmission and are encouraged to take an active interest in acquiring any information or knowledge on HIV/AIDS supplied by the school, and to attend meetings convened for them by the governing body.

Against this background it is of utmost importance that parents be fully involved in the counselling services that will be provided at school. It is the right of each parent to know what is going on about their children at school. It is therefore imperative that parents be involved from the very onset right through the whole process of counselling. When parents are constructively involved, their children who have been diagnosed with the HI virus will feel a lot more secure and comfortable, knowing there is someone to turn to. Parents can also help in monitoring their children at home and updating the school management team about the condition of the child. Since parents themselves could also be HIV positive, they should also be counseled so that they know how to deal with their children and have an understanding of what

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they are going through. Some parents could have contact with good counsellors, making it easier for the teachers to provide professional help.

2.5.3.2   The teacher-parent partnership

A teacher-parent partnership can be defined as a dynamic process whereby parents and teachers work together for the ultimate benefit of the child. The process involves collaboration on educational matters, setting goals, finding solutions, implementing and evaluating shared goals, as well as inspiring and maintaining trust between parents and teachers. It is important that the child's parents be consulted and involved whenever a counselling session is to be done to their children. According to Griffiths & Hamilton (1994:19) the assumptions underpinning parent-teacher partnership are:

- Parents have a right to be involved as they have the final responsibility for their children.
- All parents care about their children's welfare and well-being.
- Parents want their children to succeed academically.
- Parents want to co-operate.
- All parents can make a contribution.
- Schools do best when they involve parents.
- The skills of parents and teachers complement each other.
- Parents can provide vital information and offer valuable insights about their children.
- Parents can help improve their children's academic performance, attitudes and aspirations.
- Parents can assist in the management of the school.

2.5.3.3   Obstacles to parental involvement

Although there is a great deal of need for increased parent involvement in education, in practice it is generally poor (Vos,1997:19). The school management team should encourage parents to attend parents' meetings and activities held in the school. In parents' meetings, problems related to HIV and AIDS could be addressed and both

teachers and parents could come up with solutions on how these problems could be solved, for example, by providing counseiling services to learners affected by HIV/AIDS. The principal should play an active role in encouraging parents to participate actively and co-operate as much as possible with the teachers. There are certain barriers to effective and successful parent involvement. Vos (1997:19) and Pillay (1995:126) identify the following obstacles to parental involvement:

- **Feelings of intimidation**. Parents feel overwhelmed and intimidated by the school environment, especially if the school does not have an inviting, open door policy.

- **Parents want to help but don't know how**. Many parents would like to participate more in the formal education of their child but are unsure of their rights and the activities in which they can become involved.

- **Parent's negative feelings about school**. Parents who have had unpleasant school experiences develop negative attitudes, which prevent them from taking an interest in the school and in their child's schoolwork. Negative attitudes, which a parent might have, are also easily transferred to the child, which can reduce motivation as well as have a negative effect on the child's academic and behavioural performance.

- **Parents' negative view of teachers' competence**. Some parents, for various reasons, doubt and question teachers' abilities and professional competence and often communicate these feelings to their children. This can affect the child's motivation to learn.

- **Difficult work schedules**. Many parents simply cannot be involved in their child's education because of the nature of their occupations. Efforts need to be made to find ways of making it possible for involving these parents, especially in home-based activities.

- **Socio-economic barriers**. Parents from a lower income group often do not get involved in school activities even though they are generally strong supporters of education.

- **Single-parent families**. While single parents may share the same interests and aspirations for the education of their children as two-parent families, circumstances might prevent them from attending and participating in school

functions. They are viewed as unsupportive and uncaring. These parents can be included in more home-based activities.

In view of the above, parents must be encouraged to visit the school and be made to feel free. Formal and informal discussions could be held with the concerned parents, and teachers must always be careful to make parents feel that their views and opinions regarding solutions to problems related to HIV and AIDS are valued.

This section has attempted to explain the role and functions of the principal, deputy principal, HODs and senior teachers in managing school counselling services. The relationship between the school management team and parental involvement was explained. The importance of parental involvement in HIV/AIDS counselling was also elucidated. Synthesis follows in the next section.

2.6 SYNTHESIS

This chapter has firstly attempted to give descriptions of HIV and AIDS. The origins or history of AIDS, how it is transmitted and its effects on both the immune system and learners were explained. AIDS is a very serious disease that devastates both individuals and societies alike (Van Dyk, 2001:34). Effective school management of the counselling process is therefore essential and should take place in schools and within the community in which infected people live. AIDS educators and counsellors should be creative in exploring and using different methods and materials and in transferring information effectively. This chapter further investigated the school policy on HIV/AIDS. The South African Education Policy was elucidated in this respect.

Next, Egan's three stage counselling model was explained. The different stages were elucidated and the researcher applied the model to explain the phenomenon of counselling the HIV affected learners. The role and functions of the principal, deputy principal, heads of department, senior teachers and teachers were explained with reference to the provision of counselling. The school management team and the rest of the teachers in the school should cultivate a culture of caring and coping in schools. Teachers should be sensitive and not judge. They must show compassion and not pity (Van Dyk, 2001:38). Learners need to be equipped with coping skills for

life. The school has a very important role to play in empowering learners with the necessary knowledge, attitudes, values and life skills to protect themselves against HIV infection and AIDS.

As the number of children infected and affected by HIV/AIDS has increased, so have the identified responsibilities of school counsellors who work with this population (Costin, Page, Pietrzak, Kerr & Symons, 2002:80).

Intervention strategies that address psychosocial factors such as low self-esteem and peer pressure, and the use of techniques such as problem-solving, decision making, and assertiveness training, can help promote healthy behaviours that reduce the risk of contracting HIV (Costin et al, 2002: 80).

There is an urgent need among learners in schools for AIDS education and counselling (Olivier, 2005:32). If schools and particularly the school management team, do not take an nonnegotiable responsibility of providing counselling services, learners will be relegated to a life of trauma, pain, suffering, heartbreak and an early death (Olivier, 2005:32). This is too high and unacceptable a price to pay for educational neglect.

On the basis of what the literature revealed, an empirical study was conducted on how the school management team manages the counselling of learners affected by HIV and AIDS.

The next chapter focuses on the research design that was used in the study.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

Chapter two identified and explored the role and functions of the school management team in managing the counselling of HIV/AIDS affected learners in primary schools within a theoretical context. This chapter sets out the methodology used in this study. It includes a discussion about the research design, i.e. sampling methods, data collection and data processing. The chapter ends with sections on reliability, validity and ethical issues.

3.2 AIMS OF THE RESEARCH

The HIV/AIDS epidemic, its potential impact on learners, and the fact that an increasing number of learners are attending school, makes it imperative that young children in schools are provided with counselling services and information they need to protect themselves. The teachers in the school, and particularly the principal and other teachers in management positions, have a duty to ensure that learners affected by the virus are provided with counselling services that will help them cope better with their lives and perform much better in the school work. The current study therefore consists of the following aims:

- To investigate the strategies employed by the school management team in identifying learners affected by HIV/AIDS.
- To examine the extent to which the school management team actually manages the counselling process in the school.
- To identify problems and training needs which are experienced by the school management team in managing the counselling of learners affected by HIV/AIDS.

This study focuses on three primary schools at Mount Ayliff District in the Eastern Cape.

Having identified the aims of this study, the research design used in the study is now presented.

3.3   RESEARCH DESIGN

According to Booyse (1993:23), the concept research design in educational research can be defined as the consideration and creation of means of obtaining reliable, repeatable, objective, honest, generalisable, transferrable, valid and credible data, by means of which pronouncement about the phenomenon of education may be confirmed or rejected. The research design, according to McMillan and Schumacher (2001:31), refers to the plan or structure that will be applied during the investigation in order to answer research questions.

The research design regarding the study is exploratory and descriptive.

- **Exploratory**

Simelane (1998:12) says that the nature of qualitative research is orientated towards exploration. A qualitative approach that is exploratory enables the researcher to share in the understanding and perceptions of participants and also allows him/her to explore how people structure and give meaning to their daily lives (ibid). Therefore, this study is exploratory in that it attempts to understand the management of the counselling process of HIV/AIDS affected learners in primary schools of Mount Ayliff District in the Eastern Cape. The researcher explored through interviews how the school management teams manage the counselling of HIV/AIDS affected learners in their schools.

- **Descriptive**

Simelane (1998:13) is of the opinion that a descriptive study provides a detailed description of an event under study. In this study the school management teams described how they manage the counselling of HIV/AIDS affected learners in their schools.

3.3.1 Qualitative research

According to Strauss and Corbin (1990:17) cited in Mkhonto, (2003:36), qualitative research refers to the research about people's lives, beliefs and behaviour. Booyse (1993:26), further indicates that a qualitative study is in the form of words rather than numbers, and entails well-grounded, rich descriptions and explanations of processes securing in local context. Furthermore, qualitative research allows for both in-depth assessment and analysis of the issue being researched, as well as enabling the investigation of sensitive issues (ibid). HIV/AIDS is such a sensitive issue. Thus, the qualitative research approach is appropriate in this study since the aim is to investigate the role and functions of the school management team in managing the counselling of primary school learners affected by HIV/AIDS in Mount Ayliff District in the Eastern Cape.

3.3.2 Status of the researcher

The researcher's social relationship with the participants is important to this study (McMillan & Schumacher, 1993:386). The researcher is an educator in a school in the District of Mount Ayliff. The researcher in this regard is a learner to the extent that she is ready to listen to the opinions, ideas, beliefs and fears of the participants during the interview. Notwithstanding her role, the researcher endeavoured not to allow her views to disturb the information she received while conducting interviews.

3.3.3 The language issue

The researcher is Xhosa speaking and has been with the community more than fifteen years. She is therefore familiar with local conditions. Hence the participants took part in the research with confidence. The interviews were conducted in both Xhosa and English. The participants requested this to be able to express themselves freely.

3.4 RESEARCH METHODOLOGY

According to Van Dalen (1978:42) cited in Mkhonto (2003:39), there are different ways of collecting data in qualitative research. These are:

- The use of an interview guide, which must be carefully structured because they strengthen the researcher's interview.
- In depth interviews which capture the direct words spoken by the participants regarding their role and functions in managing the counselling of primary school learners affected by HIV/AIDS.
- Direct observation, which consists of detailed descriptions of what, the researcher observes during the interview.

McMillan and Schumacher (1993:43) agree that there are different qualitative techniques that can be used to produce verbal descriptions able to capture the richness and different aspects of behaviour that takes place in natural settings from the participants' view.

For the purpose of this study, focus group interviews were used.

3.4.1 Focus group interviews

A focus group consists of three to four respondents who are interviewed together (Bless & Higson-Smith, 2000:110).

According to McMillan and Schumacher (1993:432), a focus group interview creates a social environment in which group members are stimulated by each other's ideas.

Bless & Higson-Smith (2000:110) states the following advantages of using focus groups:

- The participants are able to discuss the issue in question with each other.

- A focus group provides an opportunity for participants to learn from each other.

- One person's idea may set off a whole string of related thoughts and ideas in another person.

In this study, focus group interviews were undertaken to obtain better understanding of the problem. Three focus groups comprising of the principal, deputy principal and Head of Department in school A; Deputy Principal and two HOD's in school B; Principal, HOD and senior teacher in school C, were assessed from the different schools. All interviews were audiotaped with the participants' permission. The researcher also took notes discretely to supplement the audiotapes.

3.4.2 Selection of schools

The three schools chosen are in the Mount Ayliff District, one in a rural settlement and two in the small town of Mount Ayliff.

School A

School A is where the researcher is based. McMillan and Schumacher (1993:416) explain that the participant observer is a person who plays a role in the site in which he/she intends to conduct the study. In this study, the participant interviewer is a co-educator in the school.

The school is a public rural school situated near a National road. The school has an open admission policy as stipulated by the South African Schools Act. The governance structure is a school governing body with parent, teacher and learner representatives. There are 618 learners in the school. The school is well fenced and there is no electricity. The school currently uses the solar system. There are 12 classrooms and enough toilets for the learners.

Learners do not carry lunch boxes but depend on the school-feeding scheme.

The educators are all Xhosa speakers and use English as their first additional language. There are three male educators including the principal and fourteen females.

School B

School B is a semi-private and semi-public school situated at the top of Mount Ayliff town. There are 245 learners and 12 educators. The school has eight computers, a fax machine, photocopier and telephone. The school does not have a proper library, but a room full of books, which are not orderly, arranged.

There are ten classrooms and an administration block. There are enough toilets for both boys and girls. The school is well fenced, and the caretaker allows visitors at the gate.

There is a tuck shop in the schoolyard, and some learners carry their lunch boxes.

The sports field only accommodates hockey and soccer players. There is not enough space for other codes.

School C

School C is a public school situated not far from RDP houses in Mount Ayliff Town. There are 613 learners and 17 educators. There are 11 classrooms and sufficient toilets for both educators and learners. There is a small principal's office and a staffroom, a library, telephone, photocopier and computers.

Some learners do carry lunch boxes for the second break. During the first break they are served with the feeding scheme.

The sports field is a few metres away from the school and is also used by the community.

TABLE 3.1: CHARACTERISTICS OF SCHOOLS

Characteristics	School A	School B	School C
Medium of instruction	Xhosa/English	English	Xhosa/English
Number of learners	618	245	613
Number of educators	17	12	17
Number of classrooms	12	10	11
Administration staff	-	1	1
Head of Department	1	2	1
Principal	1	1	1
Deputy Principal	1	1	-
Senior teacher	-	-	1

3.4.3 Selection of participants

A total of nine school management team members were interviewed, representing primary schools of Mount Ayliff district in the Eastern Cape. The participants composed of the principal, deputy principal and HOD in school A; deputy principal and two HODs in school B (the principal was not available on the day of the interview); principal, HOD and senior teacher in school C. Their characteristics and educational qualifications are found in tables 3.2 to 3.5.

TABLE 3.2 : PRINCIPALS

	School A	School B	School C
Gender	Male	-	Female
Age	51 years	-	40 years
Educational qualifications	Diploma/BA Degree	-	Diploma/ACE management
Years of teaching experience	21 years	-	16 years
Years as principal	7 years	-	5 years

TABLE 3.3 : DEPUTY PRINCIPALS

	School A	School B	School C
Gender	Male	Female	-
Age	42 years	45 years	-
Educational qualifications	Diploma/FDE	Diploma/FDE	-
Years of teaching experience	18 years	12 years	-
Years as deputy principal	10 years	5 years	-

TABLE 3.4 : HOD (HEADS OF DEPARTMENT)

	School A	School B		School C
Gender	Female	Female	Female	Male
Age	44 years	40 years	53 years	36 years
Educational qualifications	Bed Hons	FDE	FDE	Diploma/ ACE
Years of teaching experience	17 years	15 years	11 years	10 years
Years as HOD	5 years	9 years	6 years	3 years

TABLE 3.5: SENIOR TEACHER

	School A	School B	School C
Gender	-	-	Female
Age	-	-	49 years
Educational qualifications	-	-	Diploma/FDE
Years of teaching experience	-	-	21 years
Years as senior teacher	-	-	6 years

The data collection procedure is described below:

3.4.4 Data collection procedure

3.4.4.1 Focus group interviews

In school A the interview took place on the date, venue and time agreed upon by the researcher and the management team of the school. The interview took place at the principal's office after school hours to avoid interruption. It lasted over an hour.

In school B the interview was a bit delayed and started later than planned. The principal was too busy with other administrative duties and could not join the team for the interview. The interview was conducted with the deputy principal and two HODs in the grade 8 classroom after school.

In school C the interview took place at the principal's office. There were a few interruptions caused by the phone as the principal had apologised that she was expecting some important phone calls.

Interviews were conducted in both English and Xhosa. The latter was occasionally used by the participants to explain clearly some issues.

These interviews were tape-recorded with the permission of the participants. Each tape-recording was carefully labelled and later transcribed. The researcher took notes discreetly during the interview to supplement the tape-recording.

3.5   DATA PROCESSING

After collecting the data, the researcher needs to organise the information that has been gathered. According to Patton (1987), cited in Ramsoorooj (2002:54), it is important to distinguish between analysing and interpreting qualitative data. Analysing data involves bringing order to the data, organising the data into patterns and identifying relationships and links among the descriptive dimensions. Interpreting data, on the other hand, refers to the process of attaching meaning and significance to the analysis, for example, by explaining relationships and linkages

(ibid). The primary mission in organising qualitative data is to look for patterns in the data.

To begin the final data analysis, the materials from all interviews that speak of one item are put into one category. Patton (1990:380) further explains that once the researcher is certain that all the data are there, has checked out the quality of the data, filled in any gaps, then formal analysis begins.

In this study, the taped interviews and the notes with the school management teams were transcribed personally by the researcher because she believed that she would be able to understand the context within which the participants made certain viewpoints known.

In analysing the data, the researcher reads the transcripts and notes carefully to get a sense of the whole (Creswell, 1994:155).

The researcher began by reading and re-reading the transcripts once they had been transcribed, jotting down reflections as they come to mind. The researcher selected the best interview and went through it, thinking about the underlying meaning. The researcher then reduced the data into certain patterns, categories and codes. Taylor and Bogdan (1984:136), cited in Mkhonto (2003:60) say that the process of coding is a systematic way of developing and refining interpretations of the data. Therefore, data material belonging to the same category is put together.

3.5.1 Validity and reliability

According to McMillan and Schumacher (1997:404), validity in qualitative research refers to the degree to which the explanations of phenomena match the realities of the world. Validity is ascertained by spending sufficient time with subjects, by persistent observation and by triangulation, i.e. using multiple sources of data, such as written records, diaries and field notes (Schulze, 2003:5). Validity also emphasises the "thick description" of a small number of participants in a specific context.

Reliability refers to the extent to which different researchers will discover the same phenomena and to which researchers and participants agree about the description of the phenomena (Lemmer, 1993;96). Further, reliability is concerned with consistency. In qualitative research this is achieved by coding the raw data in ways others may understand and arrive at the same themes and conclusions.

Qualitative research is a personal and even intimate kid of research in which the researcher himself/herself is the research instrument that gathers, records, analyses and interprets data during interaction with the participants or through personally handling life documents. Therefore the authenticity of the relationship and the rapport between researcher and participants will determine the reliability of the data (Lemmer, 1993:96).

In this study, the researcher ensured that the findings of the research are applicable to other contexts and that the research design is adequately described so that other researchers may use the study to extent the findings to other studies. Validity, in this study, is enhanced by allowing the participants to check the phrases used and the tape-recording, including the researcher's notes.

3.5.2 Triangulation

According to McMillan and Schumacher (1993:498) triangulation is the cross-validation of different data sources. The researcher compares the different sources to see if the same pattern keeps recurring.

In this study data collected is triangulated by:

- Comparing data from focus group interviews with nine members of the school management team, three from each school.
- Comparing data from the notes written during the interview.

Tesch (1990:97) contends that the final goal of the researcher is triangulation when the information gathered, emerges as a larger picture.

3.6 ETHICAL CONSIDERATIONS

According to Lemmer (1993:98), qualitative researchers interact with participants in a face-to-face situation. This is not only a very intimate kind of research, but may also involve gathering sensitive or controversial information. For this reason, it is important that researchers treat what they observe and hear with the greatest confidentiality. Thus, moral and ethical issues are involved. The researcher took the following ethical issues into consideration when conducting research (Schulze, 2003:17-19).

- **Permission to conduct research at the school**

The researcher obtained written permission from the principals of the schools in which the research was conducted.

- **Informed consent**

The researcher explained to the school management teams the aims of the research, procedures that would be followed during the research process and how the results would be used. The participants made an informed decision to participate in the research.

- **Avoiding deception of subjects**

The researcher ensured that she did not practise any deception of subjects, withhold information or offer incorrect information.

- **Avoiding violation of privacy**

The researcher obtained permission from the school management team to use an audiotape and to take notes discretely.

- **Confidentiality and anonymity**

The researcher treated all the information with confidentiality and only the researcher knows the names of the schools and those of the participants.

3.7 SUMMARY

This chapter has focused on the research methodology that was used in the study. The selection methods that were used were discussed. Procedures that were followed to collect and analyse the data were presented. The validity and reliability of the study was considered. Ethical measures which the researcher took into consideration were also discussed.

The next chapter presents the results of the study.

CHAPTER 4

DISCUSSION OF RESEARCH FINDINGS

4.1 INTRODUCTION

In the previous chapters, the background to the study and rationale were discussed. The research problems, aims and terminology were also discussed. Concepts such as counselling and HIV/AIDS were defined after which the research design and method were briefly explained (Chapter one). In Chapter two the literature review, which explores and examines the role and function of the school management team in managing the counselling of HIV/AIDS affected learners in primary schools was presented. The HIV/AIDS virus was described and how it affects learners. The school policy on HIV/ AIDS was discussed. The primary purpose of counselling was outlined. The role and functions of the principal, deputy principal, HODs and senior teachers in the counselling process were discussed and finally a model appropriate to the above was presented within a theoretical framework. In chapter three the research methodology used in the research process was outlined. The design, sampling method, procedure for the collection of data and the analysis of data were explained. The reliability and validity of the study were also discussed.

This chapter presents the data generated during focus group interviews with the principal, deputy principal and HOD in school A; the deputy principal and two HODs in school B, and the principal, HOD and senior teacher in school C. The literature reviewed in Chapter two is integrated into the findings of the study for an integrated perspective on the role played by the school management team in managing the counselling of HIV/AIDS affected learners in primary schools. The following discussion will be done according to the three research questions that are as follows:

- What strategies do you employ in identifying learners who are affected by HIV/AIDS?
- To what extent do you actually manage the counselling process in your school?

- What problems and training needs do you experience in managing the counselling of learners affected by HIV/AIDS?

4.2 STRATEGIES EMPLOYED IN IDENTIFYING LEARNERS AFFECTED BY HIV/AIDS

The following themes and categories were identified in the data analysis:

Table 4.1: Identification	
Themes	**Categories**
1. Difficulties	- Parents - Absenteeism - Ill health - Orphans
2. Class teachers' role	- Observation - Questionnaire
3. Testing	- Measures - Counselling

4.2.1 Difficulties in identification

The school management team in two schools agrees that it is indeed difficult to identify learners who are infected by HIV/AIDS. The principal in school A remarks:

It is difficult to identify learners who are infected by HIV/AIDS in the midst of the stigma it carries.

One HOD comments

We really need an appropriate and easy way of tackling this. Identification of the learners infected by HIV/AIDS could be possible if people could learn to put away the fears and stigma that obviously dominates and hinders disclosure. Unfortunately no one wants to be laughed at.

Some difficulties experienced by the school management team emanate from the fact that some parents are not co-operative at all and this makes things difficult because the parents have to ultimately grant permission to whatever steps the school takes regarding their children. A senior teacher in school C explains:

Some parents never accept that their children could be HIV positive when they are constantly ill, but that BATHAKATHIWE (have been bewitched).

Some learners in the school are continually sick, tired and look weak, and the teachers send them to the clinic. As the symptoms suggest possible HIV/AIDS related illnesses, the learner's parents are asked to come to the school to talk about the condition of their child. Unfortunately, most parents are too sensitive about their children and their home situations. The deputy principal in school B says:

We are dealing with difficult parents who themselves are in denial and regard the school as prying into their private family affairs.

An HOD explains:

Other learners are not infected but affected and have to assume adult roles and serious domestic problems before they are ready to do so.

The principal in school C explains:

It takes a great deal of effort to built a strong relationship of trust between the school and the parents in this community mainly because they are illiterate

and don't like to come to school, and that really makes it difficult for us to identify these learners without their parents being involved.

The number of learners who are absent from school is increasing every day. Learners who are infected often absent themselves from school due to ill health, sometimes they are absent for a long time, yet they keep going if they are not sick until they are no longer able to attend school. The principal in school A says:

I am very strict with the teachers when marking the learner attendance registers, so that we are able to get accurate information of the learners who are frequently absent from school, and then make a follow-up on the reasons behind their regular absenteeism.

The school management team in school A confirms that there is quite a large number of learners who are orphaned in the foundation phase, more especially in Grade R and Grade one. Some learners lose both parents to HIV/AIDS and become orphans. Such young learners could be infected too and this can manifest ifself by the learner being constantly ill. The HOD of this school says:

.. being often sick when both parents are already dead could mean that the child is infected too and will follow the parents.

Discussion

The stigma attached to HIV/AIDS as highlighted above cannot be overlooked. Taylor, Dlamini, Kagoro, Jinabhai and De Vries (2003:97) agree that HIV infection is a chronic, progressive disease that is highly stigmatised because of its association with sex, drugs and death.

Schools acknowledge the importance of parental involvement in their children's education, despite the fact that some parents seem to be sensitive about the HIV/AIDS issue. Parents are by the virtue of their parenthood the primary and natural educators of their children, and for this reason bear the chief responsibility of their children's education (Department of Education, 1998:43). Moreover, parent

involvement can engender a more positive spirit between parents and teachers. HIV/AIDS is a very sensitive issue, therefore trust between the parental home and the teacher must be maintained. Furthermore, knowledge of the learners' home circumstances can help the teachers to understand the learners better.

Many schools are already experiencing the effects of the epidemic as learners and members of their family fall ill (Janse & Van Rensburg, 2003:13). There is a high rate of non-attendance by the children who are ill, impoverished and orphaned, leading to total drop outs by some of them (Coombe, cited in Garbus, 2003:67). Many orphans are unable to utilize educational opportunities, because of emotional and physical distress, and present a serious managerial challenge to the principal and teachers who have to address these needs (Buchel, 2006:328).

4.2.2 The class teacher's role

The second theme and relevant categories which were identified in the data analysis and which appear in table 4.1 are presented below.

The HOD in school A believes that teachers play a very important role in identifying learners who are infected with HIV/AIDS. He says:

> ..teachers have often reported learners whose performance is deteriorating day-by-day, learners who look sick, lose weight and are often weak.

The deputy principal elaborates:

> ..teachers spend more time with the learners than the principal and myself do, due to other administrative duties we have to perform in the school.

One HOD in school B says that teachers largely depend on observing the energy levels of the learners:

> ..the child will be often sick, look weak and tired.

The teacher's role is to identify learners who need help and assist them in getting the services they need (Thompson, 2002:159). The senior teacher in school C explains:

> *We usually take note of learners who are often late or absent, who look morosed and with tearful eyes, learners who play alone and isolate themselves from others, and learners who don't concentrate very well in class and hardly ever complete their homework.*

The senior teacher further explains that they investigate and find out about the learner's home circumstances in a confidential way. This senior teacher elaborates:

> *As a Life Orientation teacher who has also specialised in Life Orientation at Rhodes University, I play a big role in the lives of my learners in the school. Learners need to be shown that they are loved by being provided with all the basic needs such as food and clothing.*

The principal in school C continues to say that learners who are unable to attend school for some days because they are sick, are provided with schoolwork which can be done at home.

The HOD in school C remarks:

> *This is a good idea and fair enough for the learners, but it still brings more burden to teachers who have to reach all learners within a specified period of time.*

The principal in school A explains that a questionnaire is given to all the learners in the school because

> *We don't want to single out those learners who have problems or are orphans.*

He explains that the questionnaire requires information from the learners who are still having both parents, whose mothers are still alive as only parent, whose fathers are still alive as only parent, or whose both parents passed away. He further explains:

This gives teachers a lot of extra work but it is the only way we can use rather than visiting classrooms and saying all orphaned children should please come to the office.

The Deputy principal adds:

We avoid stigmatizing orphans at all costs.

One HOD in school B agrees with school A that before the end of each term, all class teachers are given a form to collect information about the learners:

- Whose parents are ill
- Of whom one of both parents died
- Caring for younger siblings
- Who are HIV positive

We use this information to help and support the learners.

The senior teacher in school C explains that another way of obtaining valuable information from the learners is to make use of a letterbox system in the classroom. The senior teacher explains that learners write letters and put them in a box in the classroom, maybe once every two weeks.

The learner may not put down his or her name. This will help the learner to open up and express her true feelings freely with no fear of being known by the teacher.

This teacher further explains that the teacher later reads all the letters written and obtains a lot of information about the learners' problems. However,

This is very time consuming, but worthwhile.

Discussion

From the data above, it is evident that the role of the educators in dealing with HIV/AIDS affected learners cannot be underestimated.

No school-counselling program is successful without the support of teachers. Teachers are in an ideal position to help children with their social and emotional development. Since they see pupils regularly over a long period of time and have extensive experience of children's development, they are able to identify those children who are experiencing difficulties (Schmidt, 2003:168). HIV/AIDS in the classroom is becoming more of a burden to the educators. Educators have a very important role to play in educating learners about HIV/AIDS and to support learners whose parents have died due to AIDS related infections (Hall, 2003:34). Louw *et al* (2001:8) suggest that educators should display a willingness to assist, even if it is only by giving emotional support, which can alleviate stress. Traumatised children are prone to feelings of inadequacy and depression and many suffer post-traumatic stress disorder. Thus, educators need to be able to identify such psychosocial stress early and be able to care and support them.

Educators have a responsibility of helping in the identification of the learners who are infected and affected by HIV/AIDS. The following are some of the signs of depression a teacher may easily look for in children (DoE, 1998:14) :

- Tiredness
- Tearfulness
- Not caring about appearance
- Drop in school performance (poor marks)
- Poor concentration and memory
- Withdrawal from others
- Feeling negative and uninterested.

Educators need to collect information about affected learners in a confidential and unharmful way. This could be done through a school audit, which is a way of collecting valuable information from the learners and compiling such information on paper.

Educators should constantly remember that a learner affected by HIV/AIDS has more problems and greater stress than other learners. He/she has fear and anxiety of heading a family and caring for infected parents or brothers and sisters (Louw *et al*, 2001:17).

4.2.3 Testing for the HI virus

The third theme and relevant categories which were identified in the data analysis and which appear in table 4.1 are presented below.

The Deputy principal from school B is sure that

> *..one cannot tell whether someone is HIV positive simply from looking at them.*

The HOD from school C agrees that

> *..one cannot just judge that a child is HIV positive without being tested first*

The HOD from school A explains:

> *We are never sure who is ill from HIV related illnesses, but do notice that some children are frequently taken to hospital for related illnesses such as pneumonia.*

The school management teams from the three schools all know that a person can look and feel healthy for a long time like everybody else, while still carrying the virus, and that the only way to know for certain whether someone is HIV positive is through a blood test.

The principal from school A says that the most common HIV test he knows is the ELISA test:

> *..at least most people can afford it.*

The deputy principal continues to say that social workers usually visit the schools mostly in connection with social grants for children. He explains:

We benefit from their visits because children whose parents or guardians agree that their children be tested for HIV, are first counseled, then the nurses help with the testing.

The senior teacher explains that the social workers and nurses go to the extent of visiting the parent of a sick child at home, mainly because

..the parent is too ill to come to school.

She continues to say:

Very young children in Grade R, one, two and three, make the counselling process even more difficult for the counsellors because they do not seem to understand anything and must really be guided by parents, if available, or guardians.

The HOD further explains:

Anti-retrovirals (ARV's) are arranged for learners who test HIV positive, and the parents or guardians are told how to administer this.

The principal in school C elaborates:

..because most learners are young, the parents or guardians are also educated on how and when to administer the treatment.

Some concerns were raised by the management teams about the parents of the sick learners:

Some parents are in denial and refuse to have their children tested.

.... guardians understand better than the biological parents of the children and normally agree that the children under their custody be tested.

We are dealing with parents who are too much sensitive about their children and their home situations.

One HOD expressed her views:

If only all parents could make things easier for us, then we could also take the responsibility of giving the treatment to the learners during the day while they are in school, just to make sure that it is taken properly.

Discussion

As there is currently no cure for HIV/AIDS, the only intervention strategy is to prevent the spread of the disease and to slow down the progression of the illness (Van Dyk, 2003:14). Many authors of articles and books on counselling advocate a team approach for co-ordinating services in schools (Gysbers & Henderson, 2000; Humes & Hohenshil, 1987; Schmidt, 1991 cited in Schmidt 2003:91). Principals therefore rely on specialists such as school counsellors to provide accurate information and use specialized training to assist with problems (Schmidt, 2003:90). The Department of Education should work in partnership with the Department of Health to combat the challenges posed by HIV/AIDS in schools. Without this effort, the Department of Education cannot succeed on its own.

Anti-retrovirals (ARVs) are drugs and substances used to kill or inhibit the multiplication of retroviruses such as HIV (HEAIDS, 2008:115). By using the ARVs, Van Dyk (2003:67) believes that the infected learners will improve their immune system and the onset of AIDS will be delayed. Even if children with HIV look healthy, they are encouraged to visit the clinic regularly so as to monitor their CD4 cells (a marker of how strong the immune system is) to know when they need to start with anti-retroviral medication (HEAIDS, 2003:20).

In children, the CD4 count is measured in terms of the percentage of CD4 cells in the child's blood, for example, a CD4 percentage of less than 15% is regarded as indicative of the need for anti-retroviral therapy (HEAIDS, 2008:22). For many people with HIV, the ARVs have changed a "death sentence" to a condition that can be managed and that one can be healthy for a long time (ibid). According to Van Dyk (2003:195), educators may under no circumstances force a child to disclose his/her HIV/AIDS status, and testing for one's HIV/AIDS status is voluntary.

In response to the first research question (*What strategies do you employ in identifying learners who are affected by HIV/AIDS?*) this study revealed that the school management team together with the teachers can go a long way in identifying learners who are affected by HIV/AIDS in sensitive and efficient ways. In doing this, it is evident that the teachers cannot work successfully on their own without involving parents, nurses, counsellors and any other stakeholders with a vested interest in education.

Moreover, it is also evident that voluntary disclosure and testing for HIV is crucial in the rendering of help and services, in the form of antiretroviral therapy and counselling, to learners who test HIV positive. The main point here is: The school management team cannot plan and take effective measures without reliable and valid data about the learners' HIV status.

4.3 THE EXTENT TO WHICH THE COUNSELLING PROCESS IS ACTUALLY MANAGED

The following themes and categories were identified in the data analysis:

Table 4.2: Management	
Themes	**Categories**
1. Counselling	▪ Social workers
2. Food	▪ Poverty ▪ Garden ▪ Feeding Scheme
3. Policy	▪ Teachers ▪ Learners ▪ Home visits

4.3.1 The counselling services

The first theme and relevant categories which were identified in the data analysis and which appear in table 4.2 are presented below.

All three schools see the necessity of having a school counsellor in their schools, but unfortunately they all do not have one and depend on social workers in the district.

The principal from school C says they really need a school counsellor in their school who will always be available. He explains:

> Teachers have a huge obligation to educate learners, have their learning programmes and work schedules ready, prepare their lessons, mark activities in learners' books and take part in extramural activities.

The senior teacher adds:

> The Department of Education should provide a school with a school counsellor because there is a lot of work we have to do and therefore leaves little or no time for us to try to counsel traumatised learners.

The deputy principal says social workers and nurses often visit the school mostly in connection with social grants for children. He explains:

> If there are urgent problems in the school, we personally invite social workers to come to school to give some counselling programs to learners with problems.

An HOD in school B explains that counselling is not a once off event where the social worker will be consulted once or twice when he/she visits the school. This respondent further explains:

> The counselling programme would be more effective if the school had its own school counsellor. Social workers cannot visit the same school frequently because they have other duties in their offices.

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Discussion

In the light of the above, the importance of counselling services is apparent.

School counselling aims at facilitating learners' self-knowledge and emotional acceptance, improve social and personal relationship and enhance human potential (Hornby, 2003:1; Schmidt, 2003:139). Every school should have a school counsellor who will listen to the affected learner's problem, deal with the traumatised learners, support and help them to look after their infected members of the family (Mkhonto, 2006:75).

The school counsellor links with the educators so that effective teaching and learning can take place. According to Van Dyk (2003:261), by listening to the learners' problems and finding ways of solving them, the learners are able to better their lives. The school principal should collaborate with the counsellors about the design of the counselling programme, selection of major goals and objectives and identification of essential functions (Schmidt, 2003:170).

Sometimes a learner may not be able to function because they are too sad and not coping at all with the grief. According to HEAIDS (2008:80), children who are not able to carry on with normal life because they are too sad, should be referred to a social worker for professional help.

4.3.2 Food

The second theme and relevant categories which were identified in the data analysis and which appear in table 4.2 are presented below:

The first respondent, the senior teacher in school C regards poverty as the aggravating factor that makes it difficult to manage the problems sick learners experience. She says:

We have a garden in our school that helps to combat this poverty.

She agrees that the government does provide bread, jam, margarine and some juice for learners when they are in school but regards that as

..not enough for the whole day.

The HOD from school A remarks:

There is too much poverty in the homes of some learners, so they really benefit from the feeding scheme.

The principal from school C confirms that all the learners in his school are being provided with food by the Department of Education. He explains:

Learners are served with brown bread buttered with margarine and jam, and some juice. All the learners are served before ten o'clock in the morning.

Another respondent explains that cooking is done for the learners in their school, besides the feeding scheme that is offered by the Department of Education:

The feeding scheme does not really offer learners good and enough food,
so we cook some vegetables from the school garden and soup for the learners.

She further explains:

We do not only plant vegetables in the school garden but also herbs such as rosemary for learners to use.

The deputy principal of school B comments:

We really do appreciate that the government provides a feeding scheme for our learners, at least they are able to concentrate on their schoolwork when they are not hungry.

The HOD from school B adds that it is a good idea to organise a health expert from the Health Department who is knowledgeable about HIV/AIDS to educate learners on the type of food they should eat to keep healthy. She further adds:

The parents and guardians are invited as well to come and listen to all the advices on healthy living.

Discussion

Children whose bodies and especially the immune systems have been damaged by malnutrition are more susceptible to secondary infections, which ultimately kill them. The above statement gives a very important reason why schools should also play a role in ensuring that learners are not hungry at school. Medical researchers suggest that a healthy diet consisting of vitamin and mineral supplementation may enhance the immune system to respond to HIV infection (Everett, 1995:72, cited in Mkhonto, 2006:46)

According to Orr (1986:30, cited in Mkhonto, 2006:63), a balanced diet is recommended to patients who are infected. A healthy diet consists of natural unrefined and unprocessed food, which may be found locally. Such a diet may be sufficient and adequate to protect the immune system, slow down the course of the disease, and keep a person healthy for a long period of time (ibid).

Van de Bank (1997:116) is of the opinion that the school management team must provide the learners with correct information about a healthy lifestyle, for example, hygiene, good nutrition, how the body works and sexual health. According to Rossouw (2005:4, cited in Buchel, 2006:122), the greatest enemy of education is hunger, and the school feeding system is not coping with the problem.

4.3.3 School policy

The third theme and relevant categories which were identified in the data analysis and which appear in table 4.2 are presented below.

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An HOD from school B says that having sick learners who sometimes miss classes brings a great burden to the teachers who have to do home visits. She explains:

> *Teachers take turns in carrying some work to the homes of the learners who are not able to attend school regularly.*

The deputy principal adds:

> *..we decided to include this in our school policy so that everyone knows that they have a responsibility.*

The principal from school C says that the Department of Education should devote more time to workshops for teachers to develop an HIV/AIDS policy for their schools. He says he has a concern on the items included in the national policy on HIV/AIDS for schools. He explains:

> *One of the aspects mentioned in the policy is the fact of support, that teachers should support one another and learners should be supported too, then how is this possible if learners do not disclose?*

Discussion

Policies and intervention programmes are crucial for schools to have the ability to meet the needs of all the children. (Ford & Russo, 1999:254).

According to the National Education Policy (ELRC, 1998:13), if learners with HIV/AIDS become incapacitated through illness, the school should make work available to them for study at home and should support continued learning where possible. Moreover, no learner is compelled to disclose his or her HIV/AIDS status to the school. Voluntary disclosures of a learner's HIV/AIDS status to the appropriate authority should be welcomed and an enabling environment is cultivated in which the confidentiality of such information is ensured and in which unfair discrimination is not tolerated (ibid).

In response to the second research question (*To what extent do you actually manage the counselling process in your school?*), this study reveals that school management teams manage the counselling process in the school by making use of social workers who visit the school (mostly thanks to social grants).

Furthermore, the school management teams see their contribution to counselling in arranging for home visits, bringing schoolwork to those learners who are too ill to come to school regularly.

As the school management teams regard poverty as the aggravating factor that hinders learners from coping well in school, they try by all means to combat this by having vegetable gardens at school, to provide healthy nutrition in addition to the departmental feeding schemes (which are regarded as inefficient in providing sufficiently for all learners). Managing measures like these can be seen as ensuring that counselling (e.g. on proper nutrition) can indeed by done to good effect.

4.4 PROBLEMS AND TRAINING NEEDS EXPERIENCED BY THE SCHOOL MANAGEMENT TEAM

The following themes and categories were identified in the data analysis:

Table 4.3: Problems and needs	
Themes	**Categories**
1. Guidance	▪ Information ▪ DoE intervention
2. Disruption	▪ Time ▪ Sick learners
3. Emotional stress	▪ Teachers
4. HIV/AIDS school policy	▪ Learners ▪ Teachers

4.4.1 Guidance

The first theme and relevant categories which were identified in the data analysis and which appear in table 4.3 are presented below.

The principal in school A confesses of not having enough and updated information about HIV/AIDS. He complains:

> *The Department of Education is not doing satisfactory attempts to get everyone on board in order to combat this disease.*

An HOD in school B is of the opinion that more workshops on HIV/AIDS should be organised for teachers. She agrees that some teachers in the school have attended some workshops on HIV/AIDS but is not satisfied

> *..with the attendance period of only two to three days.*

She believes:

> *There is a lot the educators should know and therefore these workshops should extend to two weeks and even a month.*

The senior teacher from school C agrees that she has been to some of the workshops on HIV/AIDS organised by the Department of Education. She complains:

> *What should have taken at least a week to be done, is completed within a day, resulting in educators not having understood quite well what was said.*

The HOD adds:

> *..if we do not get all the information we need about this pandemic, how are we going to help and support our learners as expected from us?*

The principal in school C explains that the Life Orientation educator from the intermediate phase and the Life Skills educator from the foundation phase have attended several workshops on HIV/AIDS and are normally expected to report to the rest of the teachers. He explains:

> *This is usually not effective enough because the teachers who attended the workshops cannot answer some of the questions asked by the teachers who did not attend, and everyone ends up not getting answers on certain important issues.*

The deputy principal in school B adds that there are files in the school, which have all the information about HIV/AIDS and which should be read by all the teachers,

> *..but that never happens.*

He continues to say:

> *..teachers complain that they do not have time to read these pamphlets from the files since there is a pile of work waiting for them in their classes.*

He goes on to say that the Department of Education must train all teachers and the training must take a period, which is,

> *..long enough for educators to understand fully how to deal with HIV/AIDS in the school.*

The HOD in school C is of the opinion that the school management team and all the teachers should receive proper training on HIV/AIDS because,

> *..we do not have the skills to deal with these learners.*

She expresses her views:

The focus should mainly be on how the affected learners should be handled in the school by the teachers.

Another HOD in school B admits that the Department of Education is empowering the teachers on courses offered by the University of Fort Hare and the Nelson Mandela Metropolitan University. She explains:

The Department is currently empowering teachers on Mentoring and Coaching, Counselling, Leadership and Management Skills, Computer Skills and many more.

She complains that very few teachers are taken at a time and that means,

..it will take some years before most teachers are equipped with these skills.

She continues to say that educators require skills to deal with learners' beliefs and misconceptions about HIV/AIDS, otherwise learners still believe that those who are sick

..are bewitched by jealous people.

The deputy principal in school A suggests that the Department of Education should provide television sets and video cassettes or DVDs, having all the information on HIV/AIDS for both teachers and learners to watch. This respondent elaborates:

Making use of audio-visual aids will raise interest on learners and they will keep on watching and in that way they will gain a lot of information without being bored. For teachers who always complain of time, at least watching is not the same as reading a pile of pamphlets.

He believes that getting the information to the learners in this way will make work easier for the teacher. He adds:

..programmes watched by the learners must be made appropriate with the grade level of learners.

Discussion

In the three schools under study, it is evident that the school management teams lack the information and training to deal with the ravages of HIV/AIDS in their schools.

According to Louw *et al* (2001:1), educators need to be trained to deal with learners whose lives are traumatised by HIV/AIDS in the classroom. Training educators will equip them with skills to help learners affected by HIV/AIDS cope. Traumatised children are prone to feelings of inadequacy and depression and many suffer posttraumatic stress disorder. Thus, educators need to be able to care and support these learners. Therefore, according to Coombe (2000:38), educators need in-service training and constant retraining.

Regarding the provision of emotional support to learners, teachers may feel that they do not have the skills to deal with children's emotional distress, and need additional training (HEAIDS, 2008:89). This training should help them understand and listen to children more carefully, educate children to relate to other people, to have confidence in themselves and compassion for others (ibid).

Since principals are responsible for the education of their respective learners, they are obliged to know the facts about HIV/AIDS in order to properly educate learners in their charge. According to Buchel (2006:330), principals do not receive sufficient support or training to cope with the problems they are facing.

4.4.2 Disruption

The second theme and relevant categories which were identified in the data analysis and which appear in table 4.3 are presented below.

An HOD in school B explains that in her school the school employed a gardener and a helper to cook some vegetables for the learners. She confesses that sometimes this disrupts the school programme. This respondent explains:

Serving the learners with vegetables and soup takes quite some time and this "eats" the teaching time of the educators. Moreover, time is already wasted when learners are served with bread and some juice offered by the Department of Education before ten o'clock in the morning.

The principal from school A complains that the HIV/AIDS epidemic has brought more burden and

..disrupts the smooth running of the school.

This respondent remembers hectic days when a learner would get sick in the school, and there is no one at home. He explains:

..the school has to take full responsibility and rush the child to the hospital. The school's day programme is often interrupted.

The HOD, who is also a Grade one teacher, remembers how it is difficult to handle a young child in the classroom whose mouth has sores inside and around it. She says this child will cry the whole day complaining that he is hungry but cannot eat because of the sores.

The whole class becomes disrupted and some of the learners join the crying one.

Educators have a responsibility to help and support traumatised learners. The senior teacher comments:

Educators can play their role of listening to learners' problems, support them in whatever way, as long as it does not take the teaching time.

The deputy principal adds:

Educators complain that they are too busy trying to acquaint themselves with the new curriculum and therefore have very little time to involve themselves with learners who are traumatised.

Discussion

The study reveals that the impact of HIV/AIDS disrupts not only the lives of affected learners, but also the management structures of schools together with the teachers. According to Buchel (2006:335), teachers and learners who are HIV-negative are affected by the disruption caused by their ill counterparts in the school system. Their schooling and teaching programmes are disrupted by trauma caused by illness and death of friends and colleagues (ibid).

Educators feel that too much is expected of them and they do not have sufficient time to deal with grief and loss in the classroom (HEAIDS, 2008:77). Illness disrupts learning and teaching. When teachers and learners die, schools suffer disruption, loss and sorrow (Janse & Van Rensburg, 2003:15).

4.4.3 Emotional stress

The third theme and relevant categories which were identified in the data analysis and which appear in table 4.3 are presented below.

A learner who knows he is HIV positive will be under a great deal of emotional stress. He/She will not have any motivation to do well because he/she will not see any future. His/Her studies will be affected, and the teacher will be faced with a struggle to get the learner to pass. That means the teacher will be under a lot of emotional stress as well, and acts as a counsellor in this situation.

The first respondent, the principal from school C, says:

Seeing a sick child in school everyday also affects us emotionally, especially the female teachers. This requires the Department of Education to empower educators on how to handle their own emotions when confronted with learner problems.

The second respondent, the deputy principal from school A, explains that not only the learners get sick, but also the teachers, and that brings a lot of stress on the whole staff. This respondent raised his concern:

I am really worried about how stressed teachers can manage to handle sick and emotionally traumatised learners.

The HOD from school B is of the opinion that all the teachers in the school should receive proper training on HIV/AIDS, on how the affected learners should be handled and on how teachers should handle their emotions. She adds:

We also get emotionally traumatised when dealing with these learners.

The senior teacher comments:

Teachers become emotional because they are affected too. Training is essential for them to be able to handle their own emotions.

Discussion

Teachers are faced with enormous challenges as they work in communities affected by HIV/AIDS. The presence of this pandemic affects their teaching reality in several ways. When teachers suspect that some of their learners may be positive or even already suffering from full-blown AIDS, there is the dilemma of respecting confidentiality but still offering support (HEAIDS, 2008:53).

According to Louw *et al* (2001:5), educators are under pressure trying to cope with the affected learners. This changes their role from educators to social workers, counsellors and caregivers.

4.4.4 School policy on HIV/AIDS

The fourth theme and relevant categories which were identified in the data analysis and which appear in table 4.3 are presented below.

The principal and his/her management team should play a pivotal role in schools and need to play an important role in ensuring that the school is knowledgeable about the policies of the Department of Education, including the HIV/AIDS policy. In school A the principal acknowledges that they do have an HIV/AIDS policy in their school because their circuit manager requests it from all the schools. He explains:

> *We do not really refer much to it, but all the teachers know that no learner with HIV/AIDS in the school may be discriminated against.*

The deputy principal in school B says that the school has an HIV/AIDS policy, which was formulated by a committee of four educators and two members of the governing body. She explains:

> *Although the educators cannot readily remember everything written in our policy, they however know that no learner may be denied admission or continued attendance on account of his/her HIV/AIDS status.*

The principal in school C says the HIV/AIDS policy is explained to the parents during parents meetings, and educators, especially Life Orientation and Life Skills educators, explain the HIV/AIDS school policy to the learners during their periods. The senior teacher adds:

> *It is our duty to explain the content of HIV/AIDS policy to the learners so that they can understand it.*

Discussion

The importance of a school to have an HIV/AIDS policy cannot be overlooked.

The National Policy on HIV/AIDS for learners in public schools and students and educators in further education and training institutions was published in terms of section 3(4) of the National Education Policy Act No 27 of 1996 in Government Gazette No. 20372, dated 10 August 1999 (Education Labour Relations Council (ELRC), 1996:13). This policy seeks to contribute towards promoting effective prevention and care within the context of the public education system (ibid).

Every child has the right to education, whether they are HIV positive or not, and schools should cultivate a culture of non-discrimination towards learners with HIV/AIDS (Van Dyk, 2001:415, ELRC, 1998:16). According to Louw *et al* (2001:11), the principal should ensure that the HIV/AIDS policy reflects the needs, ethos and values of the school.

In response to the third research question (*What problems and training needs do you experience in managing the counselling of learners affected by HIV/AIDS?*) the study reveals that school management teams and the rest of the teachers lack the skills to deal with learners who are sick, who feel emotionally disturbed and struggle to cope with their studies, and therefore need thorough training from the Department of Education. Traumatized children are prone to feelings of inadequacy and depression, and suffer from post traumatic stress disorders. For this reason, it is necessary that school management teams and teachers be supplied with all the information they need to deal with these learners.

Teachers themselves also become stressed when dealing with emotionally traumatized learners and it is therefore imperative that the Department of Education should guide and empower school management teams in supporting educators in staying emotionally in tact in their exposure to, and handling of, HIV affected and effected learners.

4.5 CONCLUSION

This chapter describes the findings derived after doing focus group interviews with the school management teams of three schools.

The tape-recorded data was listened to many times and cross-referenced with field notes to unfold the meaning of the data in answering the research questions. According to Leedy (1997:163), the researcher tries to go to the heart of the matter by looking for themes that lie hidden in the events of the lives of the participants. The researcher interpreted data obtained from the interviews by synthesizing the data into a larger whole and establishing a theme (Mouton, 2001:208). The researcher looked for patterns in what the respondents said.

This study's research findings regarding the identification of learners affected by HIV/AIDS and how this is managed in the school, indicate that school managers have increasing managerial responsibilities, which compel them to be fully trained and equipped with the necessary skills to handle emotionally traumatized learners. The HIV/AIDS pandemic increases day by day and large numbers of learners who are constantly sick put more burden on the management team of the school. Managers in schools lack support and training to detail with the ravages of HIV/AIDS, and usually devote their time to crisis management. HIV/AIDS has a traumatic impact on learners. Many are orphaned and have to take on adult responsibilities. Learners affected by HIV/AIDS are increasingly absent from school and teachers have to take some work to their homes. Serious attention must be given to all possible solutions to combat the impact of HIV/AIDS in the system. The Department of Education therefore has a huge obligation to ensure that School Management Teams are extensively trained and very well equipped to be able to manage counselling measures and activities in their schools effectively.

In Chapter five, recommendations and guidelines for further research will be made.

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1   INTRODUCTION

In this chapter, the summary of the investigation is provided in order to show that the aims of the research expressed in chapter one have been achieved.

The theory underlying the management of counselling of primary school learners affected by HIV/AIDS in Mount Ayliff District is given. The literature is integrated with the experiences of the school management team as they manage the counselling of HIV/AIDS affected learners in Mount Ayliff District. Some of the main findings of the literature survey as well as those of the empirical research are synthesized in this chapter. Conclusions are outlined. Recommendations for more effective management strategies of HIV/AIDS by the school management team derived from the research are briefly stated. In conclusion, possible areas for further research are stated.

5.2   SUMMARY OF THE FINDINGS

The main findings of the literature survey will first be provided, followed by those of the empirical research.

5.2.1   Literature review findings

The literature findings reveal that HIV/AIDS will continue having 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 and the whole management team of the school with increasing managerial dilemmas as the pandemic becomes worse and large numbers of learners become infected with the virus. The literature suggested that principals need to collaborate with the counsellors about the design of the counselling programme, plan educational services the learners need and consult with the nurses about appropriate health services to provide for the learners. Furthermore, teachers and learners who are HIV negative are also affected

by the disruption caused by their ill counterparts, and that their schooling and teaching programmes are disrupted by trauma caused by illness and death of friends and colleagues. Moreover, educators feel that too much is expected of them and they do not have sufficient time to deal with grief and loss in the classroom. It is critical that principals have current and accurate information and training regarding HIV/AIDS to adequately supervise and guide teachers and learners from whom they are ultimately responsible.

5.2.2 Empirical research findings

In this study, three focus group interviews were undertaken with the principal, deputy principal and HOD from school A; deputy principal and two HODs from school B; principal, HOD and senior teacher from school C. All interviews were audiotaped, and the researcher took notes discretely to supplement the audiotapes.

The management teams in all three schools stated that they see the necessity of having a school counsellor, although the social workers are available for counselling those learners who need help. Teachers also claim that they have a huge obligation to educate learners, prepare lessons, mark activities in learner's books, take part in extramural activities, and that leaves little or no time to counsel traumatized learners. Moreover they make use of social workers who often visit the school mostly in connection with social grants for children. In schools, poverty is the aggravating factor that makes it difficult to manage the problems sick learners experience. The school managers have not received enough and satisfactory training on how to deal with the ravages of HIV/AIDS in their schools. HIV/AIDS has a traumatic impact on learners. School managers have to devote their time to crisis management as learners become sick and absent themselves because of the epidemic.

5.2.3 Synopsis of the findings

The overall findings reveal that school management is under threat due to the impact of HIV/AIDS on education and the increasing burden of managing HIV/AIDS affected learners.

Schools need school counsellors to assist the school management team in looking into the needs of the learners who are affected by HIV/AIDS

5.3   CONCLUSIONS ON THE LITERATURE STUDY AND EMPIRICAL WORK

5.3.1 Strategies employed by the school management team in identifying learners affected by HIV/AIDS

Regarding the above aspect, the findings from the literature study and empirical work reveal that:

Many authors of articles and books on counselling advocate a team approach for coordinating services in schools (Gybers & Henderson, 2000; Humes & Hohenshil, 1987; Schmidt, 1991 cited in Schimdt, 2003:91). No counselling programme is successful without the support of teachers. Since teachers see learners regularly over a long period of time and have extensive experience of children's development, they are able to identify those children who are experiencing difficulties (Schimdt, 2003:168). Educators need to collect information about affected learners in a confidential and unharmful way. This could be done through a school audit which schools use to research learner needs and problems (HEAIDS, 2008:84).

There is some degree of difficulty in identifying learners affected by HIV/AIDS since the only way to know one's status is through a blood test (cf. 4.2.1). Parents/ guardians must grant permission for their children to be tested and this requires good relations between the school and the learners' homes (cf. 4.2.1). Doing a school audit as a way of obtaining important and valuable information (cf. 4.2.2). The latter is often time consuming and brings a lot of burden on the teachers.

5.3.2 The extent to which the school management team actually manages the counselling process

According to Martin (1991:343), educators must teach all learners the facts about the virus to reduce the very imminent risk of transmission and to eliminate the prejudice, stigma and discrimination associated with HIV/AIDS. The National Policy on HIV/AIDS

for learners in public schools stipulates that no learner with HIV/AIDS may be unfairly discriminated against directly or indirectly (HEAIDS, 2008:93). One of the most important functions of the school management team is the involvement of parents in the formal schooling of their children (Vos,1997:21). Successful communication between parents and teachers is an important part of any parent involvement plan (Department of Education, 1998:58). According to HEAIDS (2008:80), children who are not able to carry on with normal life because they are too said, should be referred to the social workers for professional help. Van Dyk (2003:195) contends that educators may under no circumstances force a child to disclose his/her HIV/AIDS status, and testing for one's HIV/AIDS status is voluntary. According to Rossouw (2005:4, cited in Buchel, 2006:122), the greatest enemy of education is hunger, and the school-feeding scheme is not coping with the problem.

The conclusions drawn from this interview are that the SMT manages the counselling process through the assistance of:

Social workers who visit the schools mostly in connection with social grants, but are only able to counsel learners whose parents/guardians agree (cf. 4.2.3). Nurses who arrange for the learners to be tested. This is however a sensitive issue as some parents don't agree on this (cf. 4.2.3). Feeding scheme, which has proved not to be sufficient and should be supplemented by a school vegetable garden (cf. 4.3.2). School policy on HIV/AIDS which stresses non-discrimination among learners, and which also includes teachers doing home visits for sick learners who are not able to come to school (cf. 4.3.3).

5.3.3 Problems and training needs experienced by the school management teams

According to Keaster et al (1996:2), in order to fulfill the counselling role, educators and particularly school principals must be knowledgeable about the HIV/AIDS disease, its causes, its symptoms and its effects in order to address the needs of their learner population. Buchel (2006:330) contends that principals do not receive sufficient support or training to cope with the problems they are facing. According to Louw et al (2001:1), educators need to be trained to deal with learners whose lives are

traumatized by HIV/AIDS in the classroom. Educators feel that too much is expected of them and they do not have sufficient time to deal with grief and loss in the classroom (HEAIDS, 2008:77). According to Louw et al (2001:11), the principal should ensure that the HIV/AIDS policy reflects the needs, ethos and values of the school.

The conclusions from this interview are that:

- Disruption of the school programme because of learners who get sick at school (cf. 4.4.2).
- The school management team needs thorough training from the Department of Education on HIV/AIDS, and confesses of not receiving enough and updated information (cf. 4.4.1).
- The school management team needs more time for training sessions on HIV/AIDS (cf. 4.4.2).
- The SMT and the rest of the teachers become emotionally disturbed as well by the emotional trauma they observe in traumatized learners (cf.4.4.3).
- The school policy on HIV/AIDS must not just be drawn in the school, but must be implemented.

5.4   RECOMMENDATIONS

On the basis of the findings of the research, the following recommendations are made:

5.4.1 Recommendations on strategies for identifying learners affected by HIV/AIDS

- The principal and all the teachers involved in life skills education and life orientation must encourage learners to do voluntary counselling and testing.
- The management team of the school must build strong relationships with parents of learners to be able to solve problems experienced by learners.
- Teachers should support the principal in the running of the school, report problems learners experience so that help can be provided for them, and

accurately keep note of frequently absent learners and investigate the cause.

5.4.2 Recommendations for effectively managing the counselling process of affected learners

Learners affected by HIV/AIDS present a huge problem for school principals by virtue of their increasing numbers and dysfunctional living conditions. Many of these children are orphans and live with relatives who are also stricken with poverty. These children are constant victims of hunger, emotional trauma and abuse. School management must give special consideration for these children and effective counselling services for them.

The following recommendations can be made to effectively manage counselling services for affected learners in schools.

- The Department of Education must provide schools with vulnerable learners with a school counsellor.
- The school management team must create support systems that will ensure that learners do not drop out of school because of hunger, death or parents or emotional disturbances, but area placed under community or foster care and remain in school for monitoring or progress by social welfare.
- The Department of Education should provide learners with effective school feeding schemes, at least one balanced meal per day.
- The school management team should try by all means to get sponsors or any companies that can donate some clothes and uniforms to needy learners.
- All the teachers in the school must encourage parents and learners to plant vegetables in their homes and rear poultry and their own livestock. This can try to combat poverty.
- The school management team must organise extra lessons and home teaching programmes for learners who are not able to come to school during a certain period of time, and retired teachers can help to facilitate the programme.
- The school management team should liaise with the Department of Health to provide Antiretroviral therapy (ART) for infected learners.

5.4.3 Recommendations on the training needs of the school management team

Although the school management team and some teachers have attended workshops offered by the Department of Education on HIV/AIDS, this has proved insufficient. The following recommendations can therefore be made:

- The Department of Education should develop a proper structure to train the teachers, and more time should be devoted for this
- Educators themselves should study with distance education institutions to keep abreast of the development of HIV/AIDS.
- The Department of Education should ensure that schools have a school counsellor so that even the teachers who become emotionally traumatized because of dealing with traumatized learners can be counseled.

5.5   SUGGESTIONS FOR FURTHER RESEARCH

The researcher recommends that further research be undertaken in the following areas with the aim of investigating the management role of the school management team in providing counselling services to primary school learners affected by HIV/AIDS.

- The effectiveness of life skills programmes on young learners.
- The impact of HIV/AIDS on the rights of healthy learners, and the development of a system to limit this without discriminating against HIV/AIDS affected learners.

5.6   CONCLUDING REMARKS

This study indicates that the school management team has an enormous role to play in dealing with HIV/AIDS affected learners. Not only have the infected learners experienced the negative impact of the virus, but also the community as a whole. This study confirms that strong managerial skills, commitment, the ability to liaise and involve the different stakeholders in school activities, and team work, all contribute to academic success of the school and successful management of learners affected by

HIV/AIDS. The Department of Education should consider implementing more effective solutions to combat the impact of HIV/AIDS on the school system.

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