

**NEEDS AND CHALLENGES IN MANAGING  
EDUCATORS WITH HIV/AIDS**

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NEEDS AND CHALLENGES IN MANAGING EDUCATORS WITH HIV/AIDS

by

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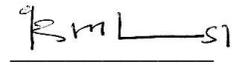
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## DECLARATION

I declare that: "NEEDS AND CHALLENGES IN MANAGING EDUCATORS WITH HIV/AIDS" is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

  
MR B.J. MFUSI

18 February 2011  
DATE

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## SUMMARY

School principals have a key role to play in managing educators with HIV/AIDS because it poses a serious threat to the quality of education provision. The aim of this study was to identify needs and challenges facing school principals in managing educators with HIV/AIDS and to provide school principals with in-depth information on how to manage educators with HIV/AIDS. A literature study was conducted to determine the impact of HIV/AIDS on the education sector. In order to obtain a better understanding of the problem, a qualitative research strategy was used. Data collection was done through individual interviews with school principals and focus group interviews with educators. Data analysis was done using Colaizzi's phenomenological approach. The findings of the research confirmed that HIV/AIDS has a disruptive effect on education provision. Finally, recommendations were made to address the identified problems.

Keywords: needs, challenges, educators, the impact of HIV/AIDS, education sector, management.

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## CHAPTER ONE

### NEEDS AND CHALLENGES IN MANAGING EDUCATORS WITH HIV/AIDS

#### 1.1 INTRODUCTION AND BACKGROUND TO THE STUDY

Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS) is a global issue. It is one of the biggest killers in the world today (Rayners 2007:1; Firnhaber & Michelow 2009:23). Other diseases that kill people in large numbers do exist, but none of them has spread as quickly as AIDS nor has had such an impact on education provision (McLean & Hiles 2005:18). HIV/AIDS has been described as the most devastating pandemic in the history of modern civilization (Rajagopaul 2008:1). Hernes (2002:116) adds that this pandemic has consequences which are as ravaging as any war.

By the end of 1999, the joint United Nations Programme on HIV/AIDS estimated that about 50 million people worldwide had been infected with HIV (Karim 2000:1). Since 1990, the total number of HIV infections has increased ten-fold from 6 million to nearly 60 million and it is "nowhere near its peak" (Crewe 2002:446). Alcorn (2009:377) remarks that HIV/AIDS has quickly come to be one of the greatest challenges in international relations and an issue of global concern.

South Africa has more HIV positive individuals than any other country in the world (ELRC 2005:1; Hofmeyr, Georgion & Baker 2009:3). According to the 1998 United Nations Report on HIV/AIDS Human Development in South Africa, it was estimated that almost 25% of the general population would be HIV positive by the year 2010 (Urban Health and Development Bulletin Vol. 13, No 2, 2000). A study by Debbie Bradeshan reveals that life expectancy in South Africa in 1990 was 64 years but that it had dropped to 51 by 2006 (The Mercury 12 December 2006:4; Doyal & Hoffman 2009:456). According to the figures released by Statistics SA, the Medical Research Council and the Health Departments, there are more than 5.2 million people living with HIV/AIDS in South Africa and about 250 000 people die annually from AIDS related diseases (The Mercury 1 April 2009: 4 ; Aniebue & Aniebue 2009:54). It is for this reason that Crewe (in Peters 2000:8) asserts that the country has been touched by the vengeance of AIDS. Other authors have called the HIV/AIDS pandemic "severe" and "the worst epidemic humanity has ever faced" (Harrison, Xaba, Kunene and Ntuli 2001:69; Kruger 2005:127).

Concern is mounting among educated people over the escalating HIV/AIDS infection rates and death and there is a general feeling that the government needs to treat the HIV/AIDS pandemic as a national emergency (Daily News 01 December 2006:3).

KwaZulu-Natal was hit especially hard by the epidemic and the education sector in the province has been greatly affected (Leach – Lemens 2009:517). Furthermore, the infection rate is increasing more rapidly there than anywhere else in the country (Rayners 2007:31). According to the Human Science Research Council, the province of KwaZulu-Natal has a prevalence rate of 21% of HIV infection. This is the highest

prevalence rate amongst the South African provinces (In contact June 2006:4; The Teacher 31 October 2005:1).

The impact of HIV/AIDS on the education sector is profound and is eroding the delivery of learning, teaching and development to an unprecedented degree (Edusource 30 September 2002:1). HIV/AIDS affects a large number of educators in KwaZulu-Natal. The death of teachers and student teachers in the province impacts on both the supply and demand for teachers. HIV/AIDS related illnesses among teachers result in high rates of absenteeism, which is disruptive to the education system (Van Wyk & Lemmer 2007:303).

HIV/AIDS presents a unique challenge to all school principals, who on a daily basis find themselves confronted with increasing numbers of HIV-positive educators. (Rajagopaul 2008:1) School principals have a key role in managing educators with HIV/AIDS because it poses a serious threat to the quality of education provision (Calitz, Fluglestad & Lillejord 2002:144). Education lies at the core of the nation and it deserves to be safeguarded in the face of HIV/AIDS pandemic (Buchel 2006:5).

Considering the devastating media reports on the spread of HIV/AIDS and the death of educators in the education sector, this study aims to establish the role the school principal should play in managing educators with HIV/AIDS related illnesses. Schools have been identified as the key factors in reducing the impact of HIV/AIDS (Buchel 2006:3).

School principals constitute an important component of the education sector and are uniquely placed as managers to combat the HIV/AIDS (Rayners 2007:3). Schreuder and Landey (2001:16) remark that management at school is important "to ensure the creation of an environment in which meaningful teaching and learning can take place".

School principals have an obligation to accept the challenge of HIV/AIDS and manage it with the same responsibility and devotion as they manage other areas of the school (Calitz *et al.* 2002:147). Van Rooyen and Hartell (in Calitz *et al.* 2002:147) conclude that "the onus is on the principal to do something." Rayners (2007:13) points out that school principals have the potential to make a significant contribution to the battle against HIV/AIDS, since they are strategically situated in large school communities.

According to Calitz *et al.* (2002:146), school principals need to understand the HIV/AIDS pandemic and its influence on various aspects of education, such as teaching, classrooms, teachers, the quality of education and the management of schools. They must try to pro-actively meet the challenges of the pandemic with effective management.

School principals need to develop a clearer understanding of the legal rights of HIV/AIDS positive educators because educational institutions that violate human rights are vulnerable to legal action and discipline (Maile 2003:187). HIV-positive educators have exactly the same human rights as other people (Maile 2003:187).

They have a right not to be unfairly discriminated against directly or indirectly in employment policies and practices (Simbayi, Skinner, Letlape & Zuma 2005:2).

According to Rajagopaul (2008:1), school principals are faced with the daunting task of responding to this challenge not only because it is their legal responsibility, by virtue of their position in the school system, but also because it is their moral responsibility.

Furthermore, education lies at the core of civil society. It therefore, stands to reason that its effective management is very important (Buchel 2006:5). Having outlined the background to the study, attention will now be focused on the awareness of the problem.

## **1.2 AWARENESS OF THE PROBLEM**

The researcher first became aware of HIV/AIDS related problems in education while he was the principal of a high school in the Othukela District (KwaZulu-Natal) from 1994-2003. Many educators disclosed to the researcher that they were HIV positive. Some of these educators eventually died from AIDS. As the school principal, the researcher experienced a variety of problems, such as prolonged illnesses, long periods of leave taken by educators, absenteeism and loss of productivity by the educators. This had a negative impact on the academic performance of the learners.

The researcher was promoted to the position of Superintendent of Education Management (SEM) in 2004 and was given 24 schools to supervise in his ward. The researcher developed an interest in the management of educators with HIV/AIDS when he was entrusted with the responsibility of co-ordinating HIV/AIDS workshops at a circuit level. Being the SEM and HIV/AIDS co-ordinator, principals often approach the researcher with questions regarding the management of educators with HIV/AIDS.

It is important that principals apply uniform standards and procedures when managing educators with HIV/AIDS. However, such standards and procedures do not exist at present. It is therefore necessary to conduct research in order to establish standards and procedures for managing educators with HIV/AIDS.

As SEM, the researcher examined all the leave forms submitted by schools in the circuit and discovered that educators are increasingly dying from AIDS. More and more educators apply for sick leave due to HIV/AIDS related illnesses. Some educators disappear from the workplace without valid sick leave. This problem leads to lost teaching time and to lower productivity.

The researcher has also been motivated by the devastating media reports on the spread of HIV/AIDS and by the findings of the Human Science Research Council. These findings reveal that the number of infected educators in the education sector is on the increase and that this problem needs to be controlled with effective and sound management (Education Labour Relations Council (ELRC) 2005:1). A national

survey of educators currently conducted in public school emphasizes the urgency for the need of management strategies which will aid principals in addressing this problem (ELRC 2005:5).

The researcher believes that education and knowledge are the key to reducing the rate at which the disease is spreading (Page, Louw & Pakki 2006:1). Learning institutions in an AIDS-infected world cannot be the same as those in an AIDS free World (Hepburn 2002:94). Coombe (2002:8) remarks that there is a need for harnessing, acquiring and developing the capacity of managers to deal with infected and uninfected educators' responses to the HIV/AIDS crisis.

A study on the management of educators infected by HIV/AIDS, will enable school principals to devise and put into place strategies for reducing, managing and controlling the impact of the pandemic on the education sector (Rajagopoul 2008:1). Thus, the problems emanating from AIDS-related illnesses and the death of educators justified the undertaking of this research. Furthermore, this study is justified by the fact that little research has been done with regard to the management of educators living with HIV/AIDS.

### **1.3 CONTRIBUTION OF THE RESEARCH**

The contribution of this research is closely linked with the aim of the research, which is to identify needs and challenges facing school principals in managing educators with HIV/AIDS. The collection of relevant data will greatly benefit school principals and educators. The study will make a contribution to the solving of the problem of poor educational quality which results mainly from the absence of sick educators, the long leave taken by educators and from high educator mortality rates (Hepburn 2002:92).

This study will further extend the body of theoretical knowledge regarding the topic by addressing many problems encountered by school principals in their daily attempts to manage educators with HIV/AIDS related illnesses. The contribution of this study will become clearer with the introduction of the research problem.

### **1.4 PROBLEM STATEMENT**

The origin, causes and consequences of HIV/AIDS in South Africa remain contested amongst the medical and political elite (Rayners 2007:8). Van Vollenhoven (2003:242) states that HIV/AIDS is a grave problem which raises serious questions about what causes it and how it can be treated since there is no known cure for HIV/AIDS at the moment. Research conducted by O'Connor (in Rayners 2007: 6) has found evidence of widespread recognition that HIV/AIDS has become prevalent and affects all aspects of school life. This problem has been confirmed by the Department of Education (2003: iv) which remarks that HIV/AIDS has widespread negative effects and presents one of the greatest challenges for education planners and managers. A National Survey of educators with HIV/AIDS conducted in public schools emphasizes the urgency for the need of management strategies which will aid principals in addressing this problem (ELRC 2005:1).

The study emanates from the researcher's personal and teaching involvement in the lives of HIV-positive educators in Bergville Circuit in the Othukela District (KwaZulu-Natal). The researcher has interacted with infected and affected educators for almost sixteen years both as a school principal and Superintendent of Education (Management). These experiences have compelled the researcher to respond.

In an attempt to support teaching and learning in schools under these circumstances, this study investigates the following main research question: What are the needs and challenges facing school principals in managing educators with HIV/AIDS?

The research problem has a bearing on the aim of the study.

## **1.5 AIM OF THE STUDY**

The aim of the study is to identify needs and challenges facing school principals in managing educators with HIV/AIDS and to provide school principals with in-depth information on how to handle (manage) educators with HIV/AIDS related illnesses. The study will enable school principals to apply uniform standards and procedures in managing these educators.

## **1.6 RESEARCH METHODOLOGY**

The research question formulated in this study is exploratory in nature and therefore requires a qualitative methodology. Qualitative research will allow the researcher to explore attitudes, behaviour and experiences of the school principals regarding needs and challenges in managing educators with HIV/AIDS (Corbin & Strauss 2008:12).

### **1.6.1 Qualitative research**

Leedy and Ormrod (2005:134) state that qualitative research is concerned with meanings and the way people understand things. Since the aim of this study is to acquire an in-depth understanding of the needs and challenges facing school principals in managing educators with HIV/AIDS related illnesses from the participant's perspectives, a qualitative approach was considered to be appropriate.

Qualitative research enabled the researcher to gain new insights by sharing the inner experience of participants (educators and school principals) regarding the research problem and by exploring participants' experiences and interpretations regarding needs and challenges in managing educators with HIV/AIDS. (Babbie & Mouton 2005:270; Corbin & Strauss 2008:12).

Schools are the sites where principals and educators experience the impact of HIV/AIDS on education provision. A qualitative approach enabled the researcher to collect data in schools by interviewing principals and educators in their natural settings (Creswell 2007:37).

### **1.6.2 Research design**

In order to conduct research, a qualitative research design was chosen. A research design is a plan or blueprint of how the researcher intends to conduct the study on needs and challenges in managing educators with HIV/AIDS (Mouton 2009:55).

### **1.6.3 Site selection and selection of participants**

The researcher in this study employed purposeful sampling in which information-rich participants (school principals and educators) were selected (McMillan & Schumacher 2006: 319).

Four secondary and six primary school principals were selected for the purpose of this study. These schools were selected because they were in close proximity to Bergville Circuit Office where the researcher is stationed as a ward manager. The researcher is familiar with these schools and interacts with the principals of these schools on a daily basis. Background information on these schools was easily accessible and they shared similar characteristics in respect of principals, educators and socio economic conditions.

The principals of the ten schools were selected for the study because they were knowledgeable and informative about the research topic: needs and challenges in managing educators with HIV/AIDS. They were experienced principals in the Bergville Circuit and they all had between 15 and 30 years of teaching experience and 10 and 25 of management experience. Furthermore, these principals were currently involved in the issues regarding the study and were interacting with HIV positive educators almost on a daily basis. All the school principals had indicated to the researcher that they had adequate time to spend with the researcher during the interview and signed consent forms (Creswell 2008: 238).

Ten educators were also chosen from each of the ten schools for focus group interviews. The researcher believed that the focus group would assist in adding details to the gaps that were identified.

Educators for focus group interviews were selected with the help of HIV/AIDS coordinators in the Othukela District. Educators were selected because they are currently engaged in teaching Life Orientation and HIV/AIDS awareness programmes. This ensured that they were knowledgeable about the research topic. A consent form, which was explained to the participants (educators) verbally, was signed by each participant (McMillan & Schumacher 2006: 56).

In terms of the site, the research was conducted in the principals' offices of the ten selected schools. School sites are appropriate because they are the natural setting where the problem of infected and affected educators is specifically experienced (McMillan & Schumacher 2006: 319). The principals' offices provided for privacy and the participants were able to express their ideas on needs and challenges in

managing educators with HIV/AIDS freely. The selected schools are described in more detail in chapter 3.

Since the researcher's social relationship with the participants is important during the research, the researcher had to adhere to certain ethical principles of qualitative research. A sensitive subject of this nature demands careful thought to be given to the ethical issues.

#### **1.6.4 Ethical issues**

According to McMillan and Schumacher (2006:142-144), qualitative researchers need to be sensitive to certain ethical issues in order to ensure correct conduct. As the researcher was conducting his research he adhered to the ethical principles such as informed consent (Creswell 2008: 238), ensuring the subjects' right to privacy (Cohen, Manion & Morrison 2007:67), guarding against manipulating participants (Bogdan & Biklen 2007:50) and ensuring confidentiality (Cohen *et al* 2007:57 ; Heaton 2004:77). This will be covered in more detail in chapter 3 (Research design chapter).

The researcher did not relate information regarding the research topic to others and the participants' names and their workplaces were kept as confidential as possible. All the participants were given the right to remain anonymous and all data collected was strictly confidential. Confidentiality was guaranteed in writing to all participants (Cohen *et al.* 2007: 57). Ethical issues associated with this study are discussed in more detail in chapter 3.

#### **1.6.5 Data Collection Methods**

The researcher used individual and focus group interviews as data collection strategies. Individual interviews enabled the researcher to have one-on-one verbal interaction with the participants. The researcher used focus group interviews to gather information that could not be collected easily by means of individual interviews regarding needs and challenges in managing educators with HIV/AIDS.

##### **1.6.5.1 Individual interviews with the principals**

It seems that the best way to ensure the safety and anonymity of research participants is to conduct interviews on an individual basis (Wong & Wong 2006:98). The researcher conducted interviews with school principals in order to gather information to help in the understanding of needs and challenges in managing educators with HIV/AIDS (Lichtman 2006:117). The researcher used individual interviews with the school principals as the main method for collecting data (Hatch 2002:23). The researcher interviewed ten school principals who had between 15 and 30 years of teaching experience.

### **1.6.5.2 Focus group interviews with educators**

The researcher conducted focus group interviews with ten educators who had between 5 and 15 years of teaching experience. These educators were selected for the study because they were knowledgeable about the topic. They are currently engaged in teaching Life Orientation and HIV/AIDS awareness programmes. The researcher believed that the focus group interviews would assist in adding details to the gaps that were identified during the individual interviews.

### **1.6.6 Data analysis and interpretation**

The data analysis was done using Colaizzi's the phenomenological approach (Creswell 2007:202). The researcher systematically searched and arranged the interview transcripts and field notes and other materials that the researcher had accumulated to enable him to come up with analysis (Creswell 2007: 202).

Using phenomenological approach, the researcher read all written transcripts on needs and challenges facing school principals in managing educators with HIV/AIDS several times to ensure correct interpretation. The researcher identified from each transcript significant statements and phrases. These meanings were then categorised according to different themes on "needs and challenges facing school principals in managing educators with HIV/AIDS" (Corbin & Strauss 2008: 46).

The interpretation of the data was done during the final analysis. Findings were validated with some of the participants during this stage. As new relevant data emerged, it was included in the final description (Creswell 2007:202).

### **1.6.7 Issues of trustworthiness and credibility**

According to Creswell (2007:202), the trustworthiness of a study is measured in terms of its credibility, authenticity, transferability, dependability and confirmability. In this study the researcher employed Lincoln's and Guba's model for trustworthiness, which addresses ways for warding off bias in the result of qualitative analysis.

In order to restrict bias and enhance trustworthiness, the researcher relied on participants' language and verbatim accounts, participants' review, mechanically recorded data and low-inference descriptors (McMillan & Schumacher 2006:325).

The researcher also employed multi-method strategies such as individual interviews and focus group interviews which helped in yielding different insights about the research topic and increased the credibility of the findings (Bogdan & Biklen 2007:115). Issues of trustworthiness and credibility are discussed in more detail in chapter 3.

## **1.7 DEFINITION AND CLARIFICATION OF CONCEPTS**

The following concepts are central to the study under investigation and need further clarification in order to promote insight and understanding into the research problem.

### **1.7.1 Management**

Management is usually defined as the organisational process that includes strategic planning, setting objectives, managing resources, deploying the human and financial assets needed to achieve objectives, and measuring results. Management entails the performance of activities or functions that are aimed at making the functional activities succeed (Stuhlman Management Consultants; Van der Westhuizen 2003:164-165).

This study focuses on school principals who have the responsibility to manage educators with HIV/AIDS. It is hoped that through effective management of educators with HIV/AIDS, meaningful teaching and learning can take place (Schreuder & Landey 2001:116).

### **1.7.2 Educators**

Educators are the most important component of the teaching-learning situation in the classroom. The teaching and educational activities of educators are aimed at assisting learners to learn. Educators' main role is to promote the core purpose of education. They have to ensure that effective teaching and learning takes place in the classroom and that all learners are afforded a fair and equal opportunity to develop their full potential (Davidoff & Lazarus 2003: 57-58).

According to Van Deventer, Kruger, Van der Merwe, Prinsloo and Steinman (2003: 66-67), educators have a dual role to play. In the first place they must teach and educate learners and assist them to acquire skills and knowledge. Secondly, they must manage all the activities associated with teaching and learning. Educators are therefore often described as leaders in the classroom. In order to achieve their educational goals, educators must set the classroom policy, create a positive classroom climate and motivate learners to practise independence and self reliance (Sonn 2002:11-12).

Educators also play a key role in providing care and support to learners (Department of Education 2003: 4) In this study, the researcher argues to emphasise that educators with HIV/AIDS deserve to be given management support so that they can perform their core duties effectively.

### **1.7.3 Human Immunodeficiency Virus (HIV)**

HIV is an abbreviation for the human immunodeficiency virus (Mulaudzi 2009:320; Mark Cichocki 2010:1). According to Balkwill and Rolph (2002: 18), HIV is different

from other viruses in the sense that it attacks an infected person's immune system (Boyles & Joska 2009:28). The HIV virus is too small to be seen by a naked eye; it can only be seen with the aid of a microscope (O'Connor, Richter, Wozniak, Kraukramer, Du Plessis & Westcott 2001:15).

About one thousand new viruses are formed on a daily basis in the body of an infected person and these viruses destroy about 10 million CD4 cells daily. The CD4 cells protect the immune system (Carter 2010:82). HIV infects certain white blood cells and causes AIDS, a serious disease that destroys the body's ability to fight infection (Masekela, Moodley, Mahlaba, Wittenberg, Becker, Kitchin & Green 2009:822). Sexual intercourse, direct contact with infected blood and transmission from an infected woman to her foetus have been identified by researchers as some of the common ways in which HIV is transmitted (Jacobs 2001:163- 164).

#### **1.7.4 Acquired Immunodeficiency Syndrome (AIDS)**

AIDS stands for Acquired Immunodeficiency Syndrome (Mulaudzi 2009:320; Marck Cichocki 2010:1). 'Acquired' refers to something that you get or catch. This suggests that AIDS is a disease which is not passed on genetically. 'Deficiency' refers to something which is lacking. The word 'syndrome' suggests that the immune system is not just damaged by one illness but a group of different illnesses which are usually described as opportunistic diseases (Evian 2000: 8).

AIDS is an infectious disease caused by the human immunodeficiency virus (HIV), a virus that can damage the brain and destroy the body's ability to fight off illness (Mulaudzi 2009:320). AIDS is one of the biggest killers in the world today. It has been argued that there are other diseases that kill in huge numbers, but none has spread as quickly as AIDS in recent times nor had such an impact on society (Campbell 2004 : 4).

In Africa it is called SLIM because people who are infected by AIDS are painfully thin (Campbell 2004:10). AIDS is commonly called Amagama Amathathu (three words) by the people of South Africa. AIDS was once cruelly described as a gay plague and deadly enemy (Connolly 2003:18). Although there are treatments to hinder the progress of AIDS, there is no known cure or vaccine (Selikow, Barness & Evian 2005: 12).

In this study the researcher argues that once educators' immune systems have been attacked by AIDS, they are unable to perform their duties effectively. Therefore, school principals have an obligation to manage these educators in the interest of efficient teaching.

#### **1.8 SCOPE OF THE STUDY**

The expansive nature of data on the research topic necessitated that the study be demarcated and that the content be organised according to chapters.

### **1.8.1 Demarcation of the field of study**

The study focused on the needs and challenges of a selected group of school principals regarding the management of educators with HIV/AIDS. Focus group interviews with educators who are engaged in teaching Life Orientation and HIV/AIDS awareness programmes were also used as supplementary sources of data. The study was limited to the rural areas in Bergville in the Othukela District (KwaZulu-Natal), as it is the area where the researcher became aware of the problem. Furthermore, KwaZulu-Natal has been chosen as the area of study because it is hit especially hard by the epidemic and the education sector is greatly affected. The projections by Desmond, Michael and Gow (2004: 48) clearly demonstrate that the impact of AIDS death in KwaZulu-Natal will be widespread. This opinion is supported by Govender (2004: 12) who remarks "The HIV/AIDS prevalence rate in the KwaZulu-Natal area is still on the increase despite numerous educational programmes by various government departments and non-government organizations" (Govender 2004: 12 ).

According to the Human Sciences Research Council, when assessing the prevalence of HIV/AIDS and other health issues, the province of KwaZulu-Natal has a prevalence rate of 21,8% which is the highest percentage in South Africa (In contact June 2006: 4). Thus, KwaZulu-Natal is an area of concern and deserves urgent attention.

### **1.8.2 Chapter division**

The content of this dissertation has been organised into five chapters. An overview of the different chapters is given in the following paragraphs.

Chapter one contains an introduction on needs and challenges facing school principals in managing educators with HIV/AIDS. It includes the problem statement (Section 1.4) and the aim of the study (Section 1.5). The research design, data collection methods, ethical issues and data analysis are discussed in this chapter. The key concepts such as management, educators, HIV and AIDS are also clarified.

Chapter two provides an overview of the impact of the HIV/AIDS pandemic on the education sector and the strategies of the South African government and the Department of Education in combating HIV/AIDS. Evaluation of these strategies and challenges faced by the Department of Education are discussed in this chapter.

Chapter three describes the general research plan of the study. It clarifies the research methodology, sampling method and method of data collection.

Chapter four gives an exposition of data analysis, based on the results of the interviews using a phenomenological approach. The data collected is presented in this chapter and interpreted.

Chapter five comprises a summary of the results and conclusions. The limitations of the study are discussed and recommendations are made to all relevant role players. Finally, recommendations for further research are made.

## **1.9 CONCLUSION**

The present study addresses the needs and challenges of school principals in managing educators with HIV/AIDS. In this chapter an introduction and background to the study is given. Awareness of the problem is outlined. Based on the previous sections, the problem statement is introduced. This is followed by the aim of the study, the research design, data collection methods, ethical issues and data analysis.

Hopefully, this study will contribute to existing knowledge in this field and will provide school principals and educators with new insights regarding needs and challenges when managing educators with HIV/AIDS.

## AN OVERVIEW OF THE IMPACT OF THE HIV/AIDS PANDEMIC ON THE EDUCATION SECTOR AND THE STRATEGIES OF THE SOUTH AFRICAN GOVERNMENT AND DEPARTMENT OF EDUCATION IN COMBATING HIV/AIDS

### 2.1 INTRODUCTION

The main purpose of this literature review is to obtain and scrutinise all relevant sources of information regarding the research problem which was formulated as: What are the needs and challenges facing school principals in managing educators with HIV/AIDS? In this review, the researcher summarises existing knowledge on the topic studied in this dissertation and points out areas that have not been fully researched in the past. A proper literature review is necessary in order to prevent the researcher from duplicating previous studies (Mouton 2009:87; Neutens & Robinson 2010:29).

Even though researchers such as Kelly, Coombe, Crewe and MacGregor (in Dube and Ocholla 2005:198) have concentrated on HIV/AIDS, virtually little research has been done with regard to the needs of and challenges faced by principals who have to manage educators with HIV/AIDS. In general, research on HIV/AIDS has predominantly focused on different strategies to bring HIV/AIDS under control and on finding a cure. Many drugs have been tested, but none of these have been successful in getting rid of the virus or in stopping the virus from damaging the immune system (UNAIDS 2006:11). Even the leading "infection blocking gel" has failed in a trial of more than 9 000 women (Sowetan 15 December 2009:12).

Calitz, Fluglestad & Lillejord (2002:145) feel that since there is no known cure for the disease, the only way to avoid the risk of infection is to avoid exposure. These researchers also believe that more has to be done than wearing ribbons and distributing condoms (Calitz *et al.* 2002:146). People need to be educated in order to change their sexual behaviour – this is the only way to reduce the spread of the virus (O' Conner, Richter, Wozniak, Du Plessis & Westcott 2001:27; UNAIDS 2006:11).

Professor Alan Whiteside (health economist) remarked recently that HIV prevention must be based on getting people to change their sexual habits (The Witness 12 February 2010:10). He said, "HIV treatment without prevention is like mopping the floor while the tap is running" (The Witness 12 February 2010:10). Kelly (in Rajagopaul 2008:3) concurs with Professor Alan Whiteside's statement that in the absence of either a cure or vaccine for HIV/AIDS in the immediate future, prevention must be made the focus of the response.

In South Africa little research has been done on needs and challenges in managing educators with HIV/AIDS. Educational studies tend to concentrate on "AIDS awareness" and "AIDS education" (Maile 2003:187). The lack of adequate management strategies remains a prominent factor amongst existing constraints to

properly addressing the AIDS pandemic in South Africa (Calitz *et al.* 2002:146; Rayners 2007:43). Former Deputy President Phumzile Mlambo-Ngcuka believes that although there is no cure for HIV/AIDS (yet), the disease is manageable (The Mercury 29 February 2007:2).

This dissertation focuses mainly on the impact of HIV/AIDS on the education sector. Schools are greatly affected, as educators, who are considered to be the pillars of the education sector, are often at high risk of HIV infection (Department of Education 2003:3). It is surprising and also shocking that educated people are more vulnerable to the disease, as these people should be educating the community in order to reduce the spread of the virus (Calitz *et al.* 2002:149-150; Kelly 2008:9).

Many people are concerned as to why the education sector is hit particularly hard by the HIV/AIDS pandemic. It has been argued that educators are more vulnerable to the disease due to their status in the communities (Rajagopaul 2008:116). They are often "relatively young, comparatively well-paid, mobile and socially active" (Department of Education 2003:5). Lawrence (2002:6) feels that teachers are socially visible and are more likely to be affected than anybody else. Mwase cited in Govender (2003:36) points out that teachers are often posted away from their families and tend to have more money than other members in the community. As a result, it is easier for them to engage in informal sexual relationships. This puts them at greater risk of getting infected by the HIV virus (Kelly 2008:8).

A study in three African countries (Ghana, Malawi and Zimbabwe) by Leach (2002:99), suggests that schools are major sites of HIV transmission. It documents cases of rape, assault and sexual harassment which are usually committed by male teachers. Educators are often responsible for the exploitation of teenage girls (Buchel 2006:84; Redelinguys 2006:375). Some experts feel that sexual abuse cases are exploding in affluent schools (*Daily News* 1 February 2007:6). It has been estimated that in a third of all child-abuse cases in South Africa teachers are the perpetrators (SAPA-AFP in Buchel 2006:82). This report stated that 5-8% of rapes involve girls between 10-14 years of age, and 15% girls aged between 5-9 years old. Researchers were horrified by the fact that teachers were responsible for 33% of the rapes committed (Buchel 2006:82). Rice (2002:13) admits that dealing with sexual abuse in schools is a complex matter and reveals that one teacher was accused of abusing twenty girls, of whom several were pregnant.

For many South African female learners and teachers, violence and coercion have become a way of life. In the school environment male teachers and learners pose a threat to their female counterparts and also culturally there is a problem with reporting sexual abuse, because victims are often afraid of being victimised (Van der Merwe in Buchel 2006:86).

It is for this reason that the KwaZulu-Natal Department of Education has sent a "stern warning" to teachers who engage in sexual relationships with learners that they will be dismissed if found guilty of these offences (The Mercury 26 February 2007:4).

In terms of section 17.1c of the Employment of Educators Act ( Republic of South Africa 1998:913), educators are forbidden to have a sexual relationship with a learner, even if the learner consents. Sex that is demanded by an educator constitutes rape, and in the case of learners under 16 years, it is statutory rape, which can result in life imprisonment (Govender 2003:16). The South African Council for Educators (SACE) has warned educators that there is no place for sex offenders in schools (The Independent on Saturday 4 April 2009:2). SACE is planning to create a register for teachers convicted and alleged to have committed sex crimes. If found guilty, their names will be struck off the register for educators (The Independent on Saturday 4 April 2009:2).

It has been found that teenage girls consent to sex in exchange for material goods (Harrison, Xaba, Kunene & Ntuli 2001:76). It is because of this serious problem that Leach (2002:99) questions the suitability of schools as the main location of HIV/AIDS prevention campaigns.

Professor Carel van Aardt (Director of Research at UNISA's Bureau of Market Research) and Mari Harris (a director and political analyst at Markinor) have recently warned that AIDS is also spreading to wealthy, educated and professional people, who often believe that they are not at risk of HIV infection (The Mercury 3 February 2007:2). They remark that the country could be facing a "third epidemic", as HIV takes a foothold in the more affluent sectors of society (The Mercury 3 February 2007:2). Professor van Aardt pointed out that the widespread belief that HIV is "a disease of the impoverished, the unemployed and the uneducated" is proving to be a misconception (The Mercury 3 February 2007:2). In short, the study by Prof. Van Aardt has found that affluent, well-educated South Africans are becoming more vulnerable to HIV/AIDS and that many of them have openly declared their HIV status (The Mercury 21 February 2007:2 ).

The Ministry of Education noted with concern that the education sector in South Africa is being ravaged by HIV/AIDS at an alarming rate. At a conference held in Midrand in June 2002 on HIV and AIDS, Professor Kader Asmal (former Minister of Education), urged the entire country to place education at the heart of the national response to HIV and AIDS:

"The HIV/AIDS epidemic as it is unfolding in our schools and learning institutions and higher education, right across the entire sector, can no longer be treated as we have done in the past. We need to place education at the heart of the entire national response to HIV/AIDS because education represents the only hope for the future of an AIDS free society" (Department of Education 2003:3).

Coombe and Kelly (cited in Rajagopaul 2008:6) also emphasise the crucial role played by education and schooling in the mitigation of HIV/AIDS. Their argument is that behaviour maintenance and behaviour modification can only be achieved through education (Rajagopaul 2008:3). According to Badcock-Walters, Kelly and Gorgens (2004:4), cognitive and literacy skills, required to make informed choices on HIV/AIDS are dependent on the levels of education and literacy.

Buchel (2006:5) points out that schools are the key to reducing HIV/AIDS. The assertion by Nelson Mandela is valid in the struggle against HIV/AIDS when he remarked that "Education is the most powerful weapon you can use to change the world" (Smart 2004:1). This opinion is further amplified by the Global Campaign for Education which asserts that seven million HIV infections could be prevented in a decade if all children in the world received a complete primary education (Buchel 2006:3). It is therefore evident that there is a wide acceptance of the key role of education as the only effective available "vaccine" against HIV/AIDS (Rajagopaul 2008:3; Kelly 2008:9).

In his declaration of partnership against HIV/AIDS, former President Thabo Mbeki also acknowledges the impact of HIV/AIDS on the education sector. He draws the attention of South African citizens to the fact that HIV/AIDS is with us in our workplaces, in our classrooms and our lecture halls (Department of Education 2000:16).

KwaZulu-Natal is hit especially hard by the epidemic and the education sector in the province is under threat (In contact June 2006:4). Furthermore, the infection rate is increasing more rapidly there than anywhere else in the country (Rayners 2007:31; Van Wyk & Lemmer 2007:303). De Bruin cited in Buchel (2006:65) agrees in a report stating that the AIDS pandemic could cause a serious educational crisis in KwaZulu-Natal.

Educators die on a daily basis of AIDS and the remaining staff members have to attend funerals every weekend (Whelan 2003:13). This often leads to educators being absent from work. According to the Human Sciences Research Council, the province of KwaZulu-Natal has a prevalence rate of 21.8% of HIV infection. This is the highest prevalence rate in South Africa (In contact June 2006:4; Van Wyk & Lemmer 2007:305). This made Dr John Wright suggest that Kwa-Zulu Natal should be declared a disaster area (Buchel 2006:65).

Researchers at the University of Natal gathered statistical evidence that deaths amongst teachers in the province were mostly HIV/AIDS-related and that the AIDS pandemic would virtually decimate the profession by the end of the decade (Natal Witness 14 April 2003:6). With some 75 000 teachers then employed in KwaZulu-Natal, it was projected that these deaths and other forms of attrition would create a need for 60 000 new teachers by the year 2010 (De Bruin in Buchel 2006:65). Training 60 000 new teachers before 2010 demanded institutional capacity and human expertise that South Africa lacked at the time (Natal Witness 14 April 2003:6).

In the newspaper titled *Educators uniting against HIV and AIDS (Hlanganani)* Willy Madisha, former head of South African Democratic Teacher Union (SADTU) expressed his shock and concern about the HIV/AIDS pandemic by remarking that educators "are being ravaged by the AIDS disease and that we are all facing a crisis in our education system of immense proportions" (Hlanganani 31 October 2005:1). The Education Labour Relations Council (ELRC) commissioned the Human Science

Research Council (HSRC) to undertake the most comprehensive “supply and demand” study of educators ever conducted in the world. The following findings were made:

- In 2004 an estimated 4000 South African educators died of AIDS-related illnesses.
- 12.7% of South Africa’s educators in primary and secondary government schools are HIV positive.
- 21.8% of educators in KwaZulu-Natal are HIV positive. This is the highest prevalence of the disease amongst educators in South Africa. Mpumalanga has the second highest infection rate (19.1%), while the Eastern Cape has the third highest infection rate (13.8%).
- Nearly a quarter of the HIV positive educators are between the ages of 25 and 34.
- About 23 500 educators should be taking ARV drug treatment today (Hlanganani 31 October 2005:1).

Principal investigator and President of the Human Sciences Research Council, Dr Olive Shisana, expressed her shock at the HSRC statistics and remarked that at least 100 000 of South Africa’s 3 567 000 educators needed anti-AIDS therapy immediately. The HSRC statistics confirm that HIV/AIDS presents a very real threat to the teaching profession (Hlanganani 31 October 2005:6; Van Wyk & Lemmer 2007:303).

In research conducted by the ELRC in 2005, it was found that about 45 000 of South Africa’s educators are HIV positive. The report also showed that the loss of experienced educators due to AIDS would have an impact on the quality of education (Hlanganani 2005:6). According to the ELRC report, many educators are likely to fall sick and will be unable to continue to teach (ELRC 2005:9). This, in turn, will greatly affect the education provision (ELRC 2005:18). The Democratic Alliance (DA) Health spokesman, Gareth Morgan has warned the National Departments of Education and Health that about 10 000 teachers will probably die within the next two years due to HIV/AIDS unless a plan is put in place to properly address the problem (The Mercury 11 January 2007:2).

It seems clear that HIV/AIDS affects educators in a variety of ways and impact negatively on the provision of education in the education sector.

## **2.2 THE IMPACT OF THE HIV/AIDS PANDEMIC ON THE EDUCATION SECTOR**

Educators play a very significant role in the provision of education in our schools. In fact, they are the pillars of the education sector. It is estimated that educators represent the country’s largest workforce of 4 000 000 personnel (Department of Education 2003:4).

Educators are not immune to the risk of HIV infection (Department of Education 2003:3). Calitz *et al.* (2002:151) have estimated that between 88 000 and 133 000 educators will have died from AIDS-related illnesses by 2010. While all sectors of

society are adversely affected by the impact of HIV/AIDS, the effect on education, which is the cornerstone for the provision of manpower to society, has been devastating (Rayners 2007:12; Kelly 2008:6; Xaba 2003:287). The education sector is affected by HIV/AIDS in several ways which are outlined in the next section.

### **2.2.1 The effect of HIV/AIDS on the teaching profession**

In this section, the researcher discusses the effect of HIV/AIDS on the teaching profession as follows:

#### **2.2.1.1 The effect of HIV/AIDS on the personal and professional lives of teachers.**

HIV/AIDS disrupts education in the sense that the number of educators and learners who are infected with HIV and dying from AIDS is on the increase (O' Connor *et al.* 2001:27; Rayners 2007:6). HIV/AIDS kills teachers faster than they can be trained, makes orphans of students, and threatens to derail efforts by highly-affected countries to get all boys and girls in school by 2015 – one of the key development goals of the international community, seeing that a good basic education ranks among the most effective, and cost-effective means of preventing HIV/AIDS (Nairobi 24 September 2003:1). It has already been highlighted that educators are reported to be relatively well-educated, mobile and affluent and thus belong to a category which is particularly at risk (Kelly 2008:8).

When HIV-positive educators become ill, they apply for long leave of absence. Increased absenteeism of educators is also attributed to deaths in the family, deaths of friends and of colleagues: attending the funerals of the deceased often interferes with educators' work hours (Calitz *et al.* 2002:151). Calitz *et al.* (2002:151) further emphasise the problem of prolonged absenteeism by stating that even a single teacher being absent impacts on large numbers of learners (Rajagopaul 2008:116). The inability of the Department of Education to provide schools with substitute educators makes the situation even worse (Buchel 2006:64).

Educators are lost to the teaching profession for a number of reasons. Among them are normal retirement, resignation and death (Hall 2003:35). Hall (2003:35) argues that if one wants to identify the influence of HIV/AIDS on the teacher supply and demand, one must separate AIDS-related deaths from non-AIDS-related deaths.

The problem of educators infected with HIV/AIDS is made worse by the fact that more teachers are leaving the system than entering (Hall 2003:36). Educators are also lost to other sectors of the workplace due to the need for educated personnel to replace those lost to AIDS (Calitz *et al.* 2002:151). The exodus of educators to foreign countries makes the current shortage of educators in South Africa due to HIV/AIDS even worse (The Mercury 21 December 2006:4; Xaba 2003:287).

In a study conducted by Kimberley Ocfs, it was found that South Africa is the biggest contributor of foreign teachers to the UK (with 42%), followed by Australia

(29%), New Zealand (5%) and Canada (2%) (The Mercury 21 December 2006:4). O'Connell and her fellow researchers reported that these teachers are lured to the UK by better pay. The UK, like countries worldwide, is facing a growing shortage of teachers, particularly in Mathematics, Science and Modern languages (The Mercury 21 December 2006:4).

When educators become ill, learning is affected since learners are often left without consistent teaching (Rajagopaul 2008:116). Educators living with AIDS are often too sick to attend school. They sometimes have to visit hospitals and clinics situated long distances from their homes, where they have to wait long hours due to a lack of trained personnel and resources (Calitz *et al.* 2002:151). As a result of this problematic situation classes are frequently suspended. Colleagues have to fill in for the absent educators and are forced to take on double classes (Van Wyk & Lemmer 2007:303). Sometimes colleagues may be required to teach in areas where they do not feel competent because the teacher who knows the subject is sick or has died (Kelly 2008:8). These educators are subsequently overloaded with work, experience higher stress levels and can become discouraged (Department of Education 2002:81; Van Wyk & Lemmer 2007:303). Many South African educators considering quitting the teaching profession cite the challenges of teaching in an HIV altered reality as one of the factors motivating their attrition (Hall in Theron, Geyer, Strydom & Delpont 2008:78)

Once teachers learn that they are HIV positive, their morale suffers significantly (Republic of South Africa 2007:40). Thus, even before the onset of AIDS, when HIV positive educators can still attend classes, the emotional distress caused by knowing their status already hampers teachers' productivity (Buchel 2006:64; Theron *et al.* 2008:78). Lesson preparation, homework correction and classroom interaction are greatly affected (Hepburn 2002:91; Van Wyk & Lemmer 2007:303).

The situation becomes worse when, apart from their own illness, they have to cope both emotionally and financially with sickness and death amongst relatives, friends and colleagues (Van Wyk & Lemmer 2007:303). A study by Kelly (in Hepburn 2002:93) has revealed that an infected teacher loses approximately six months of professional work time before succumbing to the illness and approximately one year elapses between the clinical onset of AIDS and death.

USAIDS (in Phaswana-Mafuya & Peltzer 2005:282) found that AIDS reduced the productivity of African businesses by both increasing the cost of production and decreasing the productivity of workers. Therefore, AIDS deaths lead directly to a reduction in the number of available workers (Phaswana-Mafuya & Peltzer 2005:282). Research shows that the same applies to the teaching profession. According to Hepburn (2002:92-93), educational quality is negatively affected in AIDS-affected areas by the decreasing supply of trained teachers and the loss of teachers' productivity when they become ill.

According to Coombe (2000:18; Calitz *et al.* 2002:149), the loss of experienced educators and managers as a result of AIDS is especially problematic. Where younger and inexperienced educators have to substitute experienced educators, the

quality of training amongst educators will decline (Kelly 2008:8). Crewe (2000:56) points out that “nowhere is the impact of HIV/AIDS more critical than in the education sector”. This argument is based on two reasons. Firstly, education is regarded as the main line of defence against HIV/AIDS. The role of education in combating HIV/AIDS is seriously compromised. Secondly, education systems are themselves vulnerable in that “morbidity and mortality among personnel is a huge and growing problem” (Crewe 2000:56; Kelly 2008:8). HIV/AIDS does not only affect the personal and professional lives of teachers, learners are also adversely affected which is outlined in the next section.

### **2.2.1.2 The effect of HIV/AIDS on learners**

The fact that many cases of sexual abuse take place in schools puts learners at greater risk of getting infected by the HIV virus (Daily News 1 February 2007:6). The Human Rights Watch (2001:4) presented documentary evidence of cases of sexual violence in schools by revealing that “thousands of girls of every race and economic group are encountering sexual violence and harassment that impede access to education”. According to Redelinguys (2006:357), poor socio-economic conditions are the main drivers of this practice, as teachers exploit the vulnerable and desperate economic circumstances of these girls to their own advantage.

HIV/AIDS impacts negatively on the learners because when educators become ill, learning is affected since learners are often left without consistent teaching (Rajagopaul 2008:116). Teachers affected by or infected with HIV/AIDS cannot be able to provide quality education to the learners because of their inability to cope with their daily duties. (Buchel 2006:343; Rajagopaul 2008:116). This problem is made worse by teacher attrition which disrupts schooling (Xaba 2003:287). It becomes more difficult when infected teachers leave the profession during the academic year whilst engaged in the teaching of critical subjects such as mathematics and physical science. Often there is no continuity when these teachers leave the profession and learners become the victims of poor quality learning (Xaba 2003:288).

Learners who are affected by HIV/AIDS are unable to attend school regularly since many AIDS-affected families may withdraw their children from school to compensate for labour losses and increased care responsibilities and to combat increasing costs (Buchel 2006:68). Many learners affected by HIV/AIDS have to take on adult responsibilities, while others live on the streets and turn to prostitution and crime in order to survive (Buchel 2006:105). Learners affected by these negative factors are unable to benefit maximally from education and often cause disciplinary problems in school. These learners often leave school early and become dropouts (Buchel 2006:343). The above-mentioned problems impact negatively on school enrolment which is discussed in the next section.

### **2.2.1.3 The effect of HIV/AIDS on school enrolment**

HIV/AIDS has widespread negative effects on school enrolment. Enrolments in schools have declined drastically because of the impact of HIV/AIDS (Xaba

2003:287). As teachers are often absent, parents and caregivers often opt not to send their children to school (Buchel 2006:89 ). HIV/AIDS increases the number of orphans and this, in turn, will reduce the number of learners to be enrolled at schools (Rajagopaul 2008:116).

Naidu (in Buchel 2006:89) reports that a major study on school enrolment undertaken on behalf of the government in the Western Cape, Northern Province and Gauteng found a steady decline in the numbers of learners enrolling for school. The fluctuating numbers of learners in schools makes it difficult for schools to provide quality education to learners. Sometimes schools are forced to lose teaching posts because the allocation of these posts depends on enrolment figures (Buchel 2006:90).The disruption of schooling because of the impact of HIV/AIDS directly affects school management teams (SMTs) who have the duty to manage the school and deliver quality education.

#### **2.2.1.4 The effect of HIV/AIDS on school management teams**

HIV/AIDS also impacts on the SMTs' time available for normal planning and management strategies of the school since this time must now be spent on preventing the spread of the virus and caring for HIV/AIDS affected members of the school community (Buchel 2006:63). The large numbers of teachers and learners infected with or affected by HIV/AIDS create serious managerial problems for SMTs who will have to adjust their planning strategies to accommodate the impact of HIV/AIDS (Buchel 2006:331).

SMTs are greatly affected by HIV/AIDS in schools. The prevalence of HIV/AIDS in schools causes a reduction in morale, motivation and concentration amongst affected learners and teachers. Work schedules become disrupted because of absenteeism of staff and learners, causing learners and teachers to fall behind schedule which affects education provision. Ill-discipline and unauthorised absenteeism of infected teachers makes the situation worse (Badenhorst & Kruger in Buchel 2006:63).

HIV/AIDS greatly affects the education sector as more and more resources have to be channelled to cope with the health impact of HIV/AIDS (Buchel 2006:60). The financial impact of HIV/AIDS on the teaching profession will be outlined in the next section.

#### **2.2.1.5 The financial impact of HIV/AIDS on the teaching profession**

It has already been pointed out that the impact of HIV/AIDS will most certainly be felt in the education sector as more and more resources have to be channelled to cope with the health impact of HIV/AIDS (Buchel 2006:60). Schools and the department of education will feel the direct and indirect systemic cost of HIV/AIDS (Creativepr in Buchel 2006:62-63).

Direct cost to the Department of Education and schools could include a rise in cost of benefits such as:

- Medical aid / health insurance
- Disability insurance
- Pension funds
- Death benefits / pay outs
- Funeral expenses
- Subsidised loans

The additional costs are as follows:

**1. The escalating cost of recruitment**

- Recruitment and retraining expenses of new teachers
- Cost of advertising vacant positions
- Cost of appointing temporary staff to occupy vacant positions while looking for suitable replacements

**2. The increased cost of training**

- Training larger numbers of new teachers to fill vacant posts
- Increase in-service training cost, to fill vacancies
- Salaries for temporal staff and under trained replacements

**3. HIV/AIDS prevention and information programs**

- Direct cost of programs (Materials and training staff)
- Time lost by teachers on training courses
- The indirect cost of HIV/AIDS to the school system includes absenteeism among teachers due to the following:
  - Absenteeism among learners and teachers due to sick leave (teachers) and illness (learners)
  - Compassionate leave to take care of sick family members
  - Bereavement and funeral leave
  - Leave to take care for dependents

While a lot of time is spent finding replacements for absent staff members and in giving them moral support, learners present a more serious problem. They need repetition of work and extra lessons to catch up lost work, especially in critical subjects such as mathematics and science This has financial implications for the SMTs who have to manage the schools and deliver quality education (Buchel 2006:62).

Based on the above discussion, it is evident that many schools are crippled by the impact of HIV/AIDS. When educators are sick or die, schools suffer disruption which hampers the provision of quality education. HIV/AIDS impacts negatively on management and leadership in the education sector because of the growing skills shortage. This is outlined in the next section.

### **2.2.2 The effect of HIV/AIDS on management and leadership in the education sector**

Leaders, managers, directors and education specialists within the different education departments are not immune to the HIV/AIDS pandemic. Because of the growing skills shortage, it is becoming increasingly hard to replace staff in leadership and management positions in the educational sector. Without the expertise and experience of appropriate personnel, very little can be achieved by the Department of Education (Calitz *et al.* 2002:149; Theron 2005:56; Buchel 2006:59).

Coombe (2002:18) as well as Phaswana-Mafuya and Peltzer (2005:278) remark that education management is likely to be affected by HIV/AIDS in that the system will lose experienced managers whose experience cannot be replaced. Younger, inexperienced and less confident educators will be expected to perform management duties. Calitz *et al.* (2002:149) add that well-trained and experienced leaders are replaced by others who have not received sufficient professional preparation for their responsibilities.

On releasing the matric results for the year 2006, former education minister Naledi Pandor emphasised the importance of sound management to the success of any institution (The Mercury 29 December 2006:8). Calitz *et al.* (2002:144) feel that it is the responsibility of the school managers "to pro-actively meet the challenge of the pandemic with effective management and sound education". The loss of experienced managers due to HIV/AIDS affects the provision of quality education as these are the people who are able to identify problems in the education system, discourage conditions that contribute to risk and mobilise support for HIV/AIDS prevention (Calitz *et al.* 2002:149-150).

The education sector needs leaders who serve as an inspiration and who can offer support to infected educators and their families (Calitz *et al.* 2002:150). Without experienced managers and effective leaders, schools will become dysfunctional.

Several strategies have been adopted by the South African Government in an attempt to combat HIV/AIDS pandemic which are discussed in the next section.

### **2.3 STRATEGIES OF THE SOUTH AFRICAN GOVERNMENT IN COMBATING HIV/AIDS**

The prevention of HIV/AIDS should not centre on a single strategy. This view was confirmed by the Former Secretary of the United Nations, Kofi Annan when he was launching a Global Media AIDS Initiative:

"When you are working to combat a disastrous and growing emergency, you should use every tool at your disposal. HIV/AIDS is the worst epidemic humanity has ever faced" (Kofi Annan in Kruger 2005:125).

Several strategies have been put in place by the South African Government since 1994 (Coombe 2000:21-22). The following strategies were adopted in order to contain the problem of HIV/AIDS in accordance with a National AIDS plan.

### **2.3.1 The South African strategy and implementation plan**

This plan was designed by Cabinet in 1994 to prevent the spread of HIV/AIDS, to reduce the impact of HIV/AIDS and to harness existing and potential resources. It resulted in the establishment of administrative structures on provincial and national level. This plan focused on children who are infected or affected by HIV/AIDS and therefore does not mention educators (Coombe in Mkhonto 2005:20).

### **2.3.2 The HIV/AIDS/STD Strategic Plan for South Africa, 2000-2005**

This strategic plan was endorsed by the Minister of Health in 2000 in order to address the problem of the HIV/AIDS pandemic in the country. The main focus of the plan was on prevention, treatment and support, human and legal rights, and monitoring research and surveillance. It should also be noted that the document does not make provision for educators who are infected with HIV/AIDS. The HIV/AIDS/STD strategic plan has been criticised that it was a step backward since it excluded the potential impact of HIV/AIDS on social, economic and infrastructure vital to national sectors like labour, education, agriculture and business (Coombe in Mkhonto 2005:21).

### **2.3.3 National integrated plan for children infected and affected by HIV/AIDS**

This plan was put in place in 2000. Its intention was to strengthen the teaching of Life Skills in primary and secondary schools, to address the problems faced by orphans and of people living with HIV/AIDS. Provision was also made for voluntary testing and counselling (Coombe 2000:22; Theron *et al.* 2008:82). In addition, the government committed itself with this plan to the translation of HIV/AIDS publications into nearly all the official languages of South Africa. The idea of this was to enhance HIV/AIDS awareness in all South African citizens (Bate 2003:10; Coombe in Mkhonto 2005:21).

### **2.3.4 The HIV/AIDS and STI Strategic Plan for South Africa, 2007-2011**

The HIV/AIDS Strategic Plan for South Africa 2007-2011 flows from the National Strategic Plan of 2000-2005. It represents the country's multi-sectoral response to the challenge imposed by HIV/AIDS (Department of Health 2006:1).

This Strategic Plan seeks to provide continued guidance to all government departments and sectors of civil society, building on work done on the past decade (Department of Health 2006:1). The National Strategic Plan of 2007-2011 is based upon a set of key Guiding Principles. The interventions needed to reach the National Strategic Plan's goals are structured under four key priority areas:

- Prevention
- Effective communication, Treatment, Care and Support

- Research, Monitoring and Surveillance
- Human rights and access to justice (Republic of South Africa 2007:10).

The primary aims of the National Strategic Plan for 2007-2011 are the following:

- To reduce the rate of new HIV infections by 50% by 2011.
- To reduce the impact of HIV and AIDS on individuals, families, communities and society by expanding access to appropriate treatment, care and support (Department of Health 2006:5).

In the following section, the use of anti-retroviral drugs in South Africa is discussed.

### **2.3.5 Anti-retroviral drugs in South Africa**

An international team of investigators have found that HIV positive patients who take anti-retroviral treatment reduce their mortality risk by 50%. Substantial reductions in mortality risk were particularly seen among those who started taking HIV treatment when their CD4 cell count was below 100 cells (Carter 2010:82).

The studies also show that a major disadvantage of starting treatment late is the increased burdening of already overstretched health systems to carry the cost of illnesses that could have been avoided by early treatment. According to Dr Stephen Lawn of the University of Cape Town in Safreed-Harmon & Alcorn (2009:139). There is accumulating evidence that, due to late diagnosis, many people are continuing to start HIV treatment very late, often at CD4 counts below 50 cells/mm. These individuals are more likely to die or develop serious illnesses after starting treatment.

South Africa has the most extensive anti-retroviral treatment programme in the world (Mail & Guardian 3-9 April 2009:36). The government is budgeting for the number of people on anti-retroviral treatment (ARV) to more than double over the next three years. In February 2010 the government announced plans to add an extra R5,4 billion to its HIV/AIDS programme (Daily Sun 18 February 2010:16).

The government has introduced further policy measures to broaden access to those co-infected with TB, and women and children with CD4 counts lower than 350. According to Gordan (the Minister of Finance), this brings the budget for total spending on ARV treatment over the next three years to R8,4 billion. At present, about 920 000 people are on ARV treatment (Daily Sun 18 February 2010:16).

Access to ARVs can pose many logistical difficulties for poor and sick persons, particularly in rural areas (Hofmeyr, Georgion & Baker 2009:38). According to Jaspán, Li, Johnson & Bekker (2009:10), adherence to treatment and treatment programmes is integral for sustaining positive health outcomes. HIV positive people need more support in managing their treatment than they are getting.

According to the Human Sciences Research Council's (HSRC's) study, many teachers are killed by HIV/AIDS and it is estimated that about 10 000 of them are in need of anti-retroviral treatment (Business Day 9 June 2005:4). Teacher unions accused the Department of Education of turning a blind eye to this finding by HSRC (City Press 09 October 2005:8). However, Duncan Hindle (Director General) argued that the Department of Education does not provide medical treatment to employees. He pointed out that it was not his department's responsibility to provide ARV treatment to teachers, but that the government has an ARV roll-out (treatment) programme which includes teachers (City Press 18 December 2005:14). Citing recent research conducted for the Education Labour Relations Council, Shisana told delegates to the second national AIDS conference that teacher deaths could be reduced by half by 2010 if 90% of them received the anti-retroviral treatment they needed (Business Day 09 June 2005:4).

Equally important is a role of HIV testing in South Africa which is discussed in the following section.

### **2.3.6 HIV testing in South Africa**

Increased HIV testing has been proposed as an important component of HIV prevention and a pathway to support universal access to anti-retroviral therapy (Carter 2009:330). The importance of early diagnosis of HIV cannot be overemphasised. Research has proved that the earlier HIV is diagnosed, the better the prognosis and the likelihood of a long, healthy life (Mark Cichocki 2008:1).

Matsoaledi (Minister of Health) implored leaders from all walks of life to be the first in line for the massive HIV-testing programme to be launched on 15 April 2010. The South African government planned to test 15 million people. In order to achieve this target, the Department of Health was negotiating with cellphone companies to send out a one-line message: "Please come and test now" (The Witness 30 March 2010:3).

President Jacob Zuma publicly took an HIV test on World AIDS day as part of a major campaign by the government to demonstrate its commitment to the fight against HIV/AIDS (Mail & Guardian 13-19 November 2009:9). People living with HIV require knowledge of their HIV status. Disclosure of HIV status is significant for provision of quality care and treatment (Jaspan, Johnson & Bekker 2009:9).

According to Roehrs (2009:468), testing persons for HIV against their will and disclosing the test result to others clearly raise ethical concerns. The forced HIV test also infringes on the human rights of the tested person.

Male medical circumcision is one of the mechanisms employed by the South African government in combating HIV/AIDS. This will be discussed in the following section.

### 2.3.7 Male medical circumcision and HIV/AIDS prevention

The World Health Organisation has recommended male medical circumcision as an important part of HIV prevention efforts (Treatment Action Campaign 2007:1). It is one of the effective interventions for preventing the spread of HIV/AIDS (Pebody 2010:85). Male circumcision is defined as a surgical procedure to remove the foreskin of a male's penis (Treatment Action Campaign (TAC) 2007:1).

There is some evidence that circumcision reduces a heterosexual male's risk of contracting HIV. Bateman (2010:90) reports that a 2005 study of 3,274 men in South Africa found that male circumcision reduced the risk of acquiring HIV infection by 60%. The trial participants were counselled on safer sex and followed up for an average of 18 months (Treatment Action Campaign 2007:2).

There is also some evidence that female partners of circumcised HIV positive men are less likely to contract HIV than female partners of uncircumcised HIV positive men. A Ugandan study observed the rate of HIV infection between couples in which the male partners were HIV positive and the female partners were HIV negative. The partners of uncircumcised HIV positive men were much more likely to contract HIV (Treatment Action Campaign 2007:2).

The Treatment Action Campaign (TAC) (2007:1) recommends that the Department of Health must provide widely distributed accurate information to the public on the role of medical circumcision in HIV prevention. The public must have access to safe health services that offer circumcision. The TAC (2008:I) endorses the World Health Organisation recommendation on Voluntary Male Medical Circumcision urging that "male circumcision now be recognised as an additional important intervention to reduce the risk of heterosexually acquired HIV infection in men."

The KwaZulu-Natal government recently decided to show its support for Zulu king Goodwill Zwelithini's plan to revive the custom which was abandoned by the AmaZulu decades ago (Bateman 2010:89). Addressing people including traditional heads and government leaders at the Royal Show Grounds in Pietermaritzburg, Zweli Mkhize (KwaZulu-Natal Premier) stated that male circumcision will assist in the fight against HIV/AIDS but does not on its own prevent the spread of sexually transmitted diseases (Bateman 2010:89). The king's call for circumcision has also received support from President Jacob Zuma (ECHO 10 December 2009:5). In KwaZulu-Natal, the campaign for male medical circumcision was launched at Nongoma (Benedictine Hospital) on 10 April 2010 (Insengwakazi 23 April 2010:1).

Anna Lerner has warned that research about male circumcision may be misleading. She feels that male circumcision is not full HIV protection (City Press 31 January 2010:16). Perhaps this is the reason why the South African government is distributing condoms to thousands of people.

### **2.3.8 Condom use and distribution**

There is increasing evidence of the effectiveness of male condoms in preventing HIV infection. The effectiveness of male condoms has been estimated at approximately 80% but their precise degree of protection is unknown owing to complexities that make randomised controlled trials difficult (Essack, Slack, Koen & Gray 2010:46). Male and female condoms are the only contraceptives that afford dual protection, i.e. simultaneously preventing both pregnancy and STI/HIV infection. Condoms are effective when used correctly and consistently (Moss 2009:467).

Condom use in South Africa is growing with the percentage of those using a condom during their last sexual encounter increasing from 27% in 2002, 35% in 2005 to 62% in 2008. Younger people show the highest rates of condom use which bodes well for the future of prevention, and could explain the decline in HIV prevalence and incidence among teenagers and younger adults (Condom use and distribution 2010:4). In 2006, 376 million male condoms were distributed by the government and 256 million in 2007. Over 3.5 million female condoms were distributed in 2006 and 2007 (Condom use and distribution 2010:4).

According to Olive Shisana, former health director-general and head of the HSRC's HIV/AIDS research unit, at least 10 000 teachers require treatment, and many of them are reluctant to use condoms (*Business Day* 9 June 2005:4). Shisana's main concern about HIV positive educators is that the Department of Health distributes 40 million condoms a month but these condoms are not available in schools. Shisana called for condoms to be distributed in schools to prevent new HIV infections. The HSRC's study also highlighted limited condom use among educators who knew that they were HIV positive, with a third of them saying they did not consistently use condoms with their partners (*Business Day* 9 June 2005:4).

A study conducted by KwaZulu-Natal HIV/AIDS research organization (Heard) has also found that there is a portion of educators who acknowledge the likelihood that they may be HIV positive, yet were engaging in high-risk sexual behaviour (*Sunday Times* 7 February 2010:9). Shisana feels that low condom use indicates that educators are not receiving adequate counselling about HIV (*Business Day* 9 June 2005:4).

In order to fully understand the problem under investigation, it is necessary to evaluate the government's HIV/AIDS strategies. The researcher will do so in the next section.

## **2.4 EVALUATION OF THE GOVERNMENT'S HIV/AIDS STRATEGIES**

The strategies mentioned in sections 2.3.1-2.3.4 provided mainly for people and children who are infected with HIV/AIDS (Coombe 2000:21-22). The plans were not implemented as envisaged. They did not have any impact on the spread of HIV/AIDS in South Africa (Crewe 2002:448). This is clearly shown by the prevalence of HIV infected people which had risen from 7% in 1994 to 30% in 2005 (Republic of South Africa 2007:8). Although the prevalence of HIV infected people

dropped in South Africa from 21,5% in 2007 to 10,7% in 2008, in KwaZulu-Natal it increased to 37,4% during the same period (HIV and AIDS statistics for South Africa 2010:1)

There are still too many people in South Africa being newly infected with HIV (Republic of South Africa 2007:8). According to a report by the Education, Training and Development Practices Setra, by 2015, at least 18 000 teachers are expected to die of AIDS related illnesses (Sunday Times 23 November 2008:1). Former South African Democratic Teachers' Union general secretary, Thulas Nxesi remark, "we are starting to enter a critical period where those infected with HIV/AIDS are now dying" (Sunday Times 23 November 2008:1).

The lack of a clear monitoring and evaluation framework and clear targets and responsibilities was a major weakness of the National Strategic Plan for 2000-2005 (Republic of South Africa 2007:47). Although there has been an increase in the levels of HIV/AIDS awareness and in the acceptance of people living with HIV/AIDS, behaviour has not changed proportionately to levels of awareness and availability of prevention methods such as condoms (Republic of South Africa 2007:47).

HIV/AIDS is still one of the many challenges facing South Africa today (The Mercury 29 December 2008:7). Despite the implementation of the National Strategic Plan for 2007-2011, stigma and discrimination continue to present challenges in the management of HIV/AIDS. Stigma interferes with HIV prevention, diagnosis and treatment and can become internalised by people living with HIV/AIDS (Abdool Karim & Abdool Karim 2007: 357). There are also challenges regarding human and financial resources, which need to be addressed in order to gradually realise the ambitious target of this plan (Republic of South Africa 2007:121-122).

Schutte (2004:180) feels that despite the existence of a clear government policy, national plans are apparently not efficiently implemented. Despite a comprehensive national HIV/AIDS/STD Strategic Plan for South Africa, HIV prevalence has continued to increase, indicating inadequate implementation of the plan.

The Government efforts in trying to implement the discussed plans were hampered by many factors. The first problem relates to working on the information belief model. Although people are well-informed about AIDS there seems to be many attitudinal factors which direct their sexual behaviour. Despite having HIV/AIDS knowledge, people have widely adopted the tendency of placing their sex interests above the danger of getting infected (Crewe 2002:452). This problem is aggravated by the class and culture issue in which people believe that AIDS is mainly a black disease. It becomes difficult to find an appropriate approach to the pandemic under these circumstances (Crewe 2002:452).

Furthermore, there is no strong leadership and little critical debate regarding HIV/AIDS in South Africa. Instead, splits have occurred between the government and AIDS workers and racial tensions have been raised (Crewe 2002:449). Campbell (2003:3) criticises the failure of the national government to develop a unified position on how to address the worsening AIDS crisis in South Africa. She

cites Uganda as an example where a strong leader (President Yower Museveni) was instrumental in the government's success in combating HIV/AIDS.

Other factors which have contributed to the failure of the government to implement their plans include lack of political commitment from the government selected in 1994 to combat HIV/AIDS, lack of vision and authority, lack of management capacity at local, provincial and national levels as well as a lack of partnerships between government, civil society, trade unions and the business sector (Coombe 2002:27-29).

Much of the blame for the spread of HIV/AIDS in South Africa is placed at the South African government's doorstep, for not responding in time. The report entitled, "Impending Catastrophe Revisited", clearly shows that South Africa had the "advantage of witnessing this emerging epidemic north of its borders and could have responded proactively." However that opportunity was missed, as a large majority of those at high risk at that time have already been infected by this stage (Lovellife 2001:24).

According to Schutte (2004:179), criticism is often levelled at the South African government for not responding in a credible fashion to this problem. The response of the government is characterised as hesitant and slow. It has been alleged that the South African government has not approached HIV/AIDS in a clear and straightforward manner (Schutte 2004:179). For example, the well-known statement of former president Thabo Mbeki who has questioned the causal relationship between HIV and AIDS, has led to confusing debates (Schutte 2004:179).

The lack of political will to implement national HIV/AIDS policy was often linked to the former Health Minister's heterodox position on ARVs and her heavy emphasis on the nutrition of people living with HIV (Campbell & Gibbs 2008:200). In South Africa there are to date still government officials denying the fact that HIV causes AIDS, instead professing that poverty may be the cause. According to some officials AIDS can be cured by a concoction made up of garlic, onions, African potatoes and virgin olive oil (Moodie & Van Rooyen in Buchel 2006:36). Thus, the major disaster for the 21<sup>st</sup> century was the attitude of the South African government towards HIV/AIDS (Govender 2003:7). Delate (2000:90) mentions that political commitment is an essential ingredient in addressing the epidemic, as political leaders can influence public opinion and increase public knowledge of the relevant issue.

The South African government deserves credit for launching campaigns on male medical circumcision (TAC 2008:1), HIV testing (Carter 2009:330), distribution of condoms (Essack *et al.* 2010:46) and provision of anti-retroviral drugs (Mail & Guardian 3-9 April 2009:360) which are effective intervention strategies for HIV/AIDS. These campaigns demonstrate the commitment of the South African government to the fight against HIV/AIDS and must be seen as a significant departure from government's past position regarding HIV/AIDS when political leaders were not involved in awareness campaigns (Mail & Guardian 13-19 November 2009:9).

Despite the involvement of the South African government in these campaigns, there are still too many people in South Africa being newly infected with HIV (The Witness 12 February 2010:10). Moss (2009:467) feels that using condoms is not 100% safe. She states that she has recently seen a number of women requesting termination of pregnancy reporting that "we were using condoms and don't know how this pregnancy happened" (Moss 2009:467). Furthermore, testing persons for HIV against their will and disclosing the test result to others raise clear ethical concerns. The forced HIV test infringes upon the tested person's human rights (Roehrs 2009:468).

Circumcision poses problems of its own. It might be interpreted as a licence to have unprotected sex (TAC 2007:3). Heterosexual men who are circumcised remain at high risk of contracting HIV during penetrative sex (TAC 2007:4). Deaths have occurred during male circumcision (TAC 2007:3). It has also been reported that during the period in which the penis is healing the risk of transmission from an HIV positive man to an HIV negative female partner might be higher than for uncircumcised men (TAC 2007:3). Anna Lerner feels that research about male circumcision may be misleading. She argues that circumcision is not full HIV protection (City Press 31 January 2010:16). This problem is worsened by men and women who often engage in concurrent relationships which have a potential to increase the size of an HIV epidemic (Pebody 2010:84).

Despite the South African government's commitment in providing anti-retroviral drugs to people infected with HIV, there are still too many people being newly infected with HIV. It has been reported that over 300 000 citizens are still being infected with the virus every year (The Witness 12 February 2010:10). There is a great concern that for every person placed on anti-retroviral treatment in 2006, another six people became newly infected with HIV (Republic of South Africa 2007:95). This prompted Professor Allan Whiteside (Health Economist) to remark that "unless we are able to improve on our HIV prevention efforts, the health system will soon be overwhelmed by those who need treatment" (The Witness 12 February 2010:10).

Furthermore, reports show that sometimes medical staff fail to give life-saving ARV drugs to patients. Aaron Motsaledi (Health Minister), for instance, has undertaken to investigate the cases of infected patients allegedly refused anti-retroviral treatment in the Free State (Mail & Guardian 13-19 November 2009:9). It is alleged that one of the patients, Nanaki Mahajane, died in Bloemfontein's National District Hospital. Activists attribute the refusal to administer ARVs to drug shortages and a lack of trained staff (Mail & Guardian 13-19 November 2009:9). According to the findings of a Tanzania-based study published in the online edition of the journal entitled *Sexually Transmitted Infections*, the roll-out of anti-retroviral therapy may paradoxically increase stigma, reduce uptake of counselling and testing, and increase sexual risk-taking (Owur 2009:140).

While it is encouraging that the government has finally recognised the scope of the problem of treating the nation's growing HIV population, it is important to note that

the drastic growth in HIV treatment spending has taken place in the context of a largely static national health budget (Essack *et al.* 2010:32). It is also of concern that, although funding for HIV increases, funding for other diseases appears not to have kept pace with growing needs. This problem has led to a contentious international debate over whether increased donors and government funding directed specifically to HIV treatment “has displaced funding for other diseases” (Essack *et al.* 2010:32).

The South African government must realise that preventing new HIV infections is critical (Republic of South Africa 2007:95). When addressing this problem, policy makers must ensure that other diseases are not neglected (Essack *et al.* 2010:33). Thus, the development of creative strategies is paramount in seeking a comprehensive plan.

The Department of Education has played a major role by putting in place certain mechanisms to prevent HIV/AIDS transmission in schools.

## **2.5 THE ROLE OF THE DEPARTMENT OF EDUCATION IN COMBATING HIV/AIDS**

As mentioned before, the Department of Education is increasingly threatened by the HIV/AIDS pandemic. Many schools are already facing serious problems as learners, educators and their family members become sick. Several measures have been put in place by the Department of Education in order to properly address the HIV/AIDS pandemic (Department of Education 2002:4).

### **2.5.1 National policy on HIV/AIDS for learners, students and educators.**

The national policy on HIV/AIDS for learners, students and educators was published in 1999 by Kader Asmal (former Minister of Education). In this policy, the Minister of Education acknowledges the seriousness of the HIV/AIDS epidemic and provides guidelines to be used by learning institutions where increasing numbers of educators and students are HIV positive (Republic of South Africa 1999:1; Govender 2003:15; Simbayi, Skinner, Letlape & Zuma 2005:31).

The policy sets out procedures to protect learners and educators who have disclosed their HIV status. The policy also advises the leadership of educational institutions to implement a HIV/AIDS strategy and to contribute towards promoting effective prevention and care within the context of the public education sector (Republic of South Africa 1999:1-2; Simbayi *et al.* 2005:31).

In terms of National policy on HIV/AIDS, the principal is responsible for the practical implementation of a HIV/AIDS policy at school level. Schools are required to develop their own implementation plans in this regard (Rayners 2007:15). School governing bodies are encouraged to take all reasonable measures within their means to supplement the resources supplied by the state such as two first aid kits which contain latex gloves, protective eye wear, disinfectant, scissors, absorbent material, cotton wool, gauze tape, tissues and protective face masks (Republic of South Africa 1999:9; Department of Education 2003:29-30). The policy also makes

provision for non-discrimination and equality with regard to learners, students and educators with HIV/AIDS. It prohibits the discrimination against educators regarding their appointment and promotion on account of their HIV/AIDS status (Govender 2003:16).

Routine testing of learners, students or educators for evidence of HIV infection is prohibited, as there is no medical justification for it. The policy also reveals that no learner, student or educator is compelled to disclose his or her HIV/AIDS status to the school or employer. However, voluntary disclosure of a learner's, student's or educator's HIV/AIDS status to the appropriate authority should be welcomed and the confidentiality of such information should be ensured. It should be realised that unauthorised disclosure of HIV/AIDS related information could result in a legal liability (Republic of South Africa 2007:95). The National policy on HIV/AIDS also promotes adherence to universal precautions under all circumstances and encourages schools to establish Health Advisory Committees (Dube & Ocholla 2005:187).

The negative impact of HIV/AIDS on the provision of education also necessitated the introduction of the Life Skills programme.

### **2.5.2 The Life Skills programme**

The Department of Education's Life Skills programme in South Africa forms a valuable part of the response to HIV/AIDS (Buchel 2006:60). The National Co-ordinating Committee for Life Skills and HIV/AIDS was established in November 1995 in a joint effort of the Departments of Health and Education. The main purpose of this committee was the establishment of a Life Skills and HIV/AIDS education course in secondary schools (Coombe in Mkhonto 2005:5; Republic of South Africa 2007:44).

Two teachers per school were trained to implement Life Skills training and HIV/AIDS education in schools as part of the school curriculum. The main goal of these programmes is to increase knowledge and skills needed for healthy relationships, effective communication, to promote positive and responsible attitudes and provide motivational support (Visser 2005:206). It is important to note that the programme has been extended to also include primary school children. Educators who teach Life Skills need in-service training and constant retraining (Coombe in Mkhonto 2005:5; Republic of South Africa 2007:44).

Since the number of educators who are infected and dying from AIDS is on the increase distribution of emergency guidelines to educators was necessary.

### **2.5.3 The HIV/AIDS emergency guidelines for educators**

These guidelines have been distributed to all schools by the Department of Education. They outline the role of educators in reducing the impact of HIV/AIDS. They also focus on exemplifying responsible sexual behaviour, spreading correct information and leading discussions amongst learners and parents. The guidelines

also make provision for the creation of a work environment which does not discriminate against those who are infected. In terms of these guidelines, schools are seen as centres of hope and care in the community (Department of Education 2000:5-13; Govender 2003:16).

#### **2.5.4 HIV/AIDS in the workplace**

These guidelines pay attention to personnel at headquarters of the department of education in Pretoria. Guidelines and procedures for reporting testing and counselling have been put in place (Coombe 2000:39). The government has embarked on a massive campaign to encourage employees' participation in voluntary counselling and testing. The rationale is that the sooner individuals know their status, the greater the chance for change in sexual behaviour.

Before taking the actual test, there will be a pre-counselling session with a counsellor where the individuals will be advised of the advantages and disadvantages of taking the test. Taking the HIV test will allow them to make informed decisions about their lives (Calitz *et al.* 2002:163-164).

#### **2.5.5 HIV/AIDS impact assessment in the education sector in South Africa**

The above -mentioned document resulted from the necessity to understand how the pandemic will impact on the education sector (Coombe 2000:40). It gives recognition to the fact that "the demand, supply and quality of learning and teaching will be affected by the HIV/AIDS epidemic" (Coombe 2000: 40). Consequently, human development and economic growth in South Africa will face serious challenges (Delate 2000:91). In the following section, the mechanisms put in place by the Department of Education in combating HIV/AIDS will be evaluated.

### **2.6 EVALUATION OF THE MECHANISMS EMPLOYED BY THE DEPARTMENT OF EDUCATION IN COMBATING HIV/AIDS**

The Department of Education needs to be credited for the introduction of a national policy on HIV/AIDS for learners, students and educators. With this policy, the Ministry of Education for the first time acknowledges the serious (negative) impact of HIV/AIDS on education. The fact that educators and school principals are also provided for in this policy should be seen as a positive step in dealing with the HIV/AIDS problem (Simbayi *et al.* 2005:30-31).

The National Policy deserves credit for its stance on discrimination against HIV positive learners, students, and educators, its view regarding confidentiality, the establishment of Health Advisory Committees and the promotion of adherence to universal precautions (Simbayi *at al.* 2005:3). Also significant is the role given to school principals in the implementation of local HIV/AIDS policies. However, it has been argued that there is a failure of leadership and critical debate regarding HIV/AIDS in South Africa. As a direct result, the national HIV/AIDS policy is not being implemented effectively in schools (Crewe 2002:449). Schutte (2004:177)

shares this opinion; he comments that the capacity to proclaim effective policy is constrained by practical issues of its implementation.

Although the Life Skills programme is a good initiative, it provides mainly for learners. Furthermore, not all educators were trained to deal with HIV/AIDS issues (Visser 2005:206; Kelly 2008:10). A major concern of teachers is their fear that dealing with sensitive topics in sexuality may expose them to community criticism that they are teaching promiscuity (Kelly 2008:10). It has also been found that the programme was not implemented as envisaged in schools due to organisational problems in schools, lack of commitment of the teachers and the principals, non-trusting relationships between teachers and learners, lack of resources and conflicting goals in the education system (Visser 2005:203).

Although there is evidence that learners' and educators' knowledge of HIV/AIDS increased, sexual behavioural changes in learners and educators cannot be attributed to this programme alone (Visser 2005:203). Teaching Life Skills to learners is problematic because teachers themselves went through a school system that did not offer Life Skills (Ngcobo 2002:97). Many lessons have been learnt in the project implementation. For example, in schools where the programme was coordinated and monitored, there has been remarkable success regarding its implementation (Ngcobo 2002:97).

It is imperative that further research be undertaken on the effectiveness of these programmes. Ideally, education programmes should also benefit educators infected with HIV/AIDS (Ngcobo 2002:97). The distribution of HIV/AIDS emergency guidelines to educators is also a positive step towards reducing the impact of HIV/AIDS on the education sector, since educators themselves are expected to exemplify responsible sexual behaviour in accordance with these guidelines (Department of Education 2000:5). The guidelines regarding HIV/AIDS in the workplace also contain valuable information such as voluntary counselling and testing for educators infected with HIV/AIDS (Coombe 2000:39).

The Department of Education should be credited for distributing the documents in schools on education sector impact issues. This document is able to address the impact of HIV/AIDS on the education sector. It looks at the problems encountered by educators with HIV/AIDS and how the situation can be brought under control (Coombe 2000:40).

For all the above mentioned guidelines to be effectively implemented, school principals need to play a vital role in coordinating and monitoring the entire process as recommended in the National Policy on HIV/AIDS (Republic of South Africa 2007:48).

According to Coombe (2000:30), an effective response to HIV/AIDS requires balanced focuses from four parties, namely educators, education policy-makers, education planners and their partners in other sectors. Coombe (2000:30-31) further remarks that the education sector needs more information about conditions which encourage the spread of HIV/AIDS. Comprehensive health education aimed

at preventing and controlling the spread of the disease, is needed. Coombe (2000:31) emphasises the importance of implementing guidelines on HIV/AIDS with the following words:

“Considered and creative responses to mitigate and manage the pandemic’s consequences for education are now vital if education and training of reasonable quality is to be provided in South Africa”.

Thus, the guidelines on HIV/AIDS provided by the Department of Education can only play a significant role in reducing the impact of HIV/AIDS on the education sector provided that they are coordinated and closely monitored by school principal

## **2.7 CONCLUSION**

The impact of HIV/AIDS on the education sector is profound and has greatly affected the delivery of teaching and learning. HIV/AIDS affects a large number of educators in KwaZulu-Natal. More and more schools are confronted with the absence of educators because they are either infected with or affected by HIV/AIDS. The death of educators in the province impacts on both the supply of and demand for educators. Education lies at the core of a prosperous nation and it deserves to be safeguarded against the HIV/AIDS pandemic (Hall 2003:35).

It is the researcher’s belief that school principals should accept the challenge of HIV/AIDS and manage it with the same responsibility and commitment as they manage other areas of their schools. Since there is no known cure yet, school-based intervention by school principals supported by the Department of Education is a key in reducing the impact of HIV/AIDS on the education sector (Calitz *et al.* 2002:142).

School principals and the Department of Education have a great responsibility to manage educators with HIV/AIDS-related illnesses and meet all the challenges imposed by the HIV/AIDS pandemic in order to reduce the rate of HIV transmission among educators. Unless the HIV/AIDS pandemic is brought under control, the Department of Education will continue facing severe staff shortages and the existing levels of dysfunction will be exacerbated.

In chapter three, the researcher will give a detailed discussion of research methodology and research design.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY AND RESEARCH DESIGN**

#### **3.1 INTRODUCTION**

The literature study presented in chapter two provides a theoretical background of the impact of HIV/AIDS on the education sector. This chapter provides an account of how the study was designed and conducted. It clarifies the research methodology, research design, sampling method and data gathering techniques. As mentioned in chapter one, a qualitative research design will be employed in this study. In this chapter, the researcher gives a detailed discussion of the qualitative research approach. As a point of departure, it is necessary to outline the research question and aims which is done in the next section.

#### **3.2 RESEARCH QUESTION AND AIMS**

The impact of HIV/AIDS on the education sector is profound as it seems to be eroding the delivery of learning, teaching and development to an unprecedented degree (Edusource 30 September 2002:1). Research conducted by O'Connor (in Rayners 2007:6) has also found evidence of widespread recognition that HIV/AIDS has become prevalent and affects all aspects of school life. According to the findings of the Education Labour Relations Council (2005:1), the number of infected and affected educators in the education sector is on the increase. For this reason, school principals have to deal with this problem on an ongoing basis.

The study emanates from the researcher's personal and teaching involvement in the lives of HIV-positive educators in Bergville Circuit in the Othukela District (KwaZulu-Natal). The researcher has interacted with infected and affected educators for almost sixteen years both as a school principal and Superintendent of Education (Management). These experiences have compelled the researcher to respond.

Little research has been done with regard to the needs and challenges in managing educators with HIV/AIDS. This motivated the researcher to investigate this subject. The researcher believes that principals have to apply uniform standards and procedures when managing educators with HIV/AIDS. Against the above background, a research problem was formulated as follows: What are the needs and challenges facing school principals in managing educators with HIV/AIDS?

The aim of this study is to identify needs and challenges facing school principals in managing educators with HIV/AIDS and to provide school principals with in-depth information on how to manage educators with HIV/AIDS related illnesses. The study will enable school principals to apply uniform standards and procedures in managing educators with HIV/AIDS. For this purpose, a research design was drawn up.

### **3.3 RESEARCH DESIGN**

In order to obtain a better understanding of the problem : needs and challenges in managing educators with HIV/AIDS, a qualitative research strategy was deemed suitable (McMillan & Schumacher 2006:319 ; Creswell 2008:213; Mouton 2009:55).

#### **3.3.1 Qualitative research strategy**

A qualitative research design suits this study because the study is conducted in the natural setting of social sectors (Neutens & Rubinson 2010:153). This allowed the researcher to collect data at the site where participants (school principals and educators) experience the issue or problem that is being researched (Creswell 2007:37). Mayan (2009:11); Neutens & Rubinson (2010:157) state that qualitative research is concerned with meanings and the way people understand things. Since the aim of this study is to acquire an in-depth understanding of the needs and challenges facing school principals in managing educators with HIV/AIDS from the participants' perspectives, a qualitative approach was considered to be appropriate (Babbie & Mouton 2005:270; Leedy & Ormrod 2005:134).

#### **3.3.2 Research design for this study**

In this study, the researcher used individual interviews with the school principals (Appendix A). School principals were regarded as key informants because they are in charge of their respective schools and they interact with educators on a daily basis. Being the heads of their institutions, school principals should be well conversant with their institutions and the surroundings. The interviews with principals were conducted at their schools (principals' offices), as this is their natural setting. This setting provided for privacy and the participants ( school principals) were able to express their ideas on the issue freely .

Purposeful sampling technique was employed in which information-rich participants were selected. Four secondary and six primary school principals were interviewed using individual interviews. The principals of the ten schools were selected for the study because they were knowledgeable and informative about the research topic. They were the experienced principals in the Circuit and they all had between 15 and 30 years of teaching experience and 10 and 25 of management experience. The participants were also currently involved in the issues around the study. For them to be sampled for the study, the participants had to be primary and secondary school principals.

The researcher prepared an interview schedule (Appendix A) which contained a number of topics – that the researcher wanted to cover during the interview. Although the researcher had prepared possible interview questions in advance, these questions were only used as guides and the participants were encouraged to reveal as much information on the research problem as possible. The researcher had used simple and understandable terms to phrase the questions in order to avoid confusion. All principals were subjected to the individual interviews that

comprised twenty open ended questions. The interview questions focused on the following:

- HIV/AIDS in schools and its impact on the education provision.
- HIV/AIDS and school-based gender violence.
- HIV/AIDS and alcohol | drug abuse.
- HIV/AIDS and workplace support systems
- The legal rights of HIV-positive educators
- Challenges faced by school principals in managing educators with HIV/AIDS
- Recommendations for the effective management of HIV-positive educators in schools

The researcher phoned the schools identified for the study and set up appointments with the participants after permission has been granted. Verbal and written consent (Appendix E) was received from each participant before recruitment into the study. The interviews were conducted in English during long breaks and after school hours so as to minimize disruption of teaching and learning. Before asking specific questions, the researcher briefly explained the questions and the aim of the study. The participants were made to feel comfortable. Each interview lasted for one hour.

During the interviews the researcher carefully observed the participants and wrote notes regarding body language, gestures and facial expressions. Such notes were helpful in interpreting verbal data. The recording of non-verbal communication was crucial to the researcher because it could be triangulated with verbal data. This is confirmed by McMillan and Schumacher (2006: 359), who remark that an interviewer can trust participants' responses more if their body language is congruent with their verbal statements.

All interviews were tape-recorded and transcribed verbatim after permission to do so was obtained. The researcher's immediate impression of the data was recorded with written notes

After the interviews, important official documents such as the time register, the leave register, memos and minutes of meetings were requested to verify information on persistent absenteeism by educators with HIV/AIDS related illnesses.

The researcher also used focus group interviews (Appendix B) with selected educators in order to collect in-depth information and obtain a better understanding of the research problem. Focus group interviews enabled the researcher to add details to the gaps that were identified during individual interviews with the selected school principals. The researcher preferred this approach because participants have more confidence to express their honest opinion within a supportive group of peers than with individual interviews. It also encouraged educators to share their experiences on needs and challenges in managing educators with HIV/AIDS (McMillan & Schumacher 2010:363-364).

As was the case with individual interviews, participants (educators) were chosen from each of the selected schools. The participants had to be primary and secondary school educators engaged in teaching Life Orientation and HIV/AIDS awareness programmes. This ensured that they were knowledgeable about the research topic. The participants (selected educators) had between 05 and 15 years of teaching experience.

Written consent (Appendices E & F) was obtained from all ten participants (selected educators) before they participated in the focus group interviews. The consent form was signed by each participant after it was verbally explained to all selected educators (McMillan & Schumacher 2010:120). The participants were also asked to sign a written statement confirming that they would maintain the confidentiality of all discussions. The interviews were conducted in the discussion room at the Nogaga Education Centre. This centre is situated in Bergville and it supports all the schools in the circuit with the necessary resources.

Nogaga Education Centre was chosen because it was central to all selected schools and was fairly accessible to all selected educators. The discussion room was quiet and ideal for quality tape-recording. It also provided for privacy and the participants were able to express their views on the issue freely. All the interviews were tape-recorded with the permission of the participants. Field notes were also made regarding the participants' body language and the researcher's immediate impression of the data. However, the researcher ensured that note taking did not interfere with the focus group interviews.

The interviews took place after school hours so as to avoid the disruption of teaching and learning. The chairs were arranged in a circle to allow eye contact with the participants and to facilitate discussions. The researcher welcomed all the participants and thanked them for granting him permission to conduct focus group interviews. A positive atmosphere was created by explaining the aim of the research to the participants which was: to identify needs and challenges facing school principals in managing educators with HIV/AIDS (Babbie & Mouton 2005:270).

Ground rules for the focus group interviews were discussed and set jointly by the participants and the researcher. These rules included being respectful to each other, talking loudly, active participation of group members in the discussions and allowing one person to talk at a time.

Interviews were conducted in English which is understood by all participants. The researcher used an interview schedule (Appendix B) which contained a number of themes that the researcher wanted to cover during the focus group interviews. The interview questions focused on the themes mentioned in 3.3.2 during which educators were asked nine open ended questions in the focus group interviews. The researcher played the role of being a group leader. He facilitated discussion by

posing questions and used probes when responses lacked sufficient detail, depth or clarity. The researcher managed the focus group interviews by going around in a circle, ensuring that everyone in the group was participating in the discussions. The focus group interviews went smoothly and lasted for two hours.

Since the researcher's social relationship with the participants is important during the research, the researcher had to adhere to certain ethical measures of qualitative research.

### 3.4 ETHICAL MEASURES

According to McMillan and Schumacher (2010:119), qualitative researchers need to be sensitive to ethical principles in order to ensure correct conduct. As the researcher was conducting his research, he adhered to the ethical measures as follows:

- The researcher informed participants about the research process, the purpose of the interview, how the research findings will be processed, the potential impact of the investigation and other pertinent information (McMillan & Schumacher 2010:119). The researcher also informed the participants about their right to withdraw from the study at any time including the right to answer any question (Mayan 2009:125). The researcher obtained permission from the participants in writing. A consent form, which was explained to the participants verbally, was signed by each participant (Appendices E & F). The participants' signatures serve as evidence of informed consent (Johnson & Christensen 2008:118; Neutens & Rubinson 2010:58 ; McMillan & Schumacher 2010:119).
- Before the onset of this study, permission to continue with the study was obtained from the District Director in the Othukela District . Permission was given in writing to the researcher to proceed with the study in schools in the Othukela District (Appendix D). Permission was obtained from the participants to record the interviews on cassette(Appendices E & F).
- The participants' right to privacy was protected by means of confidentiality (Mayan 2009:129; Neutens & Rubinson 2010:61; McMillan & Schumacher 2010:121). All the participants were given the right to remain anonymous and all data collected was given strict confidentiality (Cohen, Manion & Morrison 2007:57; Neutens & Rubinson 2010:60).
- The researcher treated the participants with appropriate respect and as individual human beings. In this way, a rapport was established between the researcher and the participants (Goddard & Melville 2001:49).

- The participants were given a chance to verify statements at the stage of drafting the report. (Cohen et al 2007:57). Misunderstandings and errors concerning the report were rectified.
- The researcher agreed that the participants may have access to the findings of the research.

### **3.5 MEASURES TO ENSURE TRUSTWORTHINESS**

In this research Lincoln's and Guba's model for trustworthiness was used to ward off biases in the results of qualitative analysis. Within this model, four strategies were employed to ensure trustworthiness namely, credibility, transferability, dependability and confirmability (De Vos 2005:351-352 ; Babbie & Mouton 2005: 277-278 ; Cresswell 2007:202) The researcher relied on these strategies as follows:

Credibility (truth value) in this study demonstrates that the research was conducted in such a manner that the phenomenon (needs and challenges in managing educators with HIV/AIDS ) was as accurately and competently described as possible. To ensure transferability or comparability, the researcher undertook the research as responsibly as possible. He used effective data collection methods and included sufficient data that may be used in future research in similar context.

Dependability in this research demonstrates that the findings would be consistent (similar) even if the enquiry were to be repeated with the same subjects in the same context.

Confirmability (neutrality) in this research was achieved by the researcher's objectivity in his interactions with the participants (principals and educators).The researcher did not make value judgments that might bias the research findings. The findings of this study are the product of the focus of the enquiry and not of the biases of the researcher and could be confirmed by other studies in future.

The researcher employed a multimethod design for collecting the data. Several data collection techniques were used, such as individual interviews and focus group interviews . Employing multimethod strategies benefitted the researcher because it yielded different insights about the research topic and increased the credibility of the findings (Bogdan & Biklen 2007:15; McMillan & Schumacher 2010:331). In order to restrict biases and enhance trustworthiness, the researcher relied on participant's language and verbatim accounts, low-inference descriptors, participants' review and mechanically recorded data (Schumacher & Mcmillan 2010: 331-332).

The researcher ensured that the phrases and terms used are understood by both the researcher and the participants. Interviews were conducted in English since all

participants understood it. The researcher avoided using abstract language at all cost (McMillan & Schumacher 2010:331). The researcher used verbatim accounts to illustrate participants' meanings on needs and challenges in managing educators with HIV/AIDS related illnesses. The researcher relied on mechanically recorded data by ensuring that all interviews were tape-recorded and transcribed verbatim.

The trustworthiness of data was also ensured by obtaining feedback from participants to clarify the meaning of their statements and by confirming findings with the participants to modify any misrepresentation of meanings derived from the individual interviews and focus group data (Cohen *et al* 2007:57). To ensure that the researcher was competent to conduct this research, he studied various qualitative research texts on the procedures for using individual interviews and focus group interviews (Creswell 2007:38), spent a considerable amount of time in direct interaction with the participants (selected school principals and educators) (McMillan & Schumacher 2010:322) and consulted with his supervisor throughout the research (Babbie & Mouton 2005: 274). Consulting his supervisor assisted the researcher to have a better understanding of the research problem and ensured that the correct research procedures were followed in all the phases of the study.

Thus, the above-mentioned tactics enabled the researcher to enhance trustworthiness.

### **3.6 DATA COLLECTION**

The researcher studied various literature sources and qualitative research texts to ensure that he was competent to conduct this research. During the literature review themes were identified which were later added to the interview schedules for both individual interviews and focus group interviews. These interviews were conducted in schools during September and October 2010 and thereafter the data was analyzed.

In the following section, the researcher defines the population and points out who were included in the sample.

#### **3.6.1 The population and sampling**

Since it was not possible to include all 118 schools (members of the population) in the circuit in a research project, the researcher purposefully selected ten school principals and educators as the sample of the study (Creswell 2008:214; McMillan & Schumacher 2006:319). The description of the participants and their schools is given in the next section.

### 3.6.2 Description of the selected schools and principals

Table 3.1 presents an outline of certain predominant characteristics of each of the schools where the interviews were conducted. One needs to understand the community where each of these schools is located because schools always operate within the communities and are, therefore, influenced by both the communities and the context of their environment.

The ten selected schools (schools A to J) are properly registered as public schools by KwaZulu-Natal Provincial Education Department. Four of these schools are the secondary schools and the rest are the primary schools. All these schools are situated in deep rural areas of Bergville (Ukhahlamba Municipality) which consists mainly of informal settlements. School H is the only farm school in the sample and it is located in the private property. Unemployment in these communities is high and poverty and crime are endemic. Poverty as a social factor exacerbates the spread of HIV/AIDS. Teaching and learning in these schools is affected by the frequent absences of sick educators and learners.

TABLE 3.1: DESCRIPTION OF THE SELECTED SCHOOLS, PRINCIPALS AND EDUCATORS

SCHOOL	TYPE	NO. OF LEARNERS	NO. OF EDUCATORS	NO. OF CLASSROOMS	MEDIUM OF INSTRUCTION	PRINCIPAL'S AGE	PRINCIPAL'S YEARS OF TEACHING EXPERIENCE	PRINCIPAL'S MANAGEMENT EXPERIENCE	PRINCIPAL'S PROFESSIONAL QUALIFICATION	EDUCATOR'S AGE	EDUCATOR'S YEARS OF TEACHING EXPERIENCE	EDUCATOR'S PROFESSIONAL QUALIFICATION
A	SEC	345	16	14	ENGLISH	46	23	12	PTD	35	5	STD
B	PRI	352	09	12	ISIZULU / ENGLISH	47	21	10	PTD	41	9	PTD & ACE
C	PRI	664	19	22	ISIZULU/ ENGLISH	45	20	10	PTD , FDE & BEd Hons	45	15	PTD, FDE & BEd Hons
D	SEC	460	13	08	ENGLISH	57	30	20	B. PEAD	34	8	STD & ACE
E	PRI	261	08	07	ISIZULU/ ENGLISH	43	17	10	PTD	38	7	PTD, ACE & ABET
F	PRI	770	24	24	ISIZULU/ ENGLISH	55	33	23	HDE	39	13	BEd
G	SEC	285	15	12	ENGLISH	52	26	11	BEd	39	14	HDE & ACE
H	PRI / FARM SCHOOL	160	06	08	ISIZULU/ ENGLISH	40	18	12	BEd Hons	45	9	PTD
I	SEC	1010	33	24	ENGLISH	41	16	11	BAEd	42	10	HDE & BEd Hons
J	PRI	722	21	17	ISIZULU/ ENGLISH	50	29	13	BEd Hons	42	12	PTD

**Key:**

ABET : Adult Basic Education and Training  
 ACE : Advanced Certificate in Education  
 BA : Bachelor of Arts  
 BAEd : Bachelor of Arts in Education  
 BEd : Bachelor of Education

BEd Hons: Bachelor of Education (Honours)  
 B. PEAD: Bachelor of Pedagogics  
 B.Sc : Bachelor of Science  
 FDE : Further Diploma in Education

HDE : Higher Diploma in Education  
 MAN : Management  
 PRI : Primary  
 PTD : Primary Teachers' Diploma  
 SEC : Secondary  
 STD : Secondary Teachers' Diploma

The principals of the ten schools were selected for the study because they were knowledgeable and informative about the research topic: needs and challenges in managing educators with HIV/AIDS . They were experienced principals in the Bergville Circuit and they all had between 15 and 30 years of teaching experience and between 10 and 25 of management experience. Furthermore, these principals were currently involved in the issues regarding the study and were interacting with HIV positive educators almost on a daily basis. All the school principals had indicated to the researcher that they had adequate time to spend with the researcher during the interview and signed consent forms (Creswell 2008:238). The ten selected principals were interviewed individually.

In an attempt to support teaching and learning in schools under these circumstances, the researcher decided to include the principals and educators of these schools in his sample. The following table (table 3.2) illustrates the schools' infrastructure.

<b>TABLE 3.2: INFRASTRUCTURE AT SCHOOLS</b>											
SCH	TEL	ELECT	WATER	SECURITY OF SCHOOL	FAX	PHOTO	LIBRARY	LAB	HALL	SPORTS FIELD	TOILETS
A	YES	YES	YES	YES	YES	YES	NO	NO	NO	NO	YES
B	NO	YES	YES	YES	NO	YES	NO	NO	NO	NO	YES
C	NO	YES	YES	YES	NO	YES	NO	NO	YES	YES	NO
D	NO	YES	NO	NO	NO	YES	NO	YES	YES	NO	YES
E	NO	YES	NO	YES	NO	YES	NO	NO	YES	NO	YES
F	NO	YES	YES	YES	NO	YES	YES	NO	NO	NO	YES
G	NO	YES	YES	YES	NO	YES	NO	NO	NO	NO	YES
H	NO	YES	YES	NO	NO	YES	YES	NO	NO	NO	YES
I	YES	YES	NO	YES	YES	YES	YES	YES	NO	YES	YES
J	YES	YES	YES	YES	YES	YES	YES	NO	NO	NO	YES

**Key:**

- ELECT : Electricity
- LAB : Laboratory
- PHOTO: Photocopier
- SCH : Schools
- TEL : Telephone

### **3.6.3 Schools' infrastructure**

In terms of the infrastructure (table 3.2), the majority of schools involved in the research did not have the basic facilities such as telephones, fax machines, classrooms, library, laboratory, hall and sportsfield. All schools had electricity and photocopiers. Only three schools indicated to the researcher that they did not have running water. Generally, all schools had limited facilities and resources.

### **3.6.4 Description of educators**

Ten educators were also chosen from each of the ten schools for focus group interviews. These educators had between 05 and 15 years of teaching experience and are currently engaged in teaching Life Orientation and HIV/AIDS awareness programmes. This ensured that they were knowledgeable about the research topic. The personal details of the educators are included in table 3.1.

In the following section, the role of the researcher as key instrument is outlined.

### **3.6.5 The researcher as key instrument**

In this study the relationship between the researcher and the participants is important. The researcher was interested in understanding the issues being researched from the perspectives of the participants (Struwig & Stead 2001:12). Being the learner, the researcher listened to the participants, analyzed their responses and built a relationship of trust and respect. He did his best all times. This gave the participants confidence and helped them to provide honest answers (Cohen *et al.* 2007:154). McMillan and Schumacher (2006:205) also remark that gaining entry into the field requires good relations with all individuals at the research site.

The researcher in this study is the ward manager and interacts with the school principals and educators on an ongoing basis. The researcher did not allow his own preconceptions and biases to influence his study. He constantly assured his participants that the information given to him would be kept as confidential as possible. Thus, the social relationship between the researcher and the participants is extremely important as it is during the interaction of the researcher and the participants that the data are collected.

### **3.6.6 Data collection instruments and methods**

In this study the researcher employed individual interviews and focus group interviews. These data gathering techniques were fully described in 3.3.2 above. The interview instruments included mainly open ended questions.

All the interview instruments were intended to be used for face-to-face interviews with the selected school principals and educators and were constructed by the researcher. All the interviews were tape recorded and transcribed verbatim.

In order to achieve the aim of this study which is to identify needs and challenges facing school principals in managing educators with HIV/AIDS and to provide school principals with in-depth information on how to manage these educators, data analysis was done . This is outlined in the next section.

### **3.6.7 Data analysis and interpretation**

The data analysis was done using Colaizzi's the phenomenological approach (Creswell 2007:202). The researcher systematically searched and arranged the interview transcripts and field notes and other materials on needs and challenges facing school principals in managing educators with HIV/AIDS that the researcher had accumulated to enable him to come up with analysis (Creswell 2007:202).

Using phenomenological approach, the researcher read all written transcripts on needs and challenges facing school principals in managing educators with HIV/AIDS several times to ensure correct interpretation. The purpose of using phenomenological data analysis was to enable the researcher to describe and interpret the experiences of participants (school principals) on needs and challenges facing school principals in managing educators with HIV/AIDS (McMillan & Schumacher 2010:346). The researcher was able to enter the inner world of each participant (school principals & educators) to understand their perspectives and experiences (Johnson & Chrstensen 2008:48).

The researcher identified from each transcript significant statements and phrases. These meanings were then categorized according to different themes on needs and challenges facing school principals in managing educators with HIV/AIDS related illnesses (Corbin & Strause 2008:46). The researcher was able to reduce numerous repetitions in the responses of school principals and educators.

The interpretation of the data was done during the final analysis. Findings were validated with some of the participants during this stage. If new relevant data emerged, it was included in the final description (Creswell 2007:202).

## **3.7 CONCLUSION**

This chapter focused on the use of a qualitative approach to research. It presented a detailed description of the research design in order to identify and study the needs and challenges facing school principals in managing educators with HIV/AIDS. The different methods used to collect data were also described. These methods include individual interviews and focus group interviews.

Purposeful sampling was employed in which ten school principals and educators were identified as information rich key participants. Chapter three also focused on measures to ensure the trustworthiness of the study. The researcher also adhered to ethical principles which guided his study.

In chapter four, the findings of the research are reported in which data collected during the research will be analyzed and interpreted.

## **CHAPTER FOUR**

### **ANALYSIS OF FINDINGS**

#### **4.1 INTRODUCTION**

In the previous chapters, an introduction and background on the needs and challenges facing school principals in managing educators with HIV/AIDS were provided (chapter one). In chapter two an overview of the impact of the HIV/AIDS pandemic on the education sector was explored. In chapter three qualitative research design, the research methodology, sampling method and data collection methods of the study were described. This chapter (chapter four) presents data generated during individual interviews with ten school principals and focus group interviews with ten educators from each of the ten selected schools. The participants interviewed in this study shared a variety of experiences and perceptions about the research problem: What are the needs and challenges in managing educators with HIV/AIDS?

A description of the school principals, educators and the schools' infrastructure was provided in chapter three (sections 3.6.2 to 3.6.4). The researcher presented tables 3.1 to 3.2 to provide an illustration of the selected participants and their schools. This information was necessary in order to understand the background of the participants in relation to their responses. The findings of this study on needs and challenges in managing educators with HIV/AIDS, unfolds in different sections in chapter four. The results are analysed according to the literature on the impact of the HIV/AIDS pandemic on the education sector as cited in sections 2.2.1 to 2.2.2.

In subsequent sections the responses of the participants (school principals and educators) are presented.

#### **4.2 DISCUSSION OF RESEARCH FINDINGS**

A number of issues arose when the researcher conducted interviews to determine the participants' (school principals' and educators') knowledge of the needs and challenges in managing educators with HIV/AIDS. The data obtained in the research through individual interviews with school principals was confirmed by focus group interviews with educators. In certain instances differences were experienced in data collection.

The following themes were identified from the raw data:

- Problems identified by principals and educators relating to teaching and learning
- Problems relating to school-based gender violence
- Problems emanating from alcohol and drug abuse

- Problems caused by lack of knowledge and resources
- Problems relating to disclosure of the HIV/AIDS status and confidentiality
- Problems relating to prejudiced perceptions about HIV/AIDS
- Strategies to address the concerns of principals and educators

Each of these categories is sub-divided into subcategories in the subsequent sections.

#### **4.2.1 PROBLEMS IDENTIFIED BY PRINCIPALS AND EDUCATORS RELATING TO TEACHING AND LEARNING**

All the participants (principals and educators) in this study reported feelings of dissatisfaction, confusion and disillusionment about the problems presented to schools by HIV/AIDS. They all admitted that schools are drastically affected by HIV/AIDS pandemic. The following sub categories of problems emerged from the data collected during the interviews concerning teaching and learning: Persistent absenteeism, shortage of substitute educators, management problems and disruption of the curriculum.

In the following section each of these problems will be discussed in more detail.

##### **4.2.1.1 Persistent absenteeism**

All of the participants were in agreement that persistent absenteeism by HIV-positive educators is a serious problem in schools. They felt that HIV/AIDS leads to a high level of absenteeism by educators and learners and to poor service delivery. When HIV-positive educators become ill, learning is affected since learners are often left alone in the classroom without any consistent teaching. The findings were in line with the literature study on the impact of the HIV/AIDS pandemic on the education sector that confirms that prolonged absenteeism is a serious problem in schools and that it is also attributed to deaths in the family, deaths of friends and of colleagues (Calitz, Fluglestad, & Lillejord 2002:151; Rajagopaul 2008:116).

One principal described the situation in her school as “ a disturbing situation”. She expressed her frustration in the following words:

“We are a multigrading school. We teach more than one grade in one class. When one educator is absent due to illness, it is really frustrating. The kind of teaching that takes place under these circumstances cannot be guaranteed”.

According to the data, educators shared the same sentiment with the principals. They reported that when their colleagues are sick , they are forced to take on double classes. One educator remarked, “Sometimes we are

instructed to teach subjects for which we do not feel competent". Researchers (Van Wyk and Lemmer 2007:303; Kelly 2008:8) have found that sometimes educators are overloaded with work of sick educators, experience higher stress levels and become demoralised.

All participants (principals and educators) believed that increased absenteeism in schools cannot be blamed on infected educators only. Many educators have been affected by HIV/AIDS in one way or another. This is widely supported by Van Wyk and Lemmer (2007:303) who maintain that sometimes educators have to cope both emotionally and financially with HIV/AIDS and death amongst relatives, friends and colleagues. Apart from persistent absenteeism by sick educators, participants also expressed their views of shortage of substitute educators.

#### **4.2.1.2 Shortage of substitute educators**

All selected principals and educators were worried about the fact that there are no substitute educators these days. One principal argued as follows: "When an educator is sick, principals are always reminded of the post provisioning norm (PPN) and surplus educators". The majority of principals and educators reported that even if the school is given a substitute educator, "there are no professionally qualified educators these days and the schools resort to employing unqualified temporary educators who are not even conversant with the new curriculum".

The literature study confirms the shortage of substitute educators in schools due to the impact of HIV/AIDS and maintains that the inability of the Department of Education to provide schools with substitute educators makes the situation even worse (Buchel 2006:64; Rayners 2007:6; O'Connor, Richter, Wozniak, Kraukamer, Du Plessis & Westcoot 2001:27). Furthermore, the literature study confirms the shortage of professionally qualified educators more especially in the teaching of critical subjects such as mathematics and physical science (Xaba 2003:287; Buchel 2006:92).

All the participants felt that the appointment of a substitute educator is a long process. The infected educators must first get a medical certificate from their doctors confirming that they are unfit to be at work. Doctors need to monitor the patient before they can issue the certificates. The participants argued that during the time when the principal is waiting for a doctor's note, learners become the victims of poor quality education. The findings are in line with the literature study which confirms some of the delaying problems for the treatment of sick educators such as visiting hospitals and clinics situated long distances from sick educators homes, where they have to wait long hours due to a lack of trained personnel and resources (Calitz, Fluglestad & Lillejord 2002:151). Not only persistent absenteeism and the shortage of substitute educators impact negatively on education provision according to the participants, but also management problems.

#### **4.2.1.3 Management problems**

According to the sampled principals and educators, management is also greatly affected because HIV/AIDS impacts on the school management team's (SMT) time available for normal planning. All principals pointed out that sometimes they find themselves compelled to adjust their planning strategies to accommodate the impact of HIV/AIDS. This links with the literature which confirms that sometimes principals have to fill in a lot of leave forms for sick educators instead of monitoring the curriculum (Buchel 2006:331).

All participants in this study reported feelings of frustration and disillusionment about the impact of HIV/AIDS on school management. One educator expressed her frustration as follows: "The large numbers of educators infected with or affected by HIV/AIDS create serious management problems for School Management Teams as sick educators do not always want to disclose their status for the intended support". The literature states that disclosure of HIV status is vital for provision of quality care and treatment (Jaspan, Johnson & Bekker 2009:9).

Management Teams are not immune to the HIV/AIDS pandemic. They pointed out that it is becoming increasingly difficult to replace Heads of Departments, deputy principals and principals in management positions because of the shortage of experienced educators. This is supported by the literature that maintains that well-trained and experienced managers are replaced by others who have not received sufficient preparation for their responsibilities due to HIV/AIDS (Calitz *et al.* 2002:149; Theron 2005:56; Buchel 2006:59). A key concern for all participants was the disruption of the curriculum in schools.

#### **4.2.1.4 Disruption of the curriculum**

All principals and educators indicated that the curriculum is greatly affected in schools due to HIV/AIDS pandemic. One principal remarked, "When educators are sick or die, schools suffer disruption which hampers the provision of quality education". Researchers (Hepburn 2002:91; Van Wyk and Lemmer 2007:303) have found that lesson preparation and classroom interaction are greatly affected by HIV/AIDS pandemic which validate these findings.

All principals complained that instead of monitoring the curriculum, they find themselves compelled to take double classes. The majority of principals felt that secondary schools were greatly affected as principals from these schools have a duty to account to the Department of Education for the performance of grade 12 learners. The literature confirms that educators affected by or infected with HIV/AIDS are not able to provide quality education to the learners because of their inability to cope with their daily duties and this

might affect the performance of their institutions (Buchel 2006:343; Rajagopaul 2008:116).

All participants concluded that the above-mentioned problems were the major cause of poor performance in schools. Another area of concern cited by the participants was school-based gender violence.

#### **4.2.2 Problems relating to school-based gender violence**

All principals and educators concurred that schools are major sites of HIV transmission. They admitted that there are many cases of rape, assault and sexual harassment which are usually committed by male teachers. According to one principal, "educators sexually abuse female learners and sometimes make them pregnant". Principals and educators pointed out that educators in schools attract young girls with material things. One educator argued that we should not lay the blame at the door of educators only because "learners take educators as their targets as much as educators take learners as their targets". The literature study on sexual violence in schools confirms that sexual abuse cases are exploding in affluent schools and educators are the perpetrators. (Redelinghuys 2006:375).

All principals felt that the problem of sexually abusive relationships is more prevalent in secondary schools because learners there are sexually active. One principal complained that this problem is being exacerbated by "the abduction of young girls by the people who want to marry them without their consent". All the sampled principals and educators cited poverty as the reason for the spread of HIV/AIDS. According to these participants, young girls from poor backgrounds with unemployed parents become easy targets. This coincides with the literature which states that poor socio-economic conditions are the main drivers of sexual abuse cases in schools (Redelinghuys 2006:357).

Closely related to sexual abuse cases is the problem of alcohol and drug abuse in relation to HIV/AIDS.

#### **4.2.3 Problems emanating from alcohol and drug abuse**

All participants were of the opinion that high-risk drinking may influence the health status of educators, which impacts negatively on service delivery. According to these participants there seems to be a link between alcohol or drug abuse with being HIV-positive.

One principal remarked, "Educators intoxicated with alcohol and drugs may be tempted to sleep with any person who is exposed to HIV/AIDS and they fail to use preventive measures such as condoms". The majority of principals and educators agreed that schools are really threatened by alcohol and drug abuse. These findings are supported by the literature which confirms that

high-risk drinkers had more days being absent from work than non-drinkers or low-risk drinkers ( Shisana, Peltzer, Zungu-Dirwayi & Louw 2005:94). Equally important is the responses of the participants regarding lack of HIV/AIDS knowledge and resources.

#### **4.2.4 Problems caused by lack of knowledge and resources**

All the participants were of the opinion that educators do not have adequate information about HIV/AIDS as one principal remarked, " HIV/AIDS has always been aggravated by lack of knowledge". They stated that the Department of Education is not doing enough to educate principals and educators about HIV/AIDS. According to one educator, "many HIV-positive educators die because they are not equipped with sufficient useable information which could assist them to disclose at an early stage". The majority of principals complained that "they lack the basic HIV/AIDS training which will empower them to manage educators with HIV/AIDS". This is in line with the literature which reveals that despite many years of public campaigns, inadequate or flawed knowledge is a major reason for the pandemic nature of HIV/AIDS in South Africa ( Coleman and Yalo 2009:525).

The majority of the participants (principals and educators) raised the common point that schools have limited resources to adequately implement all the provisions necessary for reducing the impact of HIV/AIDS. Some complained about the shortage of funds in their schools, some were concerned about the shortage of the support material, inadequate personnel, lack of time and lack of the technical capacity to deal with some HIV/AIDS issues. The literature validates that resources are vital in the fight against HIV/AIDS (Essack, Slack, Koen, and Gray (2010:32).

In the next section, the responses of the selected principals and educators concerning disclosure of the HIV/AIDS status and confidentiality are outlined.

#### **4.2.5 PROBLEMS RELATING TO DISCLOSURE OF THE HIV/AIDS STATUS AND CONFIDENTIALITY**

The following categories of problems concerning disclosure of the HIV/AIDS status and confidentiality emerged from the data collected during the interviews: HIV/AIDS stigma and discrimination, violation of confidentiality and dismissal of educators with HIV/AIDS in schools. In the following section each of these problems will be dealt with in more detail.

##### **4.2.5.1 HIV/AIDS stigma and discrimination in schools**

It was evident from the responses of both school principals and educators that HIV/AIDS is stigmatised. All participants were in agreement that the stigma of HIV/AIDS is one of the worst aspects of the disease and it can stop

educators coming forward for testing and treatment, and can put their jobs at risk. One principal expressed her frustration, "Our concern here is how to remove the stigma from a person who is HIV-positive".

Many sampled principals and educators were of the opinion that HIV-positive educators continue to be discriminated against. The participants cited HIV/AIDS stigma and discrimination as the main reason for HIV-positive educators' reluctance to disclose their status. The literature has established that HIV/AIDS stigma and discrimination are major hurdles that school principals and the Department of Education have to address in schools as many HIV-positive educators are still treated as social outcasts (Rayners 2007:146). The sampled principals felt that under the present circumstances, it is very difficult for them to take proactive steps to support HIV-positive educators. All the participants (principals and educators) were in agreement that HIV/AIDS stigma and discrimination in schools is exacerbated by the violation of confidentiality.

#### **4.2.5.2 Violation of confidentiality**

The majority of the participants (both principals and educators) felt that educators are reluctant to reveal their HIV status within the school setting because they fear that confidentiality will not be maintained. The participants also mentioned that in many cases, educators resign from their posts after a principal or colleague revealed the fact that they are HIV-positive. This links with the literature which states that HIV-positive educators are not afforded sufficient protection because they may sometimes be pressurised by their supervisors to reveal their status, for example, when they have to motivate their absence from school (Simbayi, Skinner, Letlape & Zuma 2005:55). Apart from violation of confidentiality, participants also expressed their views of dismissals of educators with HIV/AIDS in schools.

#### **4.2.5.3 Dismissals of educators with HIV/AIDS in schools**

According to the majority of the participants, it is becoming increasingly difficult for infected educators to disclose their status because of a fear of dismissal. They further remarked that very often, "once an educator's HIV-positive status is known to the organisation, the educator suffers discrimination and is sometimes even dismissed from employment". They maintained that this clearly indicates that educators are not aware of their Conditions of Service and display lack of HIV/AIDS knowledge. The literature condemns the dismissal of HIV-positive as illegal and unconstitutional (Simbayi, Skinner, Letlape & Zuma 2005:18).

The majority of the participants indicated that they also have to deal with challenges emerging from perceptions which are outlined in the next section.

#### **4.2.6 Problems relating to prejudiced perceptions about HIV/AIDS**

The majority of principals and educators commented that most HIV-positive educators consider HIV/AIDS "as punishment from God". They revealed that some of these educators do not go to church anymore because they feel neglected and abandoned and have concluded that God "does not exist anymore". One area of concern according to the participants, is that many educators do not want to admit that they are sick and refuse to take ARVs, instead they visit traditional doctors and claim that "they have been bewitched by their colleagues". According to the selected principals and educators, this is a major cause of conflict in many of their schools. These findings are consistent with the literature which has found that many HIV-positive are still ignoring the existence of HIV/AIDS (Rayners 2007:13).

In the following section, the researcher discusses the responses of principals and educators concerning strategies to address their concerns.

#### **4.2.7 STRATEGIES TO ADDRESS THE CONCERNS OF PRINCIPALS AND EDUCATORS**

On asking the principals and educators which mechanisms their schools have put in place to address their concerns. They responded as follows:

##### **4.2.7.1 Combining grades**

All principals and educators were in agreement that they combine different grades in one class to cover the work that has been planned by the sick educator. Educators complained that they do not always get the necessary explanation from the principals in advance about sick educators so that they can plan accordingly. One educator warned the principals that "they must first explain the problem of infected and affected educators so that they (educators) can take their duty load willingly, otherwise educators will be reluctant to take extra load". Another educator expressed her frustration as follows: "Combining grades leads to higher stress levels for educators and they eventually become demoralized". This finding is validated by the literature that reveals that sometimes colleagues have to fill in for the absent educators and are forced to take on double classes (Van Wyk & Lemmer 2007:303). Furthermore, the literature confirms that many educators who want to quit the teaching profession cite the challenges of teaching in an HIV altered reality as one of the factors motivating their attrition (Theron, Geyer, and Delpont 2008:78),

One principal warned against too much emphasis on combining grades in schools. She argued, "Once educators are overloaded they are not going to provide quality teaching". The participants then raised the issue of substitute educators.

#### **4.2.7.2 Timely appointment of substitute educators**

All the participants agreed that principals must apply for substitute educators in advance to address the problem of persistent absenteeism by HIV-positive educators. Some of the suggested strategies was that sick educators must be encouraged to apply for long sick leave in order for the schools to qualify for substitute educators. The literature endorses the fact that timely appointment of substitute educators is vital and that the Department of Education must set aside budget for the appointment of substitute educators (Calitz, Fluglestad, & Lillejord 2002:151; Buchel 2006:394). The participants also felt that the Department of Education must train people to serve as substitute educators, otherwise "a lot of time will be spent trying to find a replacement", as one principal put it. The literature also confirms that more teacher training facilities are needed to address the problem of teacher shortages due to HIV/AIDS (Buchel 2006:392).

The majority of the participants pointed out that they usually keep a leave register in their respective schools to monitor the absences of infected educators as evidence to the Department of Education how their schools have been affected by HIV/AIDS pandemic. All principals revealed that they always encourage their staff members to apply for Medical Aid as this would make things easier for sick educators when they need medical treatment. The literature on HIV/AIDS lessons for teachers stresses the importance of access to doctors by HIV- positive educators for their medical treatment (Daily Dispatch 15 December 2006:6).

In the next section, the researcher discusses the participants' responses in respect of surplus educators.

#### **4.2.7.3 Utilizing surplus educators**

Most principals and educators reported to the researcher that there are schools which have surplus educators. Once they experience the problem of absenteeism in their schools, they network with the principals of those schools so that they can utilize the services of such educators . According to the majority of the participants, utilizing surplus educators alone cannot entirely address the problem of persistent absenteeism by sick educators because most surplus educators are reluctant "to be moved from one school to another". This is in line with the literature which confirms that principals should at all times have a list of emergency relief teachers (Buchel 2006:14). Contrary to the findings, the literature does not confirm that the placement of surplus educators to schools with shortages is a difficult exercise.

#### **4.2.7.4 Utilizing retired and resigned educators**

The majority of the participants recommended that the Department of Education must allow schools to reappoint retired and resigned educators in

order to address the problem of teacher shortage. It was also suggested that District Offices must provide the schools with the list of such educators. The literature supports the appointment of retired and resigned educators to address the problem of teacher shortage (Buchel 2006:392).

All the participants were in agreement that schools must develop school policies for the effective control of persistent absenteeism by HIV-positive educators. This is outlined in the next section.

#### **4.2.7.5 Developing functional HIV/AIDS policies and Codes of Conduct**

Most principals and educators indicated that they rely on school policies and the Code of Conduct to address the problem of persistent absenteeism by HIV-positive educators. One principal remarked as follows: " Unless HIV/AIDS policies are exposed to every staff member, the problem of absenteeism cannot be properly addressed". All participants maintained that the Code of Conduct for educators must be clearly communicated to all educators and there must be a way of reporting when an educator is not going to be at school. The literature also supports the importance of developing functional HIV/AIDS policies in schools (Calitz *et al.* 2002:155).

Some of the educators confirmed having seen such policies in their schools but argued that they are not properly implemented. Some revealed that "HIV/AIDS policies are only kept in files and are not visible to educators who are the victims of HIV/AIDS". All the participants stressed the importance of monitoring the implementation of HIV/AIDS policies by all relevant role players such as principals and the departmental officials. The literature confirms that monitoring the implementation of HIV/AIDS policies will help reduce the impact of HIV/AIDS on educators (Calitz *et al.* 2002:160).

All participants were of the opinion that the above-mentioned strategies cannot properly address the problem of absenteeism if many of the health problems experienced by HIV infected educators are ignored.

#### **4.2.7.6 Strengthening schools as centres of Care and Support**

When asked how they ensure that they provide care and support to HIV-positive educators within the school environment, the majority of principals and educators pointed out that they utilise their schools as centres of care and support to render services to HIV-positive educators and vulnerable children. They said that they usually encourage their staff members to show love and support to such people. One principal remarked about this as follows: "Sometimes educators are absent from school not because they like it, but because of the way they are discriminated against at the workplace". The literature stresses the importance of utilizing schools as vehicles through which services can reach educators and children (Rayners 2007:31).

The provision of food was a major form of support identified by most principals and educators. The majority of the participants pointed out that they initiated gardens at their schools to provide vegetables for educators and learners infected with HIV/AIDS. The literature stresses the importance of a balanced diet for sick educators (Rajagopal 2008:181).

Most participants said that they encourage HIV-positive educators to be involved in sports as a staff and organise games against educators from other schools. In this way educators will have less time to engage in unprotected sex and alcohol and drug abuse. In support of this, the literature shows that school sport is an alternative to crime and, by implication, a positive factor for combating the spread of HIV/AIDS (Buchel 2006:387).

One principal pointed out that " she normally shares her lunch box with infected educators and sends them messages in the afternoon to remind them about the taking of medication. Some principals and educators revealed that they invite motivational speakers such as pastors and lay counsellors to their schools to offer emotional and spiritual support to HIV- positive educators. The findings are in line with the literature which maintains that HIV-positive educators need all kinds of support to play their meaningful role as educators (Calitz *et al.* 2002:160).

All principals and educators pointed out that they developed HIV/AIDS policy in consultation with other role players to ensure that employees infected with and affected by HIV/AIDS are not unfairly discriminated against. The majority of the participants revealed that their HIV/AIDS policies contained the universal precautions as an attempt to prevent the spread of all infections transmitted by blood, including HIV. They further remarked that they ensure that latex gloves are available in every classroom and at every sporting event.

Some participants expressed their concern about the shortage of First Aid Kits in their schools. They felt that the Department of Education should provide more First Aid Kits in schools so that each and every classroom does have one. One principal remarked as follows: "If there is no First Aid Kit in the classroom, the educator will end up reporting the injury which could have been treated in the classroom". Provision of the universal precautions in schools is in line with the literature which states that the workplace environment must be healthy and safe to reduce significant risk of HIV transmission (O' Connor, Richter, Wozniak, Kraukamer, du Plessis & Westcoot 2001:60-61; Department of Education 2003:29).

Most participants indicated that they have established Health Advisory Committees (HACs) as part of the fight against HIV/AIDS. According to one principal, "having HAC at school is extremely important as it draws health policy, organise campaigns against HIV/AIDS and refer HIV-positive educators and learners to clinics and hospitals". The majority of the

participants maintained that they use HAC as a tool to manage HIV/AIDS related illnesses and “to strengthen their schools as centres of Care and Support”. The literature reveals that the establishment of a Health Advisory Committee is vital and it is entrenched in the National Policy on HIV/AIDS (Simbayi, Skinner, Letlape & Zuma 2005:45).

Most principals and educators argued that in the absence of a cure , “information is the most important weapon in the fight against HIV/AIDS” They pointed out that they have created health and HIV/AIDS knowledge base in their schools and have made it available and accessible to all educators. According to these participants, information is provided to educators and learners in the form of illustrated books and posters on HIV/AIDS, education programmes, counselling programmes, workshops on HIV/AIDS and the presentation of the subject *Life Orientation* by guidance educators. The literature confirms that sound health knowledge not only prevents educators and learners from irresponsible and potentially dangerous behaviour, but can also contribute to the maintenance of the best health possible in case of illness (Calitz *et al.* 2002:160).

The majority of the participants pointed out that they refer HIV-positive educators to the Employee Assistance Programme (EAP) for counselling. Literature endorses that timely counselling is vital and can serve as a lifeline for educators who are affected by or infected with HIV/AIDS (Calitz *et al.* 2002:164).

Most of the participants revealed that their schools rely on the services of the Prevention, Care, Treatment and Access (PCTA) to deal with issues of HIV/AIDS. The literature confirms the launch of this programme which assist educators and their partners to check and understand their status and get treatment within the areas of their jurisdiction (Citizen 7 April 2005:9).

The participants also felt that school-based gender violence deserve attention since it is an inevitable part of the schooling environment. In the next section, the researcher discusses the participants’ responses in respect of cases of sexual violence in schools.

#### **4.2.7.7 Strategies relating to school-based gender violence**

When the principals were asked about the mechanisms that they have put in place to address the problem of school based gender violence, they remarked that they have a functional Code of Conduct which is binding to all educators. According to these principals, this Code of Conduct spells out clearly that sexual relationships between educators and learners are forbidden. This is in line with section 17.1c of the Employment of Educators Act ( Republic of South Africa 1998: 913) which forbids sexual relationships between educators and learners in schools. Some of the educators denied having seen such Codes of Conduct in their schools and suggested that “all important

policies and Codes of Conduct must not be hidden in the principals' offices, instead be communicated to all relevant role players”.

All the sampled participants mentioned the importance of the development of the Codes of Conduct for learners and educators which clearly stipulate all the rules and regulations of the school. One such rule is that sexual harassment must be reported to the principal and the South African Police Service. According to these participants, the Codes of Conduct for learners and educators must contain valuable information such as “ Toll Free numbers” to report sexual abuse cases. The literature confirms that principals should create structures where victims can complain without fear of retribution by perpetrators (Buchel 2006:84).

The majority of principals and educators mentioned that they invite the Department of Health, Social Welfare, South African Police Service, Employee Assistance Programme section and Non-Governmental Organisations to their schools to conscientise educators and learners about the danger imposed by HIV/AIDS. These participants also revealed that they usually invite people who are HIV-positive people to come and speak openly about HIV/AIDS. They pointed out that they really find networking with other departments helpful in reducing HIV transmission in their schools because HIV/AIDS has always been aggravated by lack of knowledge. The findings are in line with the literature which states that collaboration with other government departments and Non-Governmental Organisations is vital in reducing HIV transmission in schools (Simbayi *et al.* 2005:47).

The sampled principals and educators were also in agreement that educators for *Life Orientation* must assist the other educators and learners about the problem presented to schools by HIV/AIDS pandemic. One principal remarked, “ *Life Orientation* educators must talk about the problems of HIV/AIDS to educators and learners every day”. This principal warned that Life Orientation educators “must not wait until something happens” and urged them to openly inform educators and learners about all the risks involved in unprotected sex such as early pregnancy and sexually transmitted diseases. The literature confirms that the presentation of the subject *Life Orientation* by educators can greatly benefit HIV- positive educators and learners (Simbayi *et al.* 2005:62).

All the sampled principals revealed that they usually mobilise support from their communities and make condoms in certain centres of the communities available after consultation with parents. Educators were also in favour of development of a school-based and community-based support systems to address all HIV/AIDS related problems and further commented that the success of this will be dependent on the support of all role players. The literature supports the distribution of condoms to community centres and warns that care must be taken that the wrong message regarding the use of condoms is not spread (Buchel 2006:385).

One principal expressed her frustration by revealing that doctors take an oath when they enter their profession, "Why shouldn't we do it as educators"? She further remarked that when educators enter the teaching profession, they must take an oath "which is binding enough" and this will assist principals in curbing gender violence in schools. The literature doubts whether laws alone can solve the problem of school-based gender violence because government officials have been turning a blind eye on this (Buchel 2006:10).

Another area of concern raised by the majority of principals and educators is the inability of the Department of Education to punish the offenders. According to these participants, sexual abuse cases are correctly reported to the Employee Relations (ER) section of the Department of Education, but investigations are delayed by certain problems. One educator expressed her anguish as follows:, "Once the accused educator suspects that the school is taking his case seriously, he will advise the learner to go to another school which seriously cripples investigation". The literature has established that perpetrators of this crime go unpunished and continue with their deeds (Buchel 2006:10; Leach 2002:101). The literature also confirms that this tendency creates the impression that gender violence is legitimate (Leach 2002:101).

The majority of principals and educators reported that poverty is playing a role in this problem. The literature confirms that poor socio-economic conditions are the main drivers of sexual abuse cases in schools (Redelinghuys 2006:357; Rajagopaul 2008:195). Parents are tempted to accept bribes from the accused educators in exchange for not reporting sexual abuse cases. They remarked that this problem is exacerbated by the fact that the South African Council for Educators (SACE) is not visible enough in schools to institute disciplinary proceedings against the offenders. This finding is in line with the literature which reveals that the government and the teaching fraternity stand accused of turning a blind eye to the perpetrators of sexual abuse cases in schools (Buchel 2006:10).

In the next section, the researcher discusses the participants responses regarding strategies to assist educators with a drinking and drug abuse problem which also seems to be related to the spreading of HIV/AIDS.

#### **4.2.7. 8 Strategies relating to educators with alcohol and drug abuse problem**

When the principals and educators were asked about the mechanisms that they employ to address the problem of alcohol and drug abuse in their schools, the majority of the participants mentioned that they have alcohol and drug policies which clearly stipulate that alcohol and drugs are prohibited

within the school premises and no one is allowed to come to school under the intoxicating liquor or drugs.

One principal said that he has established a Support Group within the school to ensure that everyone complies with the provisions of the policy. One educator expressed his frustration about alcohol and drug policies that "they are not visible to educators but are only kept in files". The literature confirms the importance of alcohol and drug policies in schools and maintains that this may reduce high-risk drinking (Shisana *et al.* 2005:135).

The majority of principals and educators mentioned that they refer their educators for rehabilitation to Employee Assistance Programme (EAP) to reduce employees' alcohol and drug problems (Shisana *et al.* 2005:135). However, they added that EAP should be strengthened and be made more visible in schools. The literature shows that many employers offer employee assistance programmes (EAPs) for diagnostic evaluation and treatment (Shisana *et al.* 2005:135).

They also pointed out that they invite the Department of Health, Social Welfare and Non-Governmental Organisations to workshop their educators and learners on alcohol and drug abuse and its relation to HIV/AIDS. Some principals and educators were of the opinion that social partners (unions) must visit their members in schools and talk about this problem. The literature supports the idea of collaboration with other state departments and NGOs to reduce employees' alcohol and drug problems (Simbayi *et al.* 2005:47).

All the sampled principals and educators commented that they usually organise awareness campaigns and put posters on the walls with clear attractive messages about alcohol and drug abuse and its relation to HIV/AIDS. These posters are visible in all the classrooms. The literature endorses the use of awareness campaigns as people need to be educated in order to change their sexual behaviour (UNAIDS 2006:11).

The majority of principals and educators felt that the best strategy to deal with this problem is for principals to make a free ground where staff members can be free to disclose their problems. In support of this, the literature indicates that schools need principals who are approachable and who can freely offer support to educators (Calitz *et al.* 2002:150).

One educator revealed that in their school they sometimes hire lay counsellors and psychologists to come and warn educators about this problem "which is giving many of us headache". The literature supports the hiring of lay counsellors and psychologists by schools for provision of psycho-social support to educators (Simbayi *et al.* 2005:50). One principal felt that "the issue of sports is vital in solving the problem of alcohol and drug abuse".

He pointed out that he usually organises games for educators and learners from other schools and in this way they will have less time to indulge themselves in liquor and drugs. Educators agreed that "such games provided them with enjoyment and the necessary physical support". The literature confirms the importance of sports in schools as a positive factor in solving alcohol and drug abuse problem and the spread of HIV/AIDS (Buchel 2006:387).

#### **4.2.7.9 Strategies dealing with problems relating to disclosure of information, confidentiality and dismissal of educators**

Concerning the disclosure of HIV/AIDS related information, the majority of the participants were in agreement that disclosure of status is extremely important for provision of quality care and treatment. They maintained that a person's HIV status is private and confidential and that disclosure is optional. One principal argued that " they need to educate one another what disclosure means". She further remarked, " Do not listen and keep quiet after an educator has disclosed their status but provide support such as encouraging them to take ARVs". Another principal was of the opinion that confidentiality is the most difficult problem because an educator can disclose to you and later discover that " you were not the first one to receive that information". The literature confirms that voluntary disclosure can be a powerful tool in preventing the spread of HIV, since infected employees can only receive support (such as counselling) if their HIV status is known to the employer (Department of Education 2002:64).

The majority of participants mentioned that they organise Life Skills programmes, invite lay counsellors, social workers and nurses and show love and empathy to HIV-positive educators to encourage disclosure. They further remarked that they organise awareness campaigns in their schools and encourage openness and give support for the disclosure of status. Some principals revealed that they talk informally about disclosure to their staff members by using video tapes.

The majority of the participants admitted that at times they find it difficult to encourage disclosure to HIV-positive educators as these educators sometimes display " anger and aggression". One educator warned HIV-positive educators that " they must not sit with the problem until it is huge". These findings are consistent with the literature on disclosure of HIV/AIDS information which states that an environment and a culture of non-discrimination must be created where HIV-positive educators can be open about their HIV status (Department of Education 2003:23).

With respect to the dismissal of HIV-positive educators from employment, the majority of participants admitted that it is becoming increasingly difficult for infected educators to disclose their status because of a fear of losing their jobs. This is supported by literature which maintains that educators must be

adequately equipped to deal with the HIV/AIDS pandemic to avoid unnecessary dismissals (Simbayi *et al.* 2005:58).

All participants indicated that the nature of problems experienced by principals and educators in schools necessitate that more HIV/AIDS training sessions and workshops be organised.

#### **4.2.7.10 Organising HIV/AIDS training and workshops**

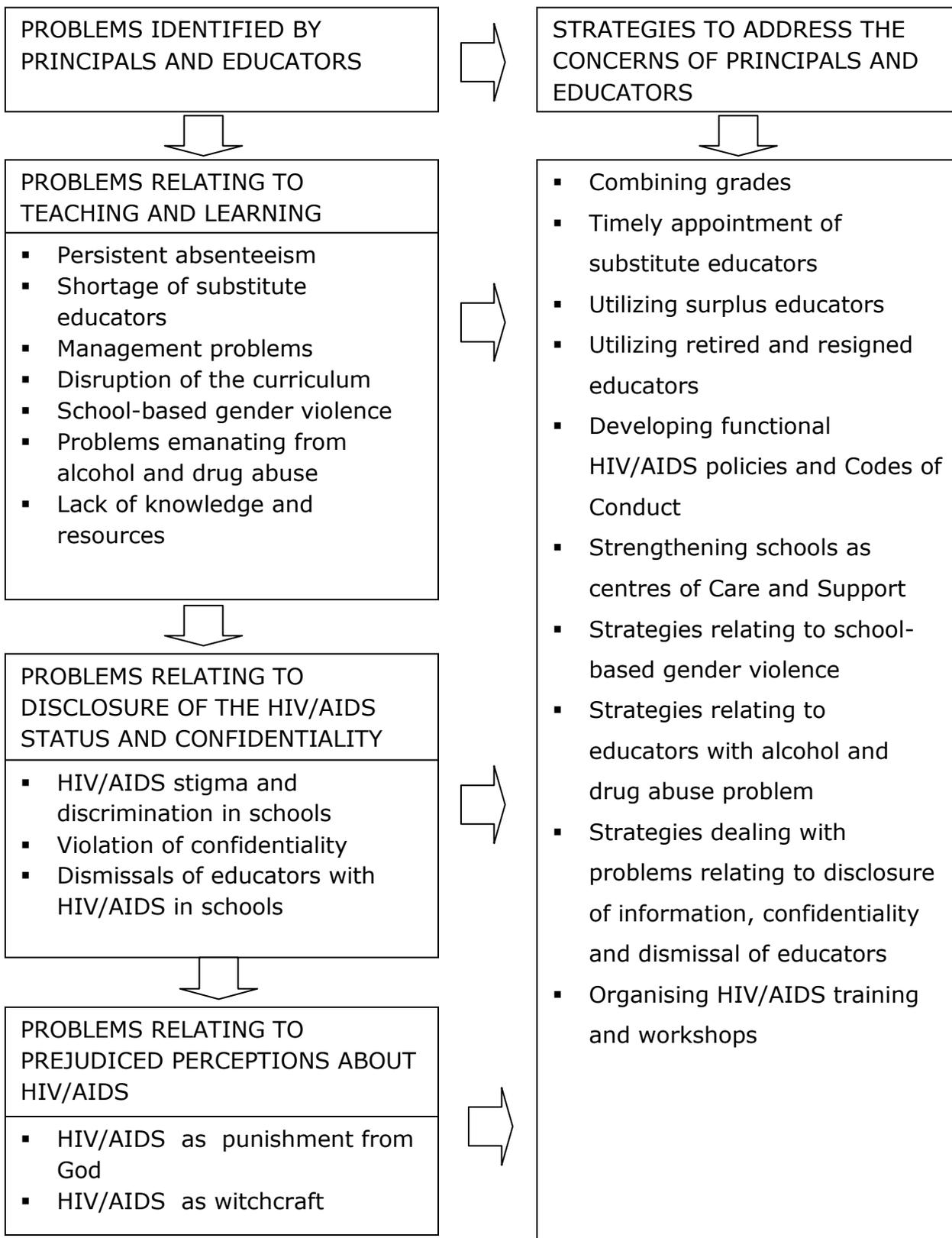
All the participants were in agreement that more training sessions and workshops are needed in order to meet the challenges presented to them by the HIV/AIDS pandemic. One principal pointed out that "training would provide them with knowledge and the necessary skills to manage educators with HIV/AIDS". To illustrate their point, the majority of principals mentioned that "principals who are not skilled in counselling may not necessarily be successful in supporting HIV-positive educators".

Educators were also in favour of more workshops saying "they would equip them with sufficient knowledge which could assist them to disclose at an early stage". All participants felt that training and workshops would finally address problems relating to HIV/AIDS stigma and discrimination, violation of confidentiality, prejudiced perceptions about HIV/AIDS and unfair labour practice such as dismissal of educators with HIV/AIDS in schools. The literature supports the idea of empowering HIV-positive educators on their legal rights as this can solve all the problems that they are experiencing in the workplace and ensure that they are treated fairly and sympathetically in terms of the Basic Conditions of Employment Act (O' Connor *et al.* 2001:46).

### **4.3 CONCLUSION**

This chapter describes the findings after conducting individual interviews with ten school principals and focus group interviews with ten educators. The data collected concerning needs and challenges facing school principals in managing educators with HIV/AIDS was analysed. The researcher read all written transcripts several times to ensure correct interpretation. The findings, derived by the researcher in this study, are consistent with the literature. It has become clear from the perceptions of all the participants in this study that schools are drastically affected by HIV/AIDS, as educators, who are considered to be the pillars of the education sector, are often at high risk of HIV infection. In chapter five, a summary of the results, conclusions, limitations as well as recommendations arising from the study are provided.

Figure 4.2 indicates the nature of problems encountered by principals and educators and strategies to address their concerns.



## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION AND RECOMMENDATIONS**

#### **5.1 INTRODUCTION**

This study explored and offered insight into the needs and challenges facing school principals in managing educators with HIV/AIDS . This was done through individual interviews with 10 principals and focus group interviews with 10 educators. The aim of this study was to shed light on the uniform standards and procedures that school principals can apply in managing educators with HIV/AIDS. Some of the main findings are synthesised in this chapter. Recommendations are made to different role players. Finally, the limitations of the study as well as possible areas for further research are stated in this chapter.

#### **5.2 SUMMARY**

In the introduction to chapter one (section 1.1), the researcher gives a short historical background on needs and challenges facing school principals in managing educators with HIV/AIDS. It goes on to indicate that South Africa has more HIV-positive individuals than any other country in the world and that KwaZulu- Natal is hit especially hard by the epidemic (section 1.1). The researcher also reveals in the introduction that the impact of HIV/AIDS on the education sector is profound and is eroding the delivery of learning, teaching and development to an unprecedented degree (section 1.1).

The study aimed (section 1.5) at providing guidelines to school principals on how to manage educators with HIV/AIDS. The study was therefore guided by the research problem (section 1.4): What are the needs and challenges facing school principals in managing educators with HIV/AIDS? In order to solve the research problem a qualitative research methodology was followed. Important definitions used in this case study have been selected and defined in section 1.7 and in the closing section (section 1.8.2) of the chapter the outline of the chapters was given.

Chapter two provides an overview of the impact of the HIV/AIDS pandemic on the education sector and the strategies of the South African government and the Department of Education in combating HIV/AIDS (section 2.2 & 2.3). Evaluation of these strategies was done in sections 2.4 and 2.6.

In chapter three the qualitative research design is described in detail (section 3.3). Purposeful sampling was employed in which information-rich participants (ten principals and ten educators) were selected ( section 3.3.2). Individual interviews and focus group interviews were used as the main form of data collection (section 3.6.6). Interviews were then conducted to the selected principals and educators during September and October 2010.

The raw data was analysed using Colaizzi's phenomenological approach (section 3.6.7). Ethical measures which should be considered in conducting this research were discussed in section 3. Lincoln's and Guba's model for trustworthiness was used to ward off biases in the results of qualitative analyses (section 3.5).

Chapter 4 gives an exposition of data analysis, based on the results of the interviews using a phenomenological approach. The raw data was analysed and captured under the following themes:

- Problems were identified by principals and educators relating to teaching and learning which included categories of problems such as persistent absenteeism (section 4.2.1.1), shortage of substitute educators (section 4.2.1.2), management problems (4.2.1.3) and the disruption of the curriculum (4.2.1.4).
- Problems relating to school-based violence were raised. Schools have been identified as major sites of HIV transmission. Cases of rape, assault and sexual harassment are usually committed by male teachers in schools against teenage girls. This puts both educators and learners at greater risk of getting infected by the HIV virus (section 4.2.2).
- Problems emanating from alcohol and drug abuse were also discussed. All the participants felt that there is a link between alcohol or drug abuse with being HIV-positive. They felt that high-risk drinking also puts educators at greater risk of getting infected by HIV virus (section 4.2.3 ).
- Problems caused by lack of knowledge and resources were also highlighted. Schools have inadequate knowledge and limited resources to adequately implement all the provisions necessary for reducing the impact of HIV/AIDS (section 4.2.4).
- Problems were also identified relating to disclosure of the HIV/AIDS and confidentiality. HIV/AIDS stigma, discrimination (section 4.2.5.1), violation of confidentiality (section 4.2.5.2) and dismissals of educators with HIV/AIDS (section 4.2.5.3) are major hurdles that prevent people from coming forward for testing and treatment (section 4.2.5.1).
- Prejudiced perceptions about HIV/AIDS also pose serious problems to HIV-positive educators. Most HIV-positive educators are still ignoring the existence of HIV/AIDS. They regard HIV/AIDS as a form punishment from God and also ascribe it to witchcraft (section 4.2.6).
- Strategies to address the concerns of principals and educators were also discussed. It was recommended that the identified problems can be addressed by combining grades (section 4.2.7.1), timely appointment of substitute educators (section 4.2.7.2), utilizing surplus educators (section 4.2.7.3), utilizing retired and resigned educators (section 4.2.7.4), developing functional HIV/AIDS policies and codes of conduct (section 4.2.7.5), strengthening schools as centres of Care and Support (section 4.2.7.6).

- Strategies relating to school-based gender violence (Section 4.2.7.7), alcohol and drug abuse (section 4.2.7.8) and disclosure of information, confidentiality and dismissals of educators were highlighted (section 4.2.7.9). It was also recommended that HIV/AIDS training and workshops be organised to reduce the impact of HIV/AIDS on the education sector (section 4.2.7.10).

One of the main findings in this research is that all the participants (principals and educators) indicated that schools are drastically affected by HIV/AIDS citing the above-mentioned problems. Strategies to address the concerns of educators were discussed in section 4.2.7.

On completion of the research, conclusions were drawn from the research and the literature.

## **5.3 CONCLUSIONS**

In the next section the main conclusions from the literature are outlined.

### **5.3.1 Conclusions from the literature**

- HIV/AIDS has a negative impact on the provision and quality of education in South Africa. HIV/AIDS pandemic threatens the wellbeing of educators and is presenting the school principals with serious challenges. The onus is on the principals to do something (section 2.2.1.1).
- Other diseases that kill people do exist, but none of them has spread as quickly as AIDS nor had such an impact on education provision (section 1.1).
- Many drugs have been tested, but none have been successful in getting rid of the virus (2.1).
- KwaZulu- Natal is hit especially hard by the epidemic and the education sector in the province is under threat. The infection rate is increasing more rapidly there than anywhere else in the country (section 2.1). The death of educators in the province impacts on both the supply and demand for educators.
- More and more schools are confronted with educators being absent from work because they are either infected with or affected by HIV/AIDS. This problem results into the disruption of the teaching programme. As educators become ill, others have to take double classes and become overloaded. This creates a lot of stress for these educators. Healthy educators become demoralised by the work overload (section 2.2.1.1).
- HIV/AIDS impacts negatively on the learners because when educators become ill, learning is affected since learners are left without consistent teaching. In this way, learners become the victims of poor quality teaching (section 2.2.1.2).

- HIV/AIDS has widespread negative effects on school enrolment. As educators are often absent, parents and guardians often opt not to send their children to the affected schools. Sometimes schools are forced to lose teaching posts because the allocation of these posts depends on enrolment figures (2.2.1.3).
- School management in South Africa is under threat due to the impact of HIV/AIDS on education. HIV/AIDS impacts on the School Management Teams' time available for normal planning and management strategies of the school since this time must now be spent on preventing the spread of the virus and caring for HIV/AIDS affected members of the school community (section 2.2.1.4)
- It is becoming increasingly hard to replace staff in leadership and management positions in the education sector because of the growing skills shortage. The system loses experienced managers due to HIV/AIDS whose experience cannot be replaced. This will result into inexperienced educators performing management duties (section 2.2.2).

The following conclusions are made from the empirical research.

### **5.3.2 Conclusions from the empirical research**

- This study deems prevention and education as being the most appropriate means of reducing the spread of HIV/AIDS. In the absence of either a cure or vaccine for HIV/AIDS, prevention and education must be made the focus of response. People need to be educated in order to change their sexual behaviour. Schools are the key to reducing HIV/AIDS (section 4.2.4).
- Insufficient knowledge and lack of resources are the major reasons for the pandemic nature of HIV/AIDS in schools (section 4.2.4). Many principals and educators are simply not equipped with sufficient information and resources to assist them in their fight against HIV/AIDS (section 4.2.4).
- The research indicates that schools are drastically affected by HIV/AIDS pandemic. It leads to a high level of absenteeism by educators and learners and to poor service delivery. When educators are sick, learning is affected since learners are often left alone in the classroom without any consistent teaching (section 4.2.1.1).
- Healthy educators are stressed and become demoralised (section 4.2.7.1) because they are forced to take on double classes and are instructed to teach subjects for which they do not feel competent (section 4.2.1.1). Research indicates that once educators are overloaded they are not going to provide quality education (section 4.2.1.1).
- There is a very strong indication that although some educators have not yet been infected with HIV/AIDS, but many educators have been affected by HIV/AIDS in one way or another. Therefore, increased

- absenteeism cannot only be ascribed to HIV-positive educators. Many educators become affected due to deaths in the family, deaths of friends and of colleagues. Some educators and learners have been reported to be nursing infected people at home. School principals are faced with the challenge of supporting both infected and affected educators (section 4.2.1.1).
- The research shows that schools are faced with serious teacher shortages due to the impact of HIV/AIDS pandemic (section 4.2.1.2). Schools struggle to get substitute educators to teach the critical subjects such as mathematics and physical science (section 4.2.1.2). There are no professionally qualified educators with the knowledge of the new curriculum who can serve as substitute educators in schools with HIV-positive educators (section 4.2.1.2). Even the appointment of substitute educators is a long process. Doctors need to monitor their patients before they can finally recommend long leave of absence . During the time when the principal is waiting for a doctor's medical certificate, learners become the victims of poor quality education (section 4.2.1.2).
  - Management in schools is also greatly affected by HIV/AIDS pandemic (section 4.2.1.3). Principals as school managers have the added burden of supporting HIV-positive educators in schools (section 4.2.1.3). HIV/AIDS impacts on the School Management Teams' time available for normal planning (section 4.2.1.3). Members of the School Management Teams are not immune to the HIV/AIDS pandemic (section 4.2.1.3). It is also becoming increasingly difficult to replace educators occupying management positions because of the shortage of experienced educators (section 4.2.1.3).
  - Non-disclosure of HIV status by HIV-positive educators poses a serious threat to principals in many schools (section 4.2.5.1). Most principals still find it difficult to get educators to disclose their status so that they can take proactive steps to support them (section 4.2.5.1). The research findings indicate that disclosure commonly occur when the symptoms are at an advanced level. HIV/AIDS is now treated just like any other chronic diseases such as influenza, TB and diabetes on condition that people disclose their status early and get treatment (section 4.2.7.9). HIV/AIDS stigma, discrimination (section 4.2.5.1) ,violation of confidentiality (section 4.2.5.2) and fear for dismissal (section 4.2.5.3) are still rife in some schools and have been cited as the major reason for HIV-positive educators' reluctance to disclose their status (sections 4.2.5.1 to 4.2.5.3).
  - School-based gender violence is still a problem in many schools and male teachers are implicated in this. Sexual abuse cases by educators put both educators and female learners at greater risk of getting infected by the HIV virus (4.2.2). The problem of sexually abusive relationships seems to be more prevalent in secondary schools because learners there are sexually active (4.2.2).

- Alcohol and drug problem is rife in many schools. There seems to be a link between alcohol and drug abuse and the spread of HIV/AIDS. Substance abuse increases risky sexual behaviour and poses a serious threat to education provision (section 4.2.3).
- Poverty exacerbates the spread of HIV/AIDS. Many young girls consent to sex in exchange for material goods. Young girls from poor backgrounds whose parents are unemployed usually become easy targets (section 4.2.2).
- Principals are still faced with the challenges of prejudiced perceptions. Most HIV-positive educators still consider this illness as punishment from God (section 4.2.6). Many educators do not want to admit that they are sick and are reluctant to take ARVs, instead they visit traditional doctors and claim that they have been bewitched by their colleagues. Principals also need to address this problem because it has caused conflict in many schools (section 4.2.6).
- Based on the research findings, it is evident that HIV/AIDS will continue disrupting the education sector in future and present principals with serious challenges if no proactive measures are taken. HIV/AIDS will lead to severe loss of productivity and to the country's economic crisis through loss of experienced personnel. It is incumbent upon school principals being supported by the Department of Education to reduce the rate of HIV transmission. School principals have the potential to make a significant contribution in the fight against HIV/AIDS as school managers. They have an obligation to accept the challenge presented to schools by HIV/AIDS with the same responsibility and devotion as they manage other areas of the school.

While doing the research the researcher came to the conclusion that educators , principals , Department of Education and other important role players can benefit if they are made aware of certain information.

## **5.4 RECOMMENDATIONS**

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

### **5.4.1 Recommendations for educators**

- It is recommended that educators should have good eating habits and be involved in physical training. A balanced diet is necessary for their survival (section 4.2.7.6).
- Educators should rely on the services of the Prevention, Care, Treatment and Access (PCTA) which deals with issues of HIV/AIDS in schools. This programme enables educators and their partners to check and understand their status and get treatment within the areas of their jurisdiction (section 4.2.7.6).

- It is suggested that Life Orientation educators should conscientise educators and learners about the impact of HIV/AIDS pandemic on education provision (section 4.2.7.7).
- Disclosure of HIV status at an earliest stage is a strong recommendation so that HIV-positive educators can be provided with quality care and treatment ( section 4.2.7.9).
- Educators need to be empowered about their legal rights to avoid illegal and unconstitutional dismissals (section 4.2.7.9).
- It is recommended that cases of dismissal of educators on grounds of their HIV status be reported to the education authorities so that disciplinary action can be taken against the offenders (section 4.2.7.9).

#### **5.4.2 Recommendations for principals**

- Principals have a duty to ensure that there is no class without an educator. Principals can adopt the strategy of combining grades in one class to address the problem of persistent absenteeism by HIV-positive educators. However, the staff must be informed about this arrangement in advance to avoid disruptions (section 4.2.7.1).
- It is recommended that there should be regular contact between the principal and the local Circuit Offices to ensure timely appointment of substitute educators (section 4.2.7.2).
- Sick educators should be advised to submit their applications for a lengthy sick leave in advance so that principals can apply for replacements to the Department of Education in time (section 4.2.7.2).
- It is suggested that principals should encourage their staff to apply for membership from Medical Aid institutions in order to speed up the process of medical treatment and application for sick leave (section 4.2.7.2).
- Principals are advised to receive a list of substitute educators from the Circuit and District Offices to address the problem of classes without educators due to the impact of HIV/AIDS pandemic (sections 4.2.7.2 & 4.2.7.4).
- It is suggested that principals should carefully monitor absenteeism patterns of educators and keep a leave register for sick educators (section 4.2.7.2).
- Principals are advised to liaise with the Circuit and District Offices to get a list of surplus educators who can be utilized by schools as substitute educators (section 4.2.7.3).
- Resigned educators can be approached and be utilized as substitute educators to address the problem of the shortage of suitably professional qualified educators . It is recommended that the list of such educators be made available to principals by the local Circuit Offices (section 4.2.7.4).

- Schools should develop functional policies and the Codes of Conduct for the effective control of persistent absenteeism by HIV- positive educators. It is recommended that these policies must not be kept in files. Information about such policies need to be communicated properly to all staff members(section 4.2.7.5).
- There is a strong need for schools to be strengthened as centres of Care and Support in order to render services to HIV-positive educators and vulnerable children (section 4.2.7.6).
- HIV-positive educators deserve to get love and support in schools and they should not be discriminated against (section 4.2.7.6).
- Schools should initiate gardens to provide vegetables for educators and learners infected with HIV virus.
- It is recommended that principals should send messages to HIV-positive educators when they are at home to remind them about taking their medication (ARVs) (section 4.2.7.6).
- Schools should invite motivational speakers such as pastors and trained lay counsellors to come and offer emotional and spiritual support to HIV- positive educators (section 4.2.7.6).
- Consultation with all role players is recommended when developing HIV/AIDS policies in schools to ensure that HIV-positive educators are given the support they deserve. Each and every school must adopt its own implementation plan on HIV/AIDS for the effective implementation of HIV/AIDS school policy. Implementation plans must be monitored and co-ordinated by school principals being supported by District Officials. Principals must liaise with the Department of Education to get the necessary resources so that the objectives stated in the HIV/AIDS school policy are achieved (section 4.2.7.6).
- Principals should ensure that universal precautions in the workplace are adhered to in order to prevent the spread of all infections transmitted by blood (section 4.2.7.6).
- It is recommended that schools should establish Health Advisory Committees (HACs) as part of the fight against HIV/AIDS whose duty is to draw health policy, organise campaigns against HIV/AIDS and refer HIV-positive educators and learners to clinics and hospitals (section 4.2.7.6).
- Principals have an obligation to ensure that they create health and HIV/AIDS knowledge base in their schools which should be made available and accessible to all educators including healthy educators. Information must be provided to educators and learners in the form of illustrated books and posters on HIV/AIDS. Schools must organise education programmes, counselling programmes and workshops on HIV/AIDS. Principals must put HIV/AIDS education at the top of the schools' agenda (section 4.2.7.6).
- It is recommended that HIV-positive educators be referred to the Employee Assistance Programme (EAP) for counselling (section 4.2.7.6).

- Principals are advised to have a functional and binding Code of Conduct for educators and learners which specifically deals with school-based gender violence (section 4.2.7.7).
- Educators who have sexual relationships with learners need to be investigated and terminated if found guilty in terms of section 17.1 c of the Employment of Educators' Act of 1998 (4.2.7.7).
- Sexual harassment of learners by educators need to be reported to the principals, South African Police Service, social workers and Child Care line. Toll Free numbers to report sexual abuse cases should be made visible to everybody within the institution (section 4.2.7.7).
- Principals are advised to invite the Department of Health, Social Welfare, Employee Assistance Programme section and Non-Governmental Organisations (NGOs) to their schools to conscientise educators and learners about the danger imposed by HIV/AIDS (section 4.2.7.7).
- Principals must invite social partners (unions) to schools to conscientise their members about the danger imposed by HIV/AIDS pandemic (section 4.2.7.8).
- Schools should develop alcohol and drug abuse policy because alcohol misuse and drug abuse is often associated with risky sexual behaviour (section 4.2.7.8).
- Schools should organise HIV/AIDS awareness campaigns and put posters on the walls with clear attractive messages about alcohol and drug abuse and its relation to HIV/AIDS (section 4.2.7.8).
- It is suggested that schools should have a Care and Support programme for educators with a drinking and drug problem to reduce high risk drinking problem. Such educators can be referred to the Employee Assistance Programme section for advice or counselling(section 4.2.7.8).
- Principals need to be approachable to HIV-positive educators. It is recommended that they should make a free ground where staff members can be free to disclose their problems (section 4.2.7.8).
- Principals should show love and empathy to HIV-positive educators to encourage disclosure. They need to create an environment and a culture of non-discrimination where HIV-positive educators can be open about their HIV status (section 4.2.7.9)
- Schools should organise games for educators and learners. In this way, they will have less time to indulge themselves in liquor and drugs. These games provide educators with enjoyment and the necessary physical support (section 4.2.7.8).
- Once educators have disclosed their HIV status, principals should provide support such as encouraging them to take ARVs (4.2.7.9).
- Principals need to develop a clearer understanding of the legal rights of HIV- positive educators in schools (section 4.2.7.9).

### 5.4.3 Recommendations for the Department of Education

- The Department of Education should develop a programme for the management of stress to assist healthy educators reduce stress caused by additional responsibilities assigned to them such as the combining of grades in one class (section 4.2.7.1).
- It is recommended that education authorities should set aside enough budget for the appointment of substitute educators in schools and should also train people to serve as substitute educators in order to address the problem of the shortage of professionally qualified educators. More students need to be encouraged through bursaries to take up teaching as a career (section 4.2.7.2).
- It is recommended that the Department of Education should also consider the possibility of calling up retired educators to be utilized as substitute educators to alleviate the problem of the shortage of professionally qualified educators (section 4.2.7.4 ).
- It is suggested that educators should take an oath when they enter the teaching profession as doctors do. This will assist the Department of Education to eliminate sexual abuse cases and problems relating to alcohol and drug abuse which constitute risky sexual behaviour (section 4.2.7.7).
- Employee Relations section is advised to speed up the process of investigations for sexual abuse cases and offenders must be brought to book (section 4.2.7.7).
- The perpetrators of sexual violence in schools who bribe parents in order to escape their cases need to be investigated and an appropriate disciplinary action should be instituted against them. Parents who accept bribes from sex offenders need to be reported to the South African Police Service and be prosecuted accordingly (section 4.2.7.7).
- It is recommended that the South African Council for Educators (SACE) be made more visible in schools (section 4.2.7.7).
- The Department of Education should work hand in hand with other departments such as the Department of Health , Social Welfare and Non- Governmental Organisations to prevent new infections and support HIV-positive educators (section 4.2.7.9).
- SACE should strike off the register for educators the names of educators who have been convicted and alleged to have committed sex crimes (section 4.2.7.7).
- Educators and learners who are infected with or affected by HIV/AIDS can be used as motivational and educational speakers in schools to prevent further spread of HIV/AIDS (section 4.2.7.7).
- It is recommended that all principals be trained to deal with anger and aggression displaced by some HIV-positive educators (section 4.2.7.9).

- Establishment of screening centres near schools is a strong recommendation in order to encourage educators and learners to come for HIV blood screening (section 4.2.7.9).
- More workshops are still needed to ensure that educators and principals are provided with knowledge about the danger imposed by HIV/AIDS in schools. The importance of responsible sexual behaviour need to be stressed to all educators . These workshops will also ensure that HIV-positive educators are treated fairly and sympathetically in terms of the Basic Conditions of Employment Act (section 4.2.7.10).

#### **5.4.4 Recommendations for the South African Government**

- It is recommended that the government should put HIV/AIDS education, prevention and treatment at the top of the country's agenda (section 4.2.7.6).
- The government need to speed up the process of alleviating poverty in rural communities because it exacerbates the spread of HIV/AIDS (section 4.2.7.7).
- South Africa need to work together with other countries to study HIV/AIDS and learn from their experiences.
- It is suggested that the government should send frequent messages on HIV/AIDS to the public through the media such as radios to reduce HIV transmission (section 4.2.7.8).
- It is recommended that the government should create another portfolio for the cabinet minister (second Minister of Health) who will deal with all the problems relating to chronic diseases such as HIV/AIDS, influenza, TB and diabetes. This will provide the government with sufficient time to strengthen HIV/AIDS structures at all levels and meet the challenges presented by other chronic illnesses (section 4.2.7.8).

From the research findings, the following recommendations for further research are made:

#### **5.4.5 Recommendations for further research**

- Further research is required to determine the possible ways of managing the disclosure of HIV status and non-discrimination for HIV-positive educators.
- An in-depth study is required to determine the ways of accommodating educators infected with and affected by HIV/AIDS to reduce stigma and discrimination.
- In this study, needs and challenges in managing educators with HIV/AIDS were explored. An in-depth study is required to establish needs and challenges in managing learners with HIV/AIDS. Very little research has been done on this subject.

- Further research is required to determine ways of enforcing the legal rights of HIV- positive educators.
- To date there are very few studies that have concentrated on addressing the problem of prejudicial perceptions in the workplace which also poses serious challenges to principals.

## **5.5 LIMITATIONS OF THIS STUDY**

This study shows two main limitations. Firstly, the subject of HIV/AIDS is a complex and sensitive subject. Sometimes, some of the participants (principals and educators) did not feel comfortable to raise issues about HIV- positive educators in their schools. Perhaps, this is due to the National Education Policy Act which stipulates that HIV/AIDS related information must be kept as confidential as possible (Republic of South Africa 1999 : 8).

Secondly, the researcher would have liked to include more schools in the research to accommodate other geographical areas including the urban areas as this would have presented the researcher with more diverse views. For the purpose of this study the focus was on a limited number of participants.

## **5.6 CONCLUSION**

The main purpose of this study was to identify needs and challenges facing school principals in managing educators with HIV/AIDS through study of the literature and research amongst sampled principals and educators. This study confirms that the education sector in South Africa is greatly affected by HIV/AIDS pandemic. Not only the HIV- positive educators and learners are the victims of this epidemic, but also healthy educators in some schools are affected because of added responsibilities emanating from sick educators.

The contributions of the participants have created a new understanding of the challenges imposed by HIV/AIDS pandemic to school principals. The study has stressed the importance of developing policies and putting support structures in place in order to properly address the problems presented to schools by HIV/AIDS pandemic. Supporting both HIV-positive educators and affected healthy educators is of utmost importance in order to provide quality education to all learners. This goal can only be achieved through the participation of all the relevant role players.

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## APPENDIX A

### NEEDS AND CHALLENGES IN MANAGING EDUCATORS WITH HIV/AIDS

#### INTERVIEW SCHEDULE FOR PRINCIPALS

1. *Questions in connection with HIV/AIDS in schools and its impact on the education provision.*

1.1 Briefly share your knowledge of and experience with HIV/AIDS.

1.2 To what extent is your school affected by HIV/AIDS?

1.3 More and more schools are confronted with teachers who are absent because they are either infected or affected by HIV/AIDS. How do you deal with this problem at your school as a principal?

1.4 How does HIV/AIDS affect teaching and learning in your school and how do you address this problem?

1.5 How does HIV/AIDS affect school management and how do you address this problem?

1.6 The Human Rights Watch (2001:4) presented documentary evidence of cases of sexual violence in schools by revealing that " thousands of girls of every race and economic group are encountering sexual violence and harassment that impede access to education". The fact that many sexual abuse cases are reported in schools put educators and learners at greater risk of getting infected by the HIV virus. Which mechanisms can be put in place by school principals and the Department of Education to address this problem?

2. *Questions in connection with HIV/AIDS and alcohol/drug abuse*

2.1 Alcohol and drug abuse in relation to HIV/AIDS pose a serious threat to quality of life of educators. How should school principals deal with this problem?

2.2 What do you think the role of the Department of Education should be in addressing this problem?

3. *Questions in connection with workplace support systems*

3.1 What workplace support systems have you put in place to assist educators to cope with the challenges presented to them by HIV/AIDS?

3.2 How do you monitor the implementation and effectiveness of these support systems?

3.3 What do you think the role of the Department of Education should be in monitoring workplace support systems?

3.4 How can school principals ensure that they provide care and support to HIV-positive educators within the school environment?

*4. Questions in connection with the legal rights of HIV-positive educators.*

4.1 How do you make HIV-positive educators aware of their legal rights?

4.2 How do you manage the disclosure of HIV/AIDS related information?

4.3 How do you create an environment and a culture of non-discrimination where HIV-positive educators can be open about their HIV status without fear of being discriminated against?

4.4 It seems that once an educator's HIV-positive status is communicated and known to the organisation, the educator often suffers discrimination and is sometimes even dismissed from employment. How can this problem be avoided in schools?

*5. Questions in connection with HIV/AIDS and the challenges faced by school principals*

5.1 What are the challenges faced by school principals in managing educators with HIV/AIDS? Briefly share your knowledge of and experience with these challenges?

5.2 What recommendations would you make for the effective management of HIV-positive educators in schools?

## APPENDIX B

### NEEDS AND CHALLENGES IN MANAGING EDUCATORS WITH HIV/AIDS

#### FOCUS GROUP INTERVIEW SCHEDULE FOR EDUCATORS

*1. Questions in connection with HIV/AIDS in schools and its impact on the education provision*

- 1.1 It is often said that many schools are crippled by the impact of HIV/AIDS. How does HIV/AIDS affect you as educators?
- 1.2 The fact that many sexual abuse cases are reported in schools puts educators and learners at great risk of getting infected by the HIV virus. How should school principals/the Department of Education address this problem?

*2. Questions in connection with workplace support systems*

- 2.1 Which structures and policies have your schools developed to manage educators with HIV/AIDS related illnesses?
- 2.2 How is the implementation of these structures co-ordinated and monitored by principals?
- 2.3 What kind of support do you think HIV-positive educators need? Do they receive this support in schools?
- 2.4 What do you think the role of the Department of Education should be in supporting educators with HIV/AIDS related illnesses?

*3. Questions in connection with the legal rights of HIV-positive educators*

- 3.1 Do the school principals create an environment and a culture of non discrimination where HIV-positive educators can be open about their HIV status without a fear of being discriminated against? Briefly share your knowledge and experiences on this.

*4. Questions in connection with HIV/AIDS challenges*

- 4.1 What are the challenges presented to principals/educators by HIV/AIDS?
- 4.2 What recommendations would you make for the support of HIV-positive educators in schools?

APPENDIX C



PROVINCE OF KWAZULU-NATAL

DEPARTMENT OF EDUCATION

ISIFUNDAZWE SAKWAZULU-NATALI

UMNYANGO WEMFUNDO

***1.1.1.1.1 BERGVILLE CIRCUIT  
BERGVILLE***

***ISIYINGI SASE-  
BERGVILLE CIRCUIT***

Ikheli: Bergville Circuit  
Address: South Street  
Adres: Bergville  
Telefoon:  
3350

Isikhwama Seposi: Private Bag X 1657  
Private Bag: Bergville  
Privaatsak: 3350

Ucingo:

Fax : 036-4489201  
Telephone: 036-4489200

Imibuzo:  
Enquiries: B.J. Mfusi  
Navrae

Inkomba:  
Reference:  
Verwysing:

Usuku:  
Date: 30 /06/2010  
Datum

The District Director  
Othukela District Office  
P/Bag X10041  
Ladysmith  
3370

Dear Mr Manganye

RE: REQUEST FOR PERMISSION TO DO A RESEARCH STUDY

I kindly request permission to conduct a research project in ten schools in Bergville in the Othukela District. The research will be undertaken outside the teaching hours. The normal teaching and learning programme of the schools will not be disrupted and the confidentiality of the participants will be respected.

I am currently registered at the University of South Africa [UNISA] for the Master of Education Degree in Education Management. In order to fulfill the requirements for this degree, I am required to undertake a research project and submit a dissertation related to it.

- REGISTERED TITLE OF RESEARCH DISSERTATION

Needs and challenges in managing educators with HIV/AIDS related illnesses.

- DETAILS OF STUDY LEADER

Professor Gertruida Maria Steyn. Contact number at home : 012-664 4256  
Cell number : 0828867468  
e-mail: steyngm1@unisa.ac.za

- MOTIVATION FOR AND A SHORT DESCRIPTION OF RESEARCH DISSERTATION

HIV/AIDS affect educators and learners in a variety of ways and impact negatively on the provision of education in the education sector. When educators become ill, learning is affected since learners are often left without consistent teaching. When educators die, schools suffer disruption which hampers the provision of quality education. These experiences have compelled me as a ward manager to respond In order to support teaching and learning. The study will enable principals to apply uniform standards and procedures in managing infected and affected educators. It will also assist me improve my management practice as ward manager.

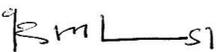
- DURATION OF THE RESEARCH AND RESEARCH PARTICIPANTS

I have already completed the first three chapters of the research dissertation and would like to start interviewing the principals and educators as soon as possible. The interview will take approximately one hour for each participant (individual interview) and two hours for educators (focus group interviews). The interviews will take place during long breaks and after school hours.

Hoping that my request will be considered

Thanking you in advance

B.J.Mfusi  
(EMAZIZINI WARD MANAGER-BERGVILLE  
UNISA student no:0758-357

  
\_\_\_\_\_  
SIGNATURE

30/06/2010  
DATE

## APPENDIX D



**kzn education**

Department:  
Education  
KWAZULU-NATAL

Enquiries: S.D Manganye  
Tel: (036) 6385206

Date: 16 September 2010

**MR B.J MFUSI**  
**Private Bag X 7082**  
**Bergville**  
**3310**

### **PERMISSION TO INTERVIEW PRINCIPALS AND EDUCATORS**

The above matter refers.

Permission is hereby granted to interview principals and educators in selected schools of the Othukela District subject to the following conditions:

1. You make all the arrangements concerning your interviews.
2. Educators' work programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Principals, educators and schools are not identifiable in any way from the results of the interviews.
5. Your interviews are limited only to targeted schools.
6. A brief summary of interview content, findings and recommendations is provided to my office.
7. A copy of this letter is submitted to principals of schools where the intended interviews are to be conducted.

The KZN Department of education fully supports your commitment to research: **NEEDS AND CHALLENGES IN MANAGING EDUCATORS WITH HIV/AIDS.**

It is hoped that you will find the above in order.

Best Wishes

S.D MANGANYE  
District Director

...dedicated to service and performance  
beyond the call of duty.

#### **KWAZULU-NATAL DEPARTMENT OF EDUCATION**

POSTAL : Private Bag X10041, Ladysmith, 3370, KwaZulu-Natal, Republic of South Africa

PHYSICAL: Corner Queen and Keate Streets, Ladysmith, 3370

TEL: Tel: 036-6385206 | Fax: 036-6311286 | E-mail: skhumbuzo.manganye@kzndoe.gov.za  
Web: www.kzneducation.gov.za

## APPENDIX E

### CONSENT FORM:

I, \_\_\_\_\_, hereby agree to take part in the research project on "Needs and challenges in managing educators with HIV/AIDS".

I understand that I will have to be available for one individual interview by appointment and that the interviews will be recorded by means of an electronic recording device.

I understand that I:

- will not be asked personal questions and may at any time decide not to answer questions if I so wish
- at any time may ask for access to the dissertation or part thereof
- shall stay anonymous in the study.

\_\_\_\_\_  
(Principal)

\_\_\_\_\_  
B.J.Mfusi (RESEARCHER)

## APPENDIX F

### CONSENT FORM:

I, \_\_\_\_\_, hereby agree to take part in the research project on "Needs and challenges in managing educators with HIV/AIDS".

I understand that I will have to be available for focus group interviews by appointment and that the interviews will be recorded by means of an electronic recording device.

I understand that I:

- will not be asked personal questions and may at any time decide not to answer questions if I so wish
- at any time may ask for access to the dissertation or part thereof
- shall stay anonymous in the study.

\_\_\_\_\_  
(Educator)

\_\_\_\_\_  
B.J.Mfusi (RESEARCHER)

## APPENDIX G

### INTERVIEW WITH ONE OF THE SCHOOL PRINCIPALS

Key: BJM=Researcher      EVN=Principal

BJM: Mr EVN you have been the principal in this school for some time. How long have you been serving as the principal of this High School?

EVN: I have been the principal of this school for twelve years. I was appointed in 1998 after the first principal of this school had retired.

BJM: Could you briefly comment about learner enrolment, staff establishment and infrastructure at this school.

EVN: The school has an enrolment of 345 learners with 16 educators. There are fourteen classrooms but the school is experiencing the problem of the shortage of resources since it is situated in deep rural areas.

BJM: Thank you very much for giving me that background information about your school. Today, I would like you to share with me your knowledge of and experience with HIV/AIDS as the principal of the school.

EVN: Although I may not be an expert on the issue of HIV/AIDS, but I can share with you my experiences with HIV/AIDS.

BJM: Please tell me about your experiences.

EVN: HIV/AIDS is really affecting the progress of the school. Once an educator has been infected with HIV/AIDS, the whole school will be affected. Teachers are unable to perform their duties and learners are unable to attend their lessons because of the impact of HIV/AIDS.

BJM: To what extent is your school affected by HIV/AIDS?

EVN: Our school is drastically affected by HIV/AIDS.

BJM: Uhum?

EVN: HIV/AIDS leads to a high level of absenteeism by educators and learners. Many educators absent themselves from school because they are sick or their relatives or friends are sick and they want to take care of them.

BJM: Uhum?

EVN: Even those educators who are not infected with HIV/AIDS are somehow affected by HIV/AIDS. They sometimes have to visit clinics and hospitals to

see their relatives during the school hours. Many educators apply for family responsibility leave and attend funerals even during the week.

BJM: Please tell me more.

EVN: When educators are ill, we do not always get substitute educators. Even when we happen to get them, there are no professionally qualified educators these days. Sometimes educators are forced to teach the subjects that they do not know because the teacher who knows the subject is sick.

BJM: What are your other experiences regarding the impact of HIV/AIDS on education provision?

EVN: Another problem we usually experience concerning sick educators is that their work is normally given to their colleagues who become overloaded and experience high stress levels. Under these circumstances, effective teaching and learning cannot take place.

BJM: Do you have more information to share with me.

EVN: Yes , Of course. The taking of ARVs by educators and learners while they are at school is also giving us a lot of problems.

BJM: What are those problems?

EVN: Taking of ARVs is having side-effects. These are the strong drugs and once taken at school, they affect the performance of educators and learners who have taken the treatment.

BJM: Uhum?

EVN: Lastly, HIV/AIDS has created a lot of orphans in our schools.

BJM: More and more schools are confronted with teachers being absent because they are either infected or affected by HIV/AIDS. How do you deal with this problem at your school as a principal?

EVN: When an educator is sick, we usually combine grades to cover the work that has been planned by the sick educator. We also make use of surplus educators from other schools but the problem is that those educators are reluctant to be placed in schools where there is a shortage of educators. I think the Department of Education must formulate a policy to properly address the problem of surplus educators.

BJM: How does HIV/AIDS affect school management?

EVN: The school management is also drastically affected. If you plan to work with a team of sixteen educators and find that some are absent ,obviously management will be affected.

BJM: Could you indentify several ways in which management is affected.

EVN: Firstly, management is affected because even the members of the School Management Team are sometimes overloaded with the work of sick educators and pay little attention to management problems. In this way, planning is totally disrupted. Secondly, SMT members are not immune to HIV/AIDS. They are also infected with and affected by HIV/AIDS just like other educators. Lastly, as management we find it difficult to discipline educators infected with HIV/AIDS because they usually display anger and aggression at school.

BJM: How do you address the problems you have just mentioned?

EVN: As a school, we have developed a functional HIV/AIDS policy after proper consultation with all role- players. This policy helps the school to reduce the impact of HIV/AIDS on educators and outlines the ways in which HIV/AIDS challenges can be addressed.

BJM: The Human Rights Watch (2001:4) presented documentary evidence of cases of sexual violence in schools by revealing that “thousands of girls of every race and economic group are encountering sexual violence and harassment that impede access to education”. The fact that many sexual abuse cases are reported in schools put educators and learners at greater risk of getting infected by the HIV virus. Which mechanisms can be put in place by school principals to address this problem?

EVN: What I have observed as a principal is that secondary schools are greatly affected by this problem. Apart from being sexually harassed, we cannot deny the fact that learners are sexually active in secondary schools.

BJM: How do you address this problem then ?

EVN: As I have already mentioned before, we have developed a functional HIV/AIDS policy as a school that helps the school to address HIV/AIDS related matters.

BJM: Uhum?

EVN: We have also developed a policy that specifically deals with sexual relationships between educators and learners. For example, the policy spells out clearly that sexual relationships between educators and learners are forbidden even if the learner consents and if found guilty, educators will be dismissed in terms of section 17 of the Employment of Educators Act.

BJM: What else do you do to address this problem?

EVN: We invite people from other departments such as the Department of Health, Social Welfare, South African Police Service and Non- Governmental Organizations to our school to conscientise educators and learners about the risks involved in sexual violence such as HIV/AIDS.

BJM: What role should be played by the Department of Education in addressing this problem?

EVN: I think the Department of Education must work collaboratively with other state departments because HIV/AIDS is a huge problem.

BJM: Uhum?

EVN: Furthermore, I feel that the Department of Education must begin to take the issue of HIV/AIDS seriously and ensure that each and every school has a nurse, social worker and a lay counsellor. This will help alleviate the situation.

BJM: Is the Department of Education doing enough to address the problem of sexual violence in schools which is alleged to be perpetrated by educators?

EVN: I do not think that the Department of Education is doing enough to address this problem because sexual abuse cases are reported every day and perpetrators often go unpunished and continue with their deeds.

BJM: Alcohol and drug abuse also put educators and learners at greater risk of getting infected by the HIV virus. How should school principals deal with this problem?

EVN: The issue of sports is vital in this regard. As a principal, I ensure that my staff and learners are involved in sports. We usually organize games and play against the neighbouring schools. At times I take educators and learners for gymnasium.

BJM: How do these activities benefit the school?

EVN: Regular involvement of educators and learners in sports ensures that they have less time to indulge in alcohol and drugs.

BJM: Do you have more information to share with me concerning alcohol and drug abuse problem?

EVN: Definitely yes.

BJM: Uhum?

EVN: Likewise, at school we have alcohol and drug policy which is enforced to all educators and learners. We refer high-risk drinkers to the Employee Assistance Programme for rehabilitation.

BJM: Do high-risk drinkers really benefit out of rehabilitation?

EVN: According to my experience, they only benefit for a moment. After few months from rehabilitation, they normally go back to their original tricks such as prolonged absenteeism from school.

BJM: What else do you do to address alcohol and drug problem?

EVN: We invite people from the Department of Health, Social Welfare, South African Police Service and NGOs to workshop our educators and learners about the danger imposed by alcohol and drug abuse.

BJM: Uhum?

EVN: We also make use of Life Orientation educators who talk about these problems on a daily bases.

BJM: What kind of support do you think the Department of Education should give to schools to address the problem of alcohol and drug abuse?

EVN: I think the Department of Education should revisit the period spent by educators at the rehabilitation centre for more support.

BJM: Uhum?

EVN: EAP should be closely monitored by the Department of Education and it must be made more visible to schools for its effectiveness.

BJM: Could you perhaps mention the workplace support systems that you have put in place to assist educators cope with the challenges presented to them by HIV/AIDS.

EVN: I have already mentioned the issue of the development of policies to assist educators infected with and affected by HIV/AIDS. We have a committee known as the Support Group within the school which ensures that all school policies are adequately implemented.

BJM: Uhum?

EVN: Our HIV/AIDS policy makes provision for universal precautions which assist the school to prevent the spread of all infections transmitted by blood, including HIV. Everybody is expected to comply with universal precautions to

promote safety within the school but the shortage of resources pose a serious problem.

BJM: Do you have some more support systems?

EVN: Yes. Our school has established Health Advisory Committee which comprises of educators, learners, School Governing Body members and community health workers. This committee addresses HIV/AIDS related problems within the school.

BJM: Uhum?

EVN: Our school has created health and HIV/AIDS knowledge base to assist educators and learners about important information they require to fight the battle of HIV/AIDS.

BJM: Does your knowledge base also include counselling programmes to HIV-positive educators?

EVN: Of course. We ensure that HIV-positive educators do have access to counselling services by inviting lay counsellors and psychologists to our school to assist HIV-positive educators. My experience as a principal tells me that such programmes are important because they offer spiritual and psychological support and reduce stress to HIV- positive educators.

BJM: When exactly are HIV-positive educators expected to undergo counselling?

EVN: As early as possible. I feel that timeous counselling is extremely important in improving the quality of life of educators.

BJM: How do you monitor the implementation and effectiveness of these support systems?

EVN: The School Management Team being supported by committees such as the Support Group and the school HIV/AIDS committee monitor the implementation and effectiveness of these support systems. We also invite the departmental officials from the Circuit and District Offices when we experience problems regarding implementation.

BJM: What do you think the role of the Department of Education should be in monitoring the implementation of workplace support systems?

EVN: I think that the Department of Education should appoint more officials to ensure that all programmes run by schools are fully implemented.

BJM: How can school principals ensure that they provide care and support to HIV-positive educators within the school environment?

EVN: Principals should create an environment and a culture of non-discrimination within the school and encourage every staff member to be sympathetic and supportive towards HIV-positive educators.

BJM: In your institution, how do you make HIV- positive educators aware of their legal rights?

EVN: I think that principals should workshop educators about the Bill of Rights entrenched in the constitution. HIV-positive need to refer to these rights whenever they encounter problems.

BJM: How do you manage the disclosure of HIV/AIDS related information?

EVN: Disclosure of HIV status is crucial for provision of quality care and treatment. I usually show love and support to HIV-positive educators to encourage disclosure.

BJM: It seems that, very often , once an educator's status is communicated and known to the organization, the educator suffers discrimination and is sometimes even dismissed from employment. How can this problem be avoided in schools?

EVN: I am definitely sure that if HIV-positive educators can know their rights, they cannot be dismissed easily on the basis of their illness.

BJM: What are the challenges faced by school principals in managing educators with HIV/AIDS? Briefly share your knowledge of and experience with these challenges.

EVN: As principals, we experience problems such as persistent absenteeism by sick educators, shortage of substitute educators, anger and aggression displayed by these educators, disruption of the curriculum, stigma and discrimination,

BJM: Do you think schools have sufficient resources to assist HIV-positive educators?

EVN: I personally feel that schools do not have sufficient resources to adequately implement all the provisions necessary for reducing the impact of HIV/AIDS.

BJM: Uhum?

EVN: I also feel that principals lack HIV/AIDS training which will empower them to manage HIV-positive educators.

BJM: What recommendations would you make for the effective management of HIV-positive educators in schools?

EVN: I suggest that the Department of Education must appoint replacement educators to address the problem of persistent absenteeism by sick educators and a budget must be set aside for this purpose.

BJM: Uhum?

EVN: Principals must be trained how to handle HIV-positive educators because most of these educators are aggressive.

BJM: Uhum?

EVN: School must be provided with enough resources to deal with HIV/AIDS issues.

BJM: Do you have more information to share with me?

EVN: I think my points are exhausted now.

BJM: Thank you very much for availing yourself for this interview and for sharing your knowledge of and experience with HIV/AIDS.