SCHOOL PRINCIPALS' PERCEPTIONS AND RESPONSES TO THE HIV AND AIDS PANDEMIC IN SCHOOLS IN THE EASTERN CAPE

by

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DECLARATION

I, the undersigned declare that the dissertation entitled: **School principals' perceptions and responses to the HIV and AIDS pandemic in schools in the Eastern Cape**, is submitted in fulfillment of the requirements for the degree **Magister Educationis** in the Faculty of Education at the Nelson Mandela Metropolitan University, is my own work and has not been previously submitted to any other university for a degree. All sources used have been indicated and acknowledged. Language editing was conducted by a professional language practitioner.

Pryah Mahabeer

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ABSTRACT

HIV and AIDS are casting a dark shadow over the future of many developing countries in the world. Since the first diagnosis of AIDS cases, South Africa has become one of the countries most infected with the HIV and AIDS pandemic, with about five million people living with HIV and AIDS. HIV prevalence is high in the age group 15 to 49 years, attacking people in the most productive years of their lives, Africans are the most significant racial group, affected and the Eastern Cape rates sixth in terms of HIV prevalence in the country. Demographically, HIV and AIDS affects the structure of the population, including learner and educator populations, as HIV and AIDS impact on the demand and supply of education. Schools are negatively and diversely impacted by the new challenges of the pandemic, preventing schools from achieving their goals. South Africa is struggling with a shortage of educators in the school system, especially the key areas of science and mathematics. The number of potential learners is expected to decline as AIDS orphans and other vulnerable children drop out of school, relocate, do not enrol, or are forced to withdraw from the school system. These factors lead to a poor morale and unproductivity among educators and learners, causing management problems in education for school principals and a decline in the quality and efficiency of education. While there is still no known cure for HIV and AIDS, the only solution in curbing the spread of the pandemic is through education and changing the social behaviours and mindset of people. However, HIV and AIDS prevention interventions have clearly been ineffective, as infection rates are soaring. As HIV and AIDS infection rates escalates, a more urgent response by school principals is needed to address the unique demands of the pandemic and establish where HIV and AIDS interventions will be most successful.

The current study had three major aims. The aims were to explore how school principals in the Eastern Cape perceive the HIV and AIDS pandemic; describe in

detail how school principals in the Eastern Cape respond to the HIV and AIDS pandemic; and to formulate recommendations based on the findings of the research that will assist school principals in effectively managing the pandemic at school level. The sample consisted of twelve school principals from different schools in the urban areas of Nelson Mandela Bay and the rural Keiskammahoek area. A qualitative method was selected to capture the unique experiences of school principals. In-depth, unstructured interviews were conducted to gather information. Thereafter, the interviews were transcribed verbatim, analysed and interpreted to gain a deeper understanding of the research phenomenon.

The findings of the study revealed that the majority of school principals had limited knowledge only of the HIV and AIDS pandemic, and perceived the pandemic in a non-constructive manner, as an imminent future problem. In fact, many school principals were ambiguous, contradictory and discriminatory in their discussion in their responses to the pandemic, first denying the presence of AIDS cases in their schools, then shifting the blame for the spread of HIV and AIDS in their schools to others. These school principals were clearly unaware that they were being discriminatory and secretive about the pandemic through denial and blaming others and that their attitudes were fuelling stigmatization and discrimination. The school principals acknowledged that much more still needed to be done in terms of management and leadership to effectively mitigate the effects of the pandemic in their schools. While school principals did their best in dealing with HIV and AIDS related problems at their schools, they clearly lacked the necessary skills, training and knowledge to devise long-term strategies to deal effectively and pro-actively with the problems related to the pandemic. Therefore a more transformational leadership and management approach is required by school principals in dealing with the pandemic in their schools, in order to render them effective leaders.

Key words: AIDS, contradictory, discriminatory, HIV, knowledge, management, perception, response, skills, strategic

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CHAPTER 1

INTRODUCTION, RATIONALE, PROBLEM STATEMENT, PURPOSE OF RESEARCH, CLARIFICATION OF KEY CONCEPTS, RESEARCH DESIGN AND METHODOLOGY AND RESEARCH PLAN

1.1 INTRODUCTION

The Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are reversing decades of developmental improvements in all sectors of society, and education is no exception (Bundy, Gotur, Drake & Maier, 2002:v; Kelly, 2002:28). Mokgatle and Madiba (2004) concur that the impact of HIV and AIDS is multi-dimensional and extends far beyond the health sector. In Africa, the impact of HIV is a major cause for concern, threatening the very survival and development of many African societies (Niang, Shisana, Andrews, Kaseje, Simbayi, Peltzer & Toefy, 2006:424). The disease was first diagnosed in 1981 amongst the homosexual community in the United States, but it was soon realized that HIV and AIDS affected all sectors of society as one of the deadliest pandemics ever (Lecatsas, 2004:1; Van Dyk, 2001:5).

According to the United Nations AIDS (UNAIDS) and the World Health Organisation's (WHO) 2005 report (Table 1.1), Sub-Saharan Africa continues to be the most severely affected region in the world: about 10 % of the world's population can be found in Sub-Saharan Africa and nearly two thirds, or 60 % (25.8 million), of the world's HIV positive population live in this area (Fredriksson & Kanabus, 2006:1). In 2005, newly infected adults and children numbered 3.2 million, while the number of deaths related to AIDS was estimated at 2.4 million (Fredriksson & Kanabus, 2006:8; UNAIDS/WHO, 2005:17,21). Table 1.1 provides a breakdown and comparison of the HIV and AIDS statistics in Sub-Saharan Africa for 2003 and 2005.

TABLE 1.1: SUB-SAHARAN AFRICA: HIV AND AIDS STATISTICS AND FEATURES: 2003 AND 2005

Year	Adults and children living with HIV	Number of women living with HIV	Adults and children newly infected with HIV	Adult prevalence (%)	Adult and child deaths due to AIDS
2005	25.8 million	13.5 million	3.2 million	7.2	2.4 million
2003	24.9 million	13.1 million	3.0 million	7.3	2.1 million

Source: UNAIDS/WHO (December 2005:17 AIDS epidemic update)

An estimated 4,6 % of women and 1,7 % of men in the age group 15 to 24 years were living with HIV in 2005 (UNAIDS/WHO, 2005:17,21). Although there was an overall increase in the HIV prevalence in Sub-Saharan Africa (2003 to 2005), some countries, such as Kenya, Uganda and Zimbabwe, recorded a decline in national HIV prevalence. However, there is no evidence of a similar decline in prevalence in South Africa (UNAIDS/WHO, 2005:17,21).

South Africa has been declared as one of the countries most affected by the pandemic, with new infections occurring daily (Niang, *et al*., 2006:424). In 2005, approximately two million South African adults and children died of AIDS. Five and a half million people were living with HIV, and about 1 000 AIDS-related deaths occur daily (Fredriksson & Kanabus, 2006:1; Pembrey, 2006:1). Makhubu (2007:1) reports that of the seven million children living in poverty in South Africa, 1.2 million have been orphaned by HIV and AIDS, and s/he predicts a 15 % increase in AIDS orphans by 2010. This implies that the growth and development of the South African population will be affected, due to a lack of comprehensive information about HIV and AIDS among the youth and that more concerted HIV prevention efforts are needed to help them protect themselves against the virus (Makhubu, 2007:1).

New data shows that HIV prevalence among pregnant women in South Africa has reached an all-time high of 29,5 %, the worst affected province being KwaZulu-Natal at

40 %, followed by the Eastern Cape Province, the Free State, Mpumalanga, and the North West Province, recording rates of between 27 and 31 % (UNAIDS/WHO, 2005:17,21). Research conducted by the Human Sciences Research Council (HSRC, 2005:43) indicated an overall prevalence of 10,8 % in the Eastern Cape in 2005, with an HIV prevalence escalation of 28 % among females aged 15 to 49, as compared to 20,4 % in 2004. Furthermore, the study by the HSRC (2005:44) revealed a HIV prevalence rate increase from 6,6 % (2002) to 8,9 % (2005) among people aged two years and older. The Eastern Cape Department of Health (2005:12,13) reported that in 2004, the number of females living with HIV and AIDS was higher than that of males. Furthermore, the HIV prevalence among adolescents (Grades 6 to 12) was high, at between 22 to 34 %. The rate of HIV infection amongst the youth in the impoverished Eastern Cape Province is alarming; in 2005, the Province recorded the second highest HIV prevalence rate (11,7 %) among the nine provinces in South Africa (HSRC, 2005:37). There is concern that HIV and AIDS are discriminating against the illiterate and the poor and it is therefore vitally urgent that these marginalised groups and the youth be reached, in order to stop or reverse the spread of the pandemic (Vandemoortele & Delamonica, 2002:11).

The social impact of HIV and AIDS is destructive to households: breadwinners are dying; the number of orphans is increasing; household dependency ratios are changing; and child-headed households and poverty are increasing rapidly as a result of the HIV and AIDS pandemic (Fredriksson & Kanabus, 2006:2,6). The entire country, i.e. individuals, families, communities, social institutions and organisations, has been affected by the HIV and AIDS pandemic.

One of the most tragic consequences of the HIV and AIDS pandemic is that young people are becoming infected and die in large numbers. In addition, workers in their prime years are dying in all sectors of the economy, leaving behind a generation of orphans. According to research conducted by the HSRC (2005:142), there is a high prevalence of HIV and AIDS among children in South Africa. An estimated 129 621 children aged 2 to 4 years and 214 102 children aged 5 to 9 years are currently living

with HIV and AIDS. The population structure is changing as the number of orphans increases and the elderly are left to take care of their grandchildren on the death of their adult children.

The research (HSRC, 2005:142) also showed that while people older than 50 years were less knowledgeable about HIV and AIDS, they were more likely to carry the burden of caring for their infected adult children, in the 25 to 35 years' age group, or for their orphaned grandchildren. Many population structures are starting to shrink, due to the high rate of HIV and AIDS totalities. The average life expectancy has fallen to 47 years; whereas it would have been 62 years without the devastating effect of HIV and AIDS (Fredriksson & Kanabus, 2006:8; Mokgatle & Madiba, 2004:1; Bundy, *et al*., 2002:2; Carr-Hill, Kataboro & Katahoire, 2000:1).

The impact of HIV and AIDS on South Africa's macro economy means that the government has to spend more taxes on healthcare and welfare costs and less money on economic development and, ultimately, less money on the education sector (Fredriksson & Kanabus, 2006:6). HIV and AIDS also reduce labour productivity through increased morbidity and mortality, thereby creating labour shortages in all sectors of the country, including education (Carr-Hill, *et al*., 2000:2).

The high cost of labour, the decline in productivity and the decline in economic development will adversely affect the Gross Domestic Product (GDP) of the country (Carr-Hill, *et al*., 2000:2). Consequently, investment in education will suffer, since education depends on a stable economy (Carr-Hill, *et al.*, 2000:2). The impact of HIV and AIDS on the micro economy means that business organisations will be faced with increased staff overhead costs, leading to losses in productivity in all sectors of the economy. A shift in spending patterns will impact negatively on the economic market and the education sector, causing people to spend more on basic necessities and medical needs, leaving less money to spend on education (Carr-Hill, *et al*., 2000:v).

The education sector has been particularly affected by the pandemic, since both educators and learners are affected in terms of the demand for and supply of education. In terms of supply, HIV and AIDS will affect the education sector in that there will be a reduction in educational services due to high levels of absenteeism and the high attrition and mortality rates among educators (Education Labour Relations Council (ELRC), 2005:1,3; Mokgatle & Madiba, 2004:2; Bundy, *et al*., 2002:6,13). HIV and AIDS are the greatest threats to the aims of the "Education For All" (EFA) Programme (Lorgat, 2006:3). According to Lorgat (2006:3), there is a global shortage of educators, due to the high attrition and mortality rates among educators. As a result, approximately 30 million educators will be needed by 2015 to ensure that every child has access to basic, quality education.

The demand for education will also be affected, since children (mostly girls) will be forced to withdraw from school as a result of being orphaned, having to care for sick relatives, being sick themselves, or because no one cares if they go to school (Mokgatle & Madiba, 2004:2). Consequently, schools will experience a certain level of enrolment reduction at primary school level, approximately 24,1 % by 2010 (Mokgatle & Madiba, 2004:2). Furthermore, many children will have to head households, and the decline in household income and the increase in household expenditure mean that money will not be available for school fees, uniforms and textbooks. Therefore, children will simply drop out of school.

The quality of teaching and learning will also suffer, due to the loss and lack of trained and experienced teaching and managerial staff; the lack of resources; the poor health of learners; high absenteeism rates among educators and learners; high pupil-teacher ratios; the lack of motivation and support for educators; and the inability of the education system to accommodate the large number of orphans and vulnerable children (Govender & Farlam, 2004:2,7; Mokgatle & Madiba, 2004:3,4; Kelly, 2002:29). Other anticipated effects on the education sector include increased costs, such as increased staff overhead costs, and a decrease in the quality and content of education (Mokgatle & Madiba, 2004:2; Bundy, *et al*., 2002:6,13). These social challenges demand an urgent

restructuring of education at all levels, including schools, to deal with the impact of HIV and AIDS.

Based on the pending devastating effect of HIV and AIDS on education, schools have a vital role to play in the fight against the pandemic (Kelly, 2002:28). Education can be seen as a "social vaccine" against HIV (Vandemoortele & Delamonica, 2002:6). Studies conducted by UNAIDS in 17 African countries have revealed that if a person is educated up to primary school level, the risk of contracting HIV is halved (Govender & Farlam, 2004:3), even if he or she has not been exposed to HIV education. Furthermore, the more girls are educated about HIV and AIDS, the less likely they are to engage in early sexual activity and the more likely they are to insist that their partners wear condoms (Govender & Farlam, 2004:1; Bundy, *et al*., 2002:5). Vandemoortele and Delamonica (2002:11) affirm that the education of girls is a key priority, since studies have confirmed that teenage girls are five to six times more likely to be infected than boys and that the prevalence and infection rates are generally higher in females than males.

Van Dyk (2001:17,33) suggests that the only way to stop the spread of the virus is to prevent transmission. This can be achieved only by gaining a better understanding of how the virus is transmitted and by eliminating the prevailing misconceptions or myths surrounding the transmission of HIV.

In 1999, the Department of Education's Draft Policy was introduced to address the HIV and AIDS crisis at South African schools (Van der Merwe, Edwards & Louw, 1999:111). This Policy was aimed at preventing discrimination against HIV positive people and raising awareness about the pandemic. In 2000, the Department of Education issued guidelines (Department of Education, 2000) to assist schools and educators in managing and implementing HIV and AIDS awareness and prevention programmes at schools, so that schools could better respond to the pandemic (Qotoyi, 2003:2).

These policies confirm the realisation that schools could serve as important instruments to disseminate HIV and AIDS information and provide a safe and caring environment for learners and educators. Schools can therefore be seen as the place where HIV and AIDS prevention and awareness programmes can most successfully be implemented in terms of cost and effectiveness (Bundy, *et al*., 2002:6). Based on its infrastructure, the school is a central point, where learners, educators, management and the community can work together in preventing HIV and AIDS. Importantly, schools can reach a large number of uninfected children before they become infected (Bundy, *et al*., 2002:6).

1.2 RATIONALE FOR RESEARCH

The HSRC (2005:135) reports that although there is an increased awareness and acceptance of HIV and AIDS, HIV prevalence continues to increase between the ages of 15 to 49, namely from 15,6 % in 2002 to 16,2 % in 2005. Younger people between the ages of 15 to 49 years are therefore the most vulnerable to HIV and AIDS, which suggests that HIV and AIDS are affecting learners in the prime years of their schooling, and affecting educators in the most productive years of their careers (HSRC, 2005; Ogina, 2003:13).

The Human Rights Watch (2006:2) has warned that violence against women and children is a major cause for concern in South Africa: 55 114 rapes and attempted rapes were reported to the South African Police Services between April 2004 and March 2005. South African children's rights activists and the Non-Governmental Organisation (NGO) Childline, argue that sexual abuse is rife in South African schools and that an estimated one in three South African girls under the age of sixteen will be sexually abused, and that abuse often occurs at school. Children are more exposed and vulnerable to HIV, because they are not adequately protected from sexual abuse and other forms of abuse at schools (HSRC, 2004:1; Western Cape Education Department, 2000:2). From the above, it is evident that children and women in South Africa are most vulnerable to the pandemic, thus making HIV and AIDS a serious threat to future generations of society, schools, educators and learners.

Schools are urged to develop their own policies on HIV and AIDS management (Western Cape Education Department, 2000:3). However, Ogina (2003:3) reports that many school principals are not fully committed to implementing HIV and AIDS education policies at their schools. Visser (2005) concurs that HIV and AIDS education programmes (to combat the spread of the pandemic among young school children) have not been implemented as planned in South African schools.

School principals play an influential role in making decisions and facilitating change at their schools and in their communities (Qotoyi, 2003:2). In combating HIV and AIDS, it is important that school principals are aware of the nature and the impact of HIV and AIDS on educators, learners, the environment of the school, and the community in which the school exists. They need to be knowledgeable of the national policies, as well as the legal and human rights issues associated with HIV and AIDS. Due to the increasing number of AIDS orphans and other vulnerable children, it is important for school principals to understand the special learning needs and the living conditions of these children, and how their school can meet these needs. It is with this knowledge that school principals can move ahead in devising strategies so that schools can cope with managing HIV and AIDS and assist in reducing the stigma and discrimination associated with the disease (Ogina, 2003:62,63; Qotoyi, 2003:2).

Ogina (2003:4) argues that there is a possibility that the perceptions and interpretations of HIV and AIDS among school principals may vary. Hence, an understanding of school principals' perceptions towards the HIV and AIDS pandemic is important in preventing its spread. At the same time, it is important to understand why some school principals have failed to address the HIV and AIDS crisis at their schools, despite the guidelines issued and efforts made by the Department of Education. Therefore, it is crucial to explore and understand the perceptions and experiences of school principals relating to the HIV and AIDS epidemic, as it may influence their responses to the fight against the pandemic at their school.

1.3 PROBLEM STATEMENT

As discussed above, HIV and AIDS are seriously threatening the future and the quality of education in South Africa. Kelly (2002:28,29) argues that present responses to the HIV and AIDS pandemic from the education sector, especially the schooling system, have been fragmented and ineffective and that there is an urgent need for restructuring. The pandemic poses a serious threat to both learners and educators. These threats relate to the following (Fredriksson & Kanabus, 2006:1,8; Mokgatle & Madiba, 2004:1,5; Bundy, *et al*., 2002:3,4):

- high HIV prevalence figures among educators;
- high absenteeism among teachers and learners;
- increase in the number of orphans;
- poor teacher and learner performance and morale;
- decline in the number of learner enrolments at schools and at tertiary institutions;
- decline in fertility rates and an increase in the drop-out rate of learners at school;
- increase in sexual abuse and violence in schools.

It is fundamental in the fight against the pandemic that school principals are aware of its nature and its present and future impact on educators, learners, the environment of the school and the broader community, so that strategic prevention and support responses can be planned and implemented. Against the background of the introduction and the rationale for this study, the researcher intends to investigate this problem.

The primary research problem is therefore formulated as follows:

> **What are school principals' perceptions of and responses to the HIV and AIDS pandemic in the Eastern Cape?**

The secondary research problem:

What recommendations can be made to assist school principals in effectively managing HIV and AIDS at their schools?

1.4 PURPOSE OF RESEARCH

The purpose of this research is to:

1) conduct a qualitative study to explore and describe the perceptions and responses of school principals to the HIV and AIDS pandemic in the Eastern Cape; and

2) make recommendations, based on the findings of the research, to assist school principals in effectively managing HIV and AIDS in their schools.

1.5 CLARIFICATION OF KEY CONCEPTS

For the purpose of clarity and to avoid any ambiguity, the following key concepts need to be explained:

1.5.1 Human Immunodeficiency Virus (HIV)

HIV stands for Human Immunodeficiency Virus: “Human”, because the virus causes the disease in human beings only, and HIV lives and multiplies in human cells only (Van Dyk, 2001:7); “Immunodeficiency”, because the immune system (the body’s ability to fight illness) is weakened and therefore deficient; and “Virus”, since HIV is the retrovirus that causes AIDS. HIV is a retrovirus, because it replicates itself, unlike most other viruses. Again, unlike other diseases, it is not spread through coughing, sneezing or touching (Granich & Mermin, 2001:6). HIV enters the body through specific routes, namely through blood, sperm and vaginal fluid, saliva, and mother-to-child transmission (during pregnancy and through breastfeeding) (Granich & Mermin, 2001:6; Van Dyk, 2001:32).

1.5.2 Acquired Immunodeficiency Syndrome (AIDS)

AIDS is the final stage of HIV infection. AIDS is caused by the HI virus, which slowly weakens a person's ability to fight off illnesses. The acronym AIDS is explained as follows (Van Dyk, 2001:4):

- 'A' represents the term Acquired. AIDS is caused by a virus, which enters the body from the outside, meaning that the infected person has done something that exposed him/her to the virus;
- 'I' and 'D' represent the term Immunodeficiency. This refers to the weakening of the body's immune system, to such an extent that it is incapable of fighting off illnesses, ultimately resulting in the death of the person;
- 'S' represents the term Syndrome. Syndrome means that people with AIDS show signs and symptoms of a collection of illnesses, at the same time.

1.5.3 Perceptions

Perceptions refer to the art of perceiving through one's mind or through one's senses by means of observing, noticing or understanding (Allen, 1984:546). Perceptions may vary from person to person. Different people perceive different things about the same situation and attach their own meanings to what they perceive. Ogina (2003:5) explains that perceptions of HIV and AIDS are formed in two ways: based on knowledge of the disease (transmission and prevention); and the psychological construction of the disease (i.e. the beliefs, myths, risk behaviour, precautions and attitudes towards HIV positive people). Perceptions in this study will refer to the way school principal's view and understand the HIV and AIDS pandemic.

1.5.4 School principals

A school principal refers to the chief person, the leader, the person directly responsible for an activity, the head of a school or learning institution (Allen, 1984:585). The school

principal is the person ultimately responsible for the management of his or her school. The school principal is responsible for co-ordinating and directing the school, and he/she is accountable for whatever happens at the school. The principal plays an important role in the smooth running of the daily activities of the school (Ogina, 2003:4). Therefore, the management and leadership style that the school principal adopts, influences how effectively he/she manages the school. According to the Department of Education (1999), the school principal is responsible for the effective implementation of its HIV and AIDS policy at school level and for maintaining adequate standards for safety at school.

1.6 RESEARCH DESIGN

At this stage, the research design and methodology will be presented briefly. A more detailed exposition of the research design and methodology will follow in Chapter 3.

Mouton (2001:55,56) explains that a research design is a plan or blueprint of how one intends to conduct the research and that research design should not be confused with research methodology. Research methodology focuses on the research process and the kinds of tools and procedures to be used.

1.6.1 Philosophical framework

Wood (2004:21) contends that before commencing with any research, it is essential to outline the philosophical assumptions underlying the research, because an understanding of these philosophical foundations will assist the researcher in terms of understanding the research design and methodology, and in achieving reconciliation between the research purpose and the research.

For the purpose of this research, the researcher will adopt a constructivist, interpretive paradigm. The constructivist paradigm assumes that there are multiple realities (Denzin & Lincoln, 2005:24); the inquirer and participant co-create or construct understandings; a naturalistic set of methodological procedures are applied; and findings are presented

in terms of pattern theories or grounded theory. The theory emerges from the data collected (Denzin & Lincoln, 2005:24; Lincoln & Guba, 1985:41).

Denzin and Lincoln (2005:22) describe paradigms as interpretive frameworks that guide the researcher. According to Babbie (1998:281), interpretivism is aimed at exploring how the participants experience and understand their lives (the participants not only answer questions, but also interpret and express the meaning of their world).

1.6.2 Qualitative research

This study will make use of the qualitative research approach. The main aim is to gain an insider's perspective and to understand the participants' perceptions in a specific situation; how they interpret the situation; and to establish common themes from the data collected through the interviews conducted (Leedy & Ormrod, 2001:153). Several authors agree that the final results of the phenomenological study form a general description of the study, as seen through the eyes of the people who have experienced it first hand (Leedy & Ormrod, 2001:153; Struwig & Stead, 2001:16; Babbie, 1998:281).

The main focus of this study is to understand and interpret the meanings that school principals ascribe to their perceptions, and their responses to the HIV and AIDS pandemic. A phenomenological qualitative research design that is naturalistic, exploratory, descriptive, contextual, holistic and inductive in nature will be selected to guide the study.

1.7 RESEARCH METHODOLOGY

The research will be conducted as follows:

1.7.1 Sampling

The aim of sampling is to identify parameters for gathering information (Silverman, 2000:104). In collecting data, the researcher should consider four parameters: -

- The setting where the research will take place;
- The participants who will be interviewed;
- The topic of the interviews;
- How the participants will be interviewed.

In this study, purposive sampling will be used to select participants. According to Lincoln and Guba (1985:202), purposive sampling is done with a specific purpose in mind, namely to maximise information, and not to facilitate generalisations. Struwig and Stead (2001:121) emphasise that qualitative research concentrates on the 'depth and richness' of data collected. Therefore, qualitative researchers select samples purposefully, rather than randomly. Meloy (1994:73) concurs that 'rich description' and a 'non-random' sample are essential to qualitative research. In addition, purposive samples are convenient, less time consuming and less costly (Bless, 2000:85).

For the purpose of this study, the research will be conducted at schools in the Nelson Mandela Bay area, which includes Port Elizabeth, and the rural area of Keiskammahoek in the Amatola Municipality. Research is limited geographically, due to limited resources, such as time and money. An attempt will be made to reflect the diversity of the South African population; therefore, a heterogeneous sample of school principals will be selected from primary and secondary schools, in rural and urban areas, with the focus on the more disadvantaged schools. School principals will be selected to obtain diversity of race, gender, age and experience, so as to optimise information collection and to gain diverse perspectives on the research.

1.7.2 Data collection

In-depth individual unstructured interviews are the main data-gathering technique to be used in this study. Qualitative researchers depend on interviews as a method of obtaining rich, in-depth and experiential information about the lives of participants (Denzin & Lincoln, 2005:698). Struwig and Stead (2001:59) define unstructured interviews as not having scheduled questions, thereby allowing the researcher to be flexible with communication. The purpose of the unstructured interviews will be to gain as much information as possible from the experiences of the participants (Welman & Kruger, 1999:197). Unstructured interviews focus on the establishment of a human-to-human relation with the participant and the need to understand, rather than to explain. Interviews are a "meaning-making process", in terms of which the participants describe and attach meaning to their experiences (Denzin & Lincoln, 2005:706).

Two experienced and qualified researchers will be present during the interviews. One researcher (the moderator) will facilitate the interview session, while the other will act as the observer and take field notes for triangulation (cross-validation) purposes and assist the researcher in remembering and exploring what transpired during the interview session (Lincoln & Guba, 1985:237,307). An audit trail will be established to keep track of the data collected, as well as any important highlights during the qualitative research process (Meloy, 1994:64).

The interview will commence with an open-ended question to engage the participant and to elicit a range of issues for further investigation. The researcher will present more specific open-ended questions in order to elicit more specific, spontaneous and rich information. These questions will be non-leading and non-judgmental (Kvale, 1996:133,159). "Follow-up", "probing" and "interpreting" questions will be used to clarify and interpret meanings during the interview process (Kvale, 1996:133). This will encourage participants to respond and share their own personal experiences. Open-ended questions afford the researcher the opportunity to gain unexpected information

(Kvale, 1996:133). The initial open-ended question that will be posed to school principals, is:

> How do you, as the principal, perceive, and respond to HIV and AIDS in your school?

Agreement to participate in the interviews will be obtained from the school principals concerned. Interviews will be audio-taped, to ensure comprehensive and precise data collection; so that interviews can be listened to repeatedly in their original form; and to allow the researchers to concentrate on the "topic and dynamics of the interview" (Kvale, 1996:160).

1.7.3 Data analysis

Data analysis involves the reduction and interpretation of data. The fundamental task during data analysis is to identify common patterns or central themes in people's descriptions of their experiences (Leedy & Ormrod, 2001:153). Re-coding will be conducted by an independent, experienced and trained researcher, in order to confirm and verify the results. In this way, the synchronic reliability of the coding procedure will be determined (Struwig & Stead, 2001:134). The final results will be confirmed after the researcher, the supervisors, and the independent researcher have reached consensus about the final results (Kvale, 1996:208).

Interviews will be audio taped and transcribed verbatim, whereupon the transcripts will be read and analysed to gain a perspective of the perceptions and experiences of the participants. During the data analysis process, the content will be coded following Tesch's steps, as described in Creswell (2005:238). Coding is defined as the systematic way of developing and refining interpretations of data. Therefore, an inductive and descriptive data analysis process will be adopted (Lincoln & Guba, 1985:40,41). Comparative methods of analysis will be used to identify and compare emerging

themes, thereby enhancing a more comprehensive and coherent understanding of the data collected (Lincoln & Guba, 1985:335).

1.7.4 Literature study

A literature study will be conducted to provide a firm theoretical framework for this study; to substantiate the orientation of and rationale for the study; to justify the research design and methodology; and to support and compare the research results to previous studies in the field (Creswell, 2005:79,80). The researcher will conduct a thorough search of useful and relevant information pertaining to the topic, with the aim of gaining knowledge and ideas for further research. Documents and records will be useful sources of information, as they are always available, stable, cost effective, relevant and can contribute to this research study (Leedy & Ormrod, 2001:154; Lincoln & Guba, 1985:276).

1.7.5 Measures of trustworthiness

Lincoln and Guba's model will be applied to the research findings to ensure trustworthiness and authenticity (Creswell, 2005:252; Lincoln & Guba, 1985:219). Trustworthiness is synonymous with the following criteria: credibility (to ensure the truth value of the findings); transferability (to ensure the applicability of the findings); dependability (to ensure the consistency of the findings); and confirmability (to ensure the criterion of neutrality and freedom from bias). The following techniques will be adopted in this research to ensure trustworthiness (Leedy & Ormrod, 2001:106; Lincoln & Guba, 1985:219):

- in-depth interviews will be conducted;
- an audit trail will be established;
- the research will take place in the natural setting of the participants;
- tape recordings will be made of interviews;
- various data collection procedures will be followed;

- peer examination will take place;
- a literature control will be done;
- independent coding and re-coding will be conducted;
- a rich, 'thick' description will be used to portray the situation so that readers can draw their own conclusions;
- a detailed description of the research methodology will be provided;
- consistency will be ensured by preserving raw material and by applying the same procedure throughout the research.

1.7.6 Ethical considerations

Research ethics provide researchers with generally accepted guidelines on how to conduct research in an ethical manner (Struwig & Stead, 2001:66,67). The following ethical measures will be adhered to during this research:

- neutrality and integrity will be maintained;
- no information will be fabricated;
- ethical publishing practices will be applied, plagiarism will be guarded against, and the appropriate recording of data will be ensured;
- the research will be conducted in a transparent manner;
- the rights and dignity of participants will be respected.

Other ethical issues to be adhered to in this research, will be:

- informed consent;
- voluntary participation;
- protection of anonymity;
- protection of rights and confidentiality;
- full disclosure about the research.

Kvale (1996:109,119) accentuates that the aim of social science is to contribute knowledge, to improve human conditions, and to enhance human dignity. Therefore, in qualitative research, it is important to obtain consent and to protect the confidentiality of the research participants, no matter what data collection techniques are used. Research involves the study of beings and as all participants have basic rights, it is crucial that their rights, interests and privacy be protected (Mouton, 2001:243,245).

The researcher will inform the participants of her expertise (qualifications and experience) and will be guided by her experienced and learned supervisors (Mouton, 2001:244; Lincoln & Guba, 1985:195).

1.7.7 Presentation of findings

The research findings will be presented in the narrative format, supported with direct quotations and relevant literature references.

1.8 RESEARCH PLAN

Chapter 1 General introduction to and rationale for the research study, the problem statement, the purpose of the research, clarification of key concepts, a brief overview of the research design and methodology and the research plan.

Chapter 2 A theoretical framework of the nature and impact of HIV and AIDS in schools and the role of schools and school principals.

Chapter 3 Exposition of the chosen research design and methodology.

Chapter 4 Presentation of findings of the research.

Chapter 5 Conclusions, implications, limitations and recommendations for further research.

1.9 CONCLUSION

Chapter 1 serves as an orientation to the planned research study. The chapter provided a brief background to and rationale for the research; the formulation of the problem statement; the purpose of the research study; the clarification of key concepts; and the research design and methodology to be used in the study. This included the philosophical framework of the research design, the research approach and methodology, strategies for data collection and data analysis, trustworthiness, and ethical considerations. A plan for the research was also provided.

In the following chapter, a more detailed and expanded discussion of the nature and impact of HIV and AIDS and the role of the school and school principal in combating this pandemic will be presented as part of the theoretical framework for the study.

CHAPTER 2

A THEORETICAL FRAMEWORK OF THE NATURE AND IMPACT OF HIV AND AIDS IN SCHOOLS AND THE ROLE OF SCHOOLS AND SCHOOL PRINCIPALS

2.1 INTRODUCTION

This chapter will present a general theoretical overview of HIV and AIDS. The discussion will address the description of the disease; a brief history of the discovery and origin of HIV and AIDS; current trends in the transmission and prevention of the disease: demographic implications of the pandemic; and how HIV and AIDS impact on the education sector, with particular reference to schools and the role of school principals.

2.2 NATURE OF HIV AND AIDS

2.2.1 What is HIV?

The Human Immunodeficiency Virus (HIV) is described as a microscopic organism that invades the body from the outside and slowly breaks down and destroys the body's immune system (Van Dyk, 2001:4,7). HIV not only attacks the T-cells (also known as the CD4 cells), which are a vital component of the human immune system in that they identify and fight off viruses and infections, but directly infect the cells in a person's brain, nervous system, intestines and blood (Mabece, 2002:11). When a person's body is immune deficient, it cannot fight off infections, making it vulnerable to opportunistic infections (Granich & Mermin, 2001:14; Van Dyk, 2001:4). HIV is a retrovirus, which means that it replicates itself in different ways than other viruses and is undetectable by the immune system, thus making HIV more difficult to treat (Van Dyk, 2001:16). An explanation of the HIV acronym was presented in Chapter 1.

Different *people* respond differently to the HI virus. HIV infected persons do not develop AIDS as soon as they are infected. Some HIV positive people live long, healthy and productive lives, and the full-blown symptoms of AIDS often do not develop for more than ten years after infection. Others are less fortunate: those who face poor nutrition and poverty, or pre-existing health conditions, such as tuberculosis or malaria, experience that their health deteriorates faster and may develop full-blown AIDS within five to seven years of infection, or even sooner. Therefore, an infected person's life expectancy depends on receiving proper treatment and adopting a healthy lifestyle (Van Dyk, 2001:16; Van der Merwe, *et al.,* 1999:110).

2.2.2 What is AIDS?

AIDS (Acquired Immunodeficiency Syndrome) represents the final stage of the collapse of the body's immune system, which is caused by HIV (Van Dyk, 2001:4,5). AIDS is a syndrome characterised by a number of opportunistic infections and certain cancers in people who have acquired immune deficiency, ultimately causing the person to die (Van Dyk, 2001:4). Furthermore, it is characterised by a collection of several conditions that occur simultaneously during the last stages of HIV, as a result of the person's compromised immune system (Mabece, 2002:9; Van Dyk, 2001:4). The disease is acquired, because it is not a disease that can be inherited (Van Dyk, 2001:4). A detailed explanation of the AIDS acronym was presented in Chapter 1.

2.2.3 Clinical stages of HIV

There are four classic developmental stages in HIV infection, which are discussed as follows (Mabece, 2002:13; Granich & Mermin, 2001:14; Van Dyk, 2001:36,39):

1. The first stage is known as the primary infection stage, or the acute sero-conversion stage. *Sero-conversion* refers to the point at which the individual's HIV status changes from negative to positive. During this stage, the infected person suffers from sero-conversion illness, with influenza-like symptoms such

as a sore throat, glandular fever, convulsions and mood swings, headaches, and general malaise. The HIV viral load is very high during this phase, because of the rapid replication of the virus.

2. During the second stage, individuals enter a prolonged *asymptomatic* latent phase that can last ten year or even longer. During this stage, the infected individuals remain in good health. Although there are no visible or obvious signs of the HI virus, the virus remains active in the body and continues to replicate and destroy the immune system.

3. The third stage is the early or minor *symptomatic* phase, which can last from a few months to several years, and is characterised by rapidly falling levels of CD4 cells and non-life-threatening opportunistic infections.

4. The final stage is the late or major *symptomatic* phase, where the person develops full-blown AIDS and becomes very ill. Due to the deterioration of the immune system, people infected with HIV are highly susceptible to opportunistic illnesses and diseases, such as the common flu, diarrhoea, pneumonia, tuberculosis, cancer and hepatitis, which are the leading causes of death among HIV infected people (Van Dyk, 2001:4,5,16). Other characteristics of AIDS include neurological complications and dramatic weight loss.

2.2.4 Historical overview of HIV and AIDS

The first AIDS cases were documented about twenty years ago. More than fifteen years ago, HIV was first identified as the direct cause of AIDS (Van Dyk, 2001:5). The first AIDS cases were diagnosed in North America, with a number of patients displaying the same characteristics: they were all homosexual males and intravenous drug users with damaged immune systems (Lecatsas, 2004:1; Van Dyk, 2001:5). It was later discovered that HIV causes a syndrome of diseases, which weakens the immune system, known as the Acquired Immunodeficiency Syndrome (AIDS). Subsequently, a

new disease that weakens the immune system and causes diarrhoea and weight loss in heterosexual people was identified in Central Africa (Van Dyk, 2001:5).

Currently, two *viruses* are linked with AIDS, namely HIV-1 (infections in Central, East and Southern Africa, North and South America, Europe and the rest of the world) and HIV-2. Drs Luc Montagnier and Robert Gallo discovered HIV-1 in 1983. HIV-2 was discovered in West Africa in 1986, and is still mainly constrained to West Africa (Van Dyk, 2001:5). However, Mabece (2002:10) argues that HIV-2 is gradually spreading to other places in the world. The two viruses, namely HIV-1 and HIV-2, are equally dangerous and can be prevented in an identical manner (Mabece, 2002:10; Granich & Mermin, 2001:7; Van Dyk, 2001:5). However, HIV-2 is more complex to identify, and its symptoms may take a longer time to develop in an infected person (Mabece, 2002:10; Van Dyk, 2001:5). In South Africa, the prevailing virus among heterosexuals and others, for example homosexuals, is HIV-1, Subtype C.

2.2.5 Origin of HIV

There are many *theories* relating to the sources of HIV (Goliath, 2001:7). Some believe that it was accidentally released from a germ warfare laboratory (Tadhuvana, 2005:9; Van Dyk, 2001:6). Others suggest that HIV originated from homosexuals in America and was spread by them when they toured Central East Africa. Some African communities closely link HIV and AIDS with bad luck, witchcraft or punishment from God (Tadhuvana, 2005:10; Benn, 2001:5; Goliath, 2001:7; Van Dyk, 2001:312). The origin of HIV and AIDS has also been associated with blame and denial, with many countries wanting to pinpoint the origin of the pandemic outside their borders or to blame marginalised groups (Tadhuvana, 2005:10), while some countries view HIV and AIDS as a specifically African problem (Bridgraj, 2000:9).

Whatever the reason, HIV and AIDS are a serious threat to all nations (Tadhuvana, 2005:10; Goliath, 2001:7). Although there is no scientific evidence to support any of the claims regarding the origin of HIV and AIDS, the more moderate view of scientists is

that HIV crossed the species barriers from non-human primates to humans when contaminated animal blood entered the open wounds of humans who slaughtered SIV (Simian Immunodeficiency Virus) infected animals for food. SIV is the equivalent of HIV and is found in monkeys (Lecatsas, 2004:1; Goliath, 2001:7). Consequently, HIV spread all over the world through various factors, such as migration, transport structures, numerous sexual partners, and socio-economic volatility (Van Dyk, 2001:6).

2.2.6 Patterns of HIV transmission

Many *myths*, misconceptions and ignorance surround the transmission of HIV and AIDS (Bundy, *et al.*, 2002:4,5; Van Dyk, 2001:32). HIV and AIDS cannot be transmitted through casual skin contact or physical contact with an infected person, that is, through sneezing, coughing, hugging, kissing; or the sharing of utensils; or insect bites; or the playing of team sports, provided there is no contact with blood; or living with an HIV positive person, provided certain precautions are taken (Van Dyk, 2001:33). Some people believe that having sex with fat women will reduce their chances of contracting the virus, while others believe that having sexual intercourse with virgins and girls younger than 12 years will cure them of the disease (Goliath, 2001:25; Van Dyk, 2001:33).

However, HIV is transmitted through the following three means (Tadhuvana, 2005:13; Van Dyk, 2001:32):

- the use of infected blood or contaminated blood products. Contaminated blood can also be transmitted through the use of unsterilised health equipment found in hospitals, clinics, surgeries, and in the practice of African traditional initiation, such as male and female circumcision. Also, the intravenous sharing of contaminated needles by drug users, or body piercing and tattooing;
- transmission from an infected mother to her child during pregnancy, birth and breastfeeding;

- having unprotected sex (anal, vaginal or oral intercourse), without the use of condoms.

According to Van Dyk (2001:33,147) and the HSRC (2005:35,46), high *risk groups* and behaviours that contribute to high-risk infection include engaging in sexual intercourse without the use of condoms; people living in poverty; communities where unemployment and poverty are rife, such as urban informal settlements and rural areas, where the men are forced to migrate to the cities in search of employment and the women resort to exchanging sexual favours for food and money.

Furthermore, *young people* who combine drugs and alcohol with sexual activities display *high-risk behaviour* and expose themselves to infection (Tadhuvana, 2005:11). Pembrey (2006:5) confirms that young people in the age group 15 - 24 years are the most rigorously affected by HIV and AIDS in South Africa. Research indicates that young girls are forced to become sexually active, making them vulnerable to HIV infection, prostitution and high-risk forms of sexual behaviour (Desmond & Gow, 2002:11).

2.2.7 Sexually Transmitted Infections (STIs) and HIV

The risk of HIV transmission is further increased if genital ulcers, sores, or other sexually transmitted diseases are present. According to Van Dyk (2001:48), there is evidence that sexually transmitted infections facilitate the transmission of HIV, thus making people with Sexually Transmitted Infections (STIs) more vulnerable to HIV and transmitting the disease (HSRC, 2005:2,141). It is further argued that the key to fighting HIV is identifying and treating people with ST infections as soon as possible (Van Dyk, 2001:49).

2.2.8 Co-factor theory

The "co-factor theory" emphasises that many factors influence the progression and development of AIDS in an HIV infected person. These factors include (Mabece, 2002:13; Goliath, 2001:12):

- excessive use of substances, such as drugs, alcohol and cigarettes;
- prolonged stress;
- chronic illnesses;
- poor nutrition; and
- pregnancy. Mabece (2002:13) and Goliath (2001:12) state that during pregnancy the body's immune system is further compromised, thereby causing rapid acceleration to full-blown AIDS.

2.2.9 Prevention

Although much research has focused on finding a *cure* for HIV, no known medical cure has been found (Tadhuvana, 2005:16; Mabece, 2002:14). However, there have been some key developments in the medical treatment for HIV and AIDS. HIV and AIDS has often been described as a social disease, since the only way to stop the spread of HIV is by changing people's risky behaviour or lifestyle in order to prevent the transmission of the virus (Granich & Mermin, 2001:7,8; Carr-Hill, *et al.*, 2000:vi; Ng'weshemi, Boerma, Bennett and Schapink, 1997:69).

Some of the common approaches to the prevention of HIV and AIDS in changing people's behaviour include (Tadhuvana, 2005:16,17; Mabece, 2002:15):

- abstinence, which involves abstaining from sexual encounters before marriage. The benefits of abstinence include building relationships based on honesty, trust and respect, as well as the prevention of STIs, unwanted pregnancies, and abortions;

- monogamous relationships and being faithful to one partner;
- using condoms consistently and carefully. Research indicates that children are becoming sexually active at a younger age (HSRC, 2005:35; Tadhuvana, 2005:19). Therefore, c*ondom use* is essential for the promotion of safer sex, because it is a safe and effective contraception method. Furthermore, it prevents unwanted pregnancies, STIs, and HIV and AIDS;
- managing STIs well;
- avoiding the use of sharing needles or unsterilised instruments.

2.3 Incidence and prevalence of HIV and AIDS

2.3.1 Impact of HIV and AIDS globally and in Africa

More than three-quarters of the people infected with HIV in the world can be found in Africa, making it a major threat to the survival and development of many African societies. An alarming statistic is that altogether 2.1 million children are living with HIV, of which 1.9 million can be found in Sub-Saharan Africa (Niang, *et* al., 2006:424). Eighty percent of the world's orphans live in Sub-Saharan Africa (Shisana & Louw, 2006:452).

It is estimated that 2.4 million AIDS-related deaths have occurred in Sub-Saharan Africa among the 3.1 million world-wide and that 12 million children have already lost either one or both parents to the disease. It is further anticipated that by 2010, Africa will have 18 million AIDS orphans, one in five children of school-going age will be orphaned, and life expectancy will decline as more children acquire HIV (Niang, *et al.,* 2006:424; Desmond & Gow, 2002:1,47).

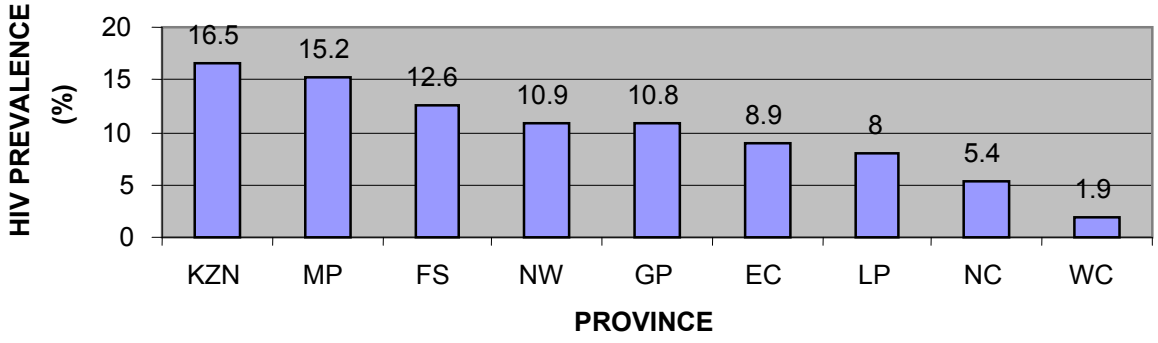
2.4 Incidence and prevalence of HIV and AIDS in South Africa

The incidence and prevalence of HIV in South Africa, specifically the Eastern Cape, will be discussed in this section.

2.4.1 Prevalence

A survey conducted by the Human Sciences Research Council (HSRC, 2005:45) established an overall infection rate of 10,8% (4.8 million) people aged two years and older in 2005, which is similar to the prevalence level of 11,4% recorded in 2002. However, this figure excludes children below two years of age and people living in universities, hostels, hospital patients and the Army, where infection rates may be high (HSRC, 2005:45). The HIV prevalence among young adults in the 15 to 49 age group in South Africa increased from 15,6% in 2002 to 16,2% in 2005 (HSRC, 2005:45). Among South African children aged 2 to 14 years, 3,3% were found to be HIV positive (HSRC, 2005:45).

FIGURE 2.1: HIV PREVALENCE (%) AMONG PERSONS 2 YEARS AND ABOVE BY PROVINCE (SOUTH AFRICA 2005)



(Source: HSRC, 2005:35)

Figure 2.1 shows the HIV prevalence rates in the nine provinces of South Africa. KwaZulu-Natal, Mpumalanga and the Free State have the highest overall HIV prevalence in the country. The lowest HIV prevalence is in the Northern and Western Cape. Research findings suggest that people in the age group 14 to 49 years that live in informal settlements have the highest HIV prevalence (25,8%), with rural informal areas following (17,3%), while a rate of 13,9% has been recorded in urban formal and rural formal areas (HSRC, 2005:35,46).

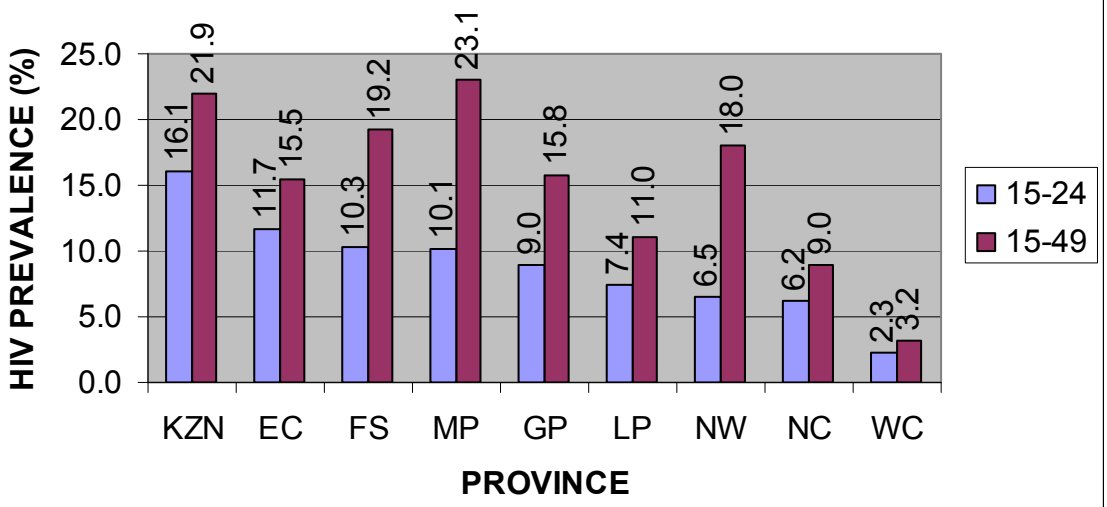
TABLE 2.2: HIV PREVALENCE AMONG RESPONDENTS AGED 2 YEARS AND OLDER BY RACE (SOUTH AFRICA 2005)

RACE GROUP	HIV PREVALENCE (%)
African	13,3
White	0,6
Coloured	1,9
Indian	1,6

(Source: HSRC, 2005:36)

Table 2.2 illustrates that, although HIV and AIDS affect all race groups, the HIV prevalence among Africans is higher (13,3%) in relation to other races, which is less than 2%. Research has concluded that race represents different socio-economic conditions and contexts that impact on the risk of HIV infection (HSRC, 2005:46).

FIGURE 2.3: HIV PREVALENCE AMONG PERSONS AGED 15-24 AND 15-49 YEARS BY PROVINCE (SOUTH AFRICA 2005)



(Source: HSRC, 2005:37,39)

Figure 2.3 shows that, at 16,1 %, KwaZulu-Natal has the highest prevalence rate for the 15 to 24 age group, followed by the Eastern Cape (11,7 %). In the 15 to 49 years age group, Mpumalanga has the highest prevalence figure, followed by KwaZulu-Natal.

2.4.2 Incidence

HIV incidence refers to the point estimate of current exposure to HIV, while prevalence refers to the result of increasing exposures to HIV that have occurred recently and in the past (HSRC, 2005:49). The HSRC (2005:49) describes the *incidence* patterns as being similar to the HIV prevalence figures. Furthermore, an incidence of 3,4% was found in the African race group, while the incidence in other race groups was less than 1%.

People living in urban informal settlements have the highest incidence level of all. Mpumalanga (4,2 %), Free State (3,4 %), and KwaZulu-Natal (3,8 %) have recorded the highest incidence levels, while the Northern Cape (0,5 %) and Western Cape (0,9 %) have the lowest incidence in the age group two years and older (HSRC, 2005:49).

Incidence among *children* aged two to nine years amounted to seven out of eleven recent infections, indicating the source of infection as questionable, since mother-to-child transmission can be ruled out (HSRC, 2005:49,50). It was found in 2005 that 6 % of all recent HIV infections in South Africa occurred in children aged 2-14 years. The source of infection can be linked to infection through sexual abuse: many children in South Africa are left unsupervised for lengthy periods of time and many travel long distances to and from school unsupervised, while children are often sent alone to perform errands (HSRC, 2005:135,142).

Research has also concluded that children are at high risk because they are becoming sexually active at an increasingly younger age. In addition, multiple sexual partners and an increase in sexual relationships between the youth and older partners increase the risk of infection for younger children (HRSC, 2005:135,142). New trends indicate that females and teenage girls have a five times higher HIV incidence than males (HSRC, 2005:50; Vandemoortele & Delamonica, 2002:11).

2.4.3 HIV and AIDS in Eastern Cape

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

A further breakdown indicates that in 2005, the OR Tambo District (33,8 %) had the highest HIV prevalence, followed by Nelson Mandela Bay (32,9 %), the Amatole District (30,7 %), and the Chris Hani District (30,3 %), while the Cacadu District had the lowest HIV prevalence (13,1 %) (ECDH, 2006:14). In previous years, findings indicated that Nelson Mandela Bay has had the highest HIV prevalence, as compared to the other districts (ECDH, 2006:15).

The findings of the survey indicate that HIV prevalence among *learners* at school are high: 33,3 % among Grade 11-12 learners; 27,9 % among Grade 8-10 learners; and 23% among learners below Grade 6 (ECDH, 2006:16). The percentage of HIV infected learners below 20 years of age has declined marginally from 13,5 % in 2004 to 13,3 % in 2005 (ECDH, 2006:15). In 2005, reports indicated *teenage pregnancies* in the Eastern Cape at over 3 720 (Gonyela, 2006). The results reflected above are disturbing and confirm an urgent need for immediate intervention to curb the spread of the disease and to counteract the challenges the Province faces as a result of HIV and AIDS.

2.5 Determinants of spread of HIV and AIDS in South Africa

South Africa is still a new democracy, trying to address the backlogs of the past apartheid regime, such as equal access to education, poverty alleviation, provision of basic needs, and creating a sustainable economy (Pembrey, 2006:1,2). At the same time, the country is experiencing the fastest growth rate of HIV and AIDS in the world (Pembrey, 2006:1). By the end of 2005, five and a half million South Africans were living with HIV, with about 1 000 deaths occurring daily (Pembrey, 2006:1). There are many factors that have lead to the serious impact of HIV and AIDS in South Africa, as presented below.

2.5.1 Poverty and economic factors

The high levels of poverty and unemployment, disparities between the rich and poor, and limited access to education, sanitation and anti-retroviral treatment have contributed to vast numbers of South Africans becoming *vulnerable* to HIV and AIDS (Niang, *et al.*, 2006:428). Many people have consequently become involved in risk-taking sexual behaviour for economic needs, acceptance or enjoyment (Campbell, Foulis, Maimane, Sibiya, 2005:473,477; Kelly, 2002:35; Goliath, 2001:20).

This theory is further supported by the high levels of HIV infection in informal settlements and rural areas, where *poverty* and illiteracy rates are very high (HSRC,

2005:46; Vandemoortele & Delamonica, 2002:11). Niang, *et al.* (2006:428) argue that the feminisation of HIV correlates with the feminisation of poverty and strengthens gender inequality and gender violence. Poor infrastructures have also made it difficult for marginalised poverty-stricken people, particularly the youth and women, to be reached (Sachs, 2002:53).

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

A study in South Africa has established that poor HIV affected households are reducing spending on basic necessities, such as clothing and electricity, with approximately fifty percent of households reporting not having food at times (Fredriksson & Kanabus, 2006:2). A decrease in household income, compounded by additional healthcare related expenses in caring for infected family members and funeral costs, force households further into *poverty*, with no money to spend on education. This shift in spending due to HIV and AIDS has resulted in a deterioration of the quality of education and an increase in the school's drop-out rate among orphans and people living with HIV and AIDS (Fredriksson & Kanabus, 2006:2; Niang, *et al.*, 2006:424; Kelly, 2002:29). Other *factors* such as poor educational and healthcare systems, illiteracy, untreated sexually transmitted infections, and the lack of information about HIV and AIDS, have all contributed to the spread of the pandemic in South Africa (Mabece, 2002:2).

2.5.2 Gender factors

According to Kelly (2002:35), "different standards exist for different genders". Through the *socialisation* process, boys are taught to be tough and bold, while girls are taught to

be subservient to men (Madiba, 2004:11; Kelly, 2002:35). Men are culturally and socially encouraged to be promiscuous, while women are encouraged to be pure, thus making young girls unable to negotiate safer sex and putting them at a higher risk of infection (Madiba, 2004:11).

Women and young girls in South Africa have been victims of "triple oppression", on the basis of race, class, and gender (Pembrey, 2006:8). Many women face challenges such as violence and abuse, poverty, and health issues. They are stigmatised and discriminated against more than men regarding the pandemic (Department of Health, 2006:2, Niang, *et al.,* 2006:430,431). Campbell, *et al.* (2005:473,477) reiterate that in their poverty, many girls depend on sexual partners for financial gains and are powerless to negotiate safer sex; others are even willing to risk HIV infection in order to have a baby and qualify for a child support grant. Some girls will engage in sex just to secure their relationship with their boyfriend, which places them at a greater risk of contracting the virus. Many women are still vulnerable to sexual abuse in South Africa, despite the spotlight on sexual abuse, gender equality, and the status and rights of women (Desmond & Gow, 2002:11).

Traditional attitudes towards male-female relationships make it difficult for women to protect themselves against abuse and to gain financial and personal independence. Many women are powerless to insist on fidelity or condom use from their partners. In the traditional South African family, women are often financially dependent on their spouses. Another concern is that many young men become reckless in their sexual behaviour when they learn of their HIV positive status, and continue engaging in unprotected sex (Niang, *et al.,* 2006:429; Goliath, 2001:21).

There is still much social resistance to the use of condoms (HSRC, 2005:71). Condoms are not popular in *Africa*: Rwandans believe that the flow of fluids during sexual intercourse represents the swapping of "gifts of self" (Van Dyk, 2001:122). In South Africa, some women fear that condoms may remain behind after sexual intercourse and eventually move up to their throat, choking them. Some people believe it inhibits

pleasure and interferes in the development of the foetus (Van Dyk, 2001:121,123). Some men believe it is unmanly and smelly; while many women feel disempowered to ask their partners to use condoms (Tadhuvana, 2005:20).

2.5.3 Social factors

Exposure to drugs and alcohol, unsafe and unsupervised areas, and *risky environments* in the home, school and the community also contribute to an increased HIV risk among children (HSRC, 2005:2,115). Buchel and Hoberg (2006:20) agree that high HIV infection rates can be attributed to substance and sexual abuse in schools and communities, which advances risky sexual behaviour. Ogina (2003:61,62) confirms that certain population groups, such as women, those in poverty and immoral people have been identified as risk groups, based on their "sexual lifestyle". It is important to identify risky sexual behaviour, as well as the social, cultural and economic context of that behaviour (Granich & Mermin, 2001:7,8; Ng'weshemi, *et* al., 1997:69; Carr-Hill, *et al.*, 2000:vi). The media is awash with sexualising advertisements in which women are presented as objects of pleasure, which further increases young people's susceptibility to HIV and AIDS (Tadhuvana, 2005:17).

The breakdown in the *family* unit as a result of apartheid and the migrant labour system has followed on the separation of people from their families for the sake of employment. Therefore, migration is seen as a risk factor for HIV and STIs, because it exposes both the "mover" and the "stayer" to transmission and infection (HSRC, 2005:1; Goliath, 2001:20). Research indicates that labour migration is also associated with an increase in urbanisation and informal settlements, where HIV prevalence rates are high (HSRC, 2005:1). Sex workers and long-distance truck drivers have been identified as high-risk groups in the spread of the pandemic (HSRC, 2005:2).

Research has concluded that the growing number of *child-headed* households can be associated with an increase in the number of orphans, and that three-quarters of child-headed households are run by girls (HSRC, 2005:125). Consequently, HIV and AIDS have

impacted on the structure of households and communities, since children are forced to take on adult roles in earning an income and caring for younger siblings, resulting in a drastic increase in the number of child-headed households.

2.5.4 Cultural factors

Cultural circumstances can slow down or accelerate HIV infection rates. For example, religion can serve to promote fidelity and abstinence before marriage among believers (HSRC, 2005:2). Approximately eighty percent of people in Africa consult traditional healers and use traditional medicines (Pembrey, 2006:3). Madiba (2004:5) and Kelly (2002:34) emphasise that c*ulture* and traditions play an important role in either influencing or preventing high-risk sexual behaviour and HIV and AIDS among individuals. Many cultures are conservative in their customs and practices and tend to resist change and are therefore slow to implement cultural changes relating to safer sexual practices and HIV and AIDS (Madiba, 2004:1,8). Therefore, it is important that traditional leaders be educated about the risks of the disease so that they can advise their followers to abstain from dangerous practices. It is therefore important to consider the positive role that traditional leaders can play in the prevention of the disease (Kelly, 2002:34; Van Dyk, 2001:129).

Various traditional *practices* have influenced the spread of HIV and AIDS, such as widow inheritance and widow cleansing. Widow inheritance is a custom in terms of which the brother of the deceased inherits the wife, and widow cleansing occurs when the widow has to have sex with a relative of the deceased to cleanse her of her husband's spirit (Van Dyk, 2001:129). The following traditional practices have also contributed to the spread of the pandemic: wife sharing; polygamy; the impregnation of a sterile brother's wife; female circumcision; the practice of "dry sex" by African women to heighten sexual sensation for men; and virginity, virility and fertility testing (Van Dyk, 2001:129,130).

Many cultures in *Africa* have adopted a "culture of silence" concerning sexual issues that prevent men and women from acquiring important information about the pandemic (Bah, 2004:4; Madiba, 2004:11). Traditional Africans perceive illness as being caused by dissonance between a person and his/her ancestors, God, witches, natural causes, or a breakdown in relationships (Van Dyk, 2001:112). Witchcraft is believed to be the main cause of HIV transmission in many African countries, especially in the poor rural areas. It is this belief that assists many affected families in avoiding stigmatisation by the community, and it also allows HIV patients to feel supported, because it is believed that the cause of infection was "beyond their control" (Kelly, 2002:34; Van Dyk, 2001:113,114). However, the negative implication of this belief is that individuals do not take responsibility for their behaviour and do not take preventative steps to stop the spread of the disease (Van Dyk, 2001:113,114).

2.5.5 Political factors

The South African government has been accused of being slow in responding to the HIV and AIDS pandemic, and too focused on the health aspect. Even though the first national antenatal HIV research conducted in 1990 found that 74 000 to 120 000 (0,8%) pregnant women were living with HIV in South Africa, no prevention policies and strategies were advocated. Government's first attempt to develop a national strategy to cope with AIDS occurred in 1992, ten years after the first recorded AIDS case in South Africa (Pembrey, 2006:1,2). However, Government's AIDS plan has been condemned as being poorly structured.

In 1998, the Health Department reported that 1 500 HIV infections were occurring daily. However, it was only in 2003 that the government approved a plan to make anti-retroviral treatment publicly available. By 2005, the HIV prevalence rate among pregnant women had escalated to an alarming 32,2 % (Pembrey, 2006:1,2). It became evident that the Government's AIDS plan was weak and that a more open, co-ordinated and flexible multi-sectoral approach was needed (Department of Health, 2006:10,41; Niang, *et al.,* 2006:433).

Many people believe that the HIV and AIDS response in South Africa has been hindered by 'AIDS denialism' among top political leaders, who have heightened the climate of ignorance and confusion with their views and reversed years of awareness development regarding the pandemic: President Thabo Mbeki constantly denies that HIV is the cause of AIDS. The President and Health Minister Manto Tshabalala-Msimang consistently emphasise the value of a healthy diet and eating plenty of garlic and beetroot to fight off the illness, which downplays the significance of anti-retrovirals (Pembrey, 2006:6,7). Former Deputy President Jacob Zuma admitted having unprotected consensual sex with a HIV positive woman, and that he showered after having had intercourse with her, in the belief that it would minimise his chances of infection (Pembrey, 2006:6,7).

2.6 Impact of HIV and AIDS on education in South Africa

HIV and AIDS have negatively affected the education sector on numerous levels, as discussed below.

2.6.1 HIV and AIDS are decreasing the demand for education

Children are greatly affected, physically, emotionally and psychologically, by the pandemic (Shisana & Louw, 2006:452; Carr-Hill, *et al*., 2000:3). They are living in households in which family members are HIV positive; or they are orphaned by HIV and AIDS; or they themselves are HIV positive. Many children are faced with challenges that reduce their chances of access to education, either temporarily or permanently. The reasons why so many children (especially girls) are withdrawn from school, can be attributed to (Desmond & Gow, 2002:16):

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

- Children have to take care of HIV and AIDS infected family members and perform many household duties and chores;
- Children have to work to sustain their families and are likely to become victims of sexual exploitation for personal survival;
- The medical treatment of infected children are often neglected.

2.6.1.1 Children are experiencing personal trauma as a result of the pandemic

According to Mokgatle and Madiba (2004:4) and Badcock-Walters & Görgens (2001:43), many children infected and affected by HIV and AIDS experience trauma; due to the loss of loved ones; poverty; stigma and discrimination. In addition, such children are taunted and ostracised by other learners and have to deal with the insensitivity of others, also of their educators. As a result, these learners experience *feelings* of despair, anxiety, depression, confusion and insecurity, which are often associated with their added responsibilities and duties at home. Therefore, many children will need care and support to help them cope with the emotional, psychological, social and economic impact of HIV and AIDS (Goliath, 2001:26,27).

Many orphaned children do not have the opportunity to go through a proper *grieving* process, because they may be separated from their siblings; they may be living with relatives in poverty; they may often be hungry and fatigued; or they may be abused. These situations have resulted in a low morale and poor performance among such learners at school, and it is essential that these children be given the opportunity to grieve and be counselled about their emotions and fears (Ramakau, 2005:30; Department of Education, 2003:45).

The impact of HIV and AIDS on education requires *educators* to be more sensitive and empathetic to children from affected families (Carr-Hill, *et al*., 2000:7). Therefore, schools need to provide the emotional support and reassurance these children need about any uncertainties they may have about life, and educators must be equipped to provide psychological and emotional support to people living with HIV and AIDS.

Consequently, teacher training universities will need to review their curricula and the role of educators to meet these new challenges (Carr-Hill, *et al.*, 2000:7).

2.6.1.2 Children are emotionally vulnerable as a result of HIV and AIDS

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

2.6.1.3 Drop-out rate of learners is escalating

The *drop-out rate* of learners is expected to increase, due to the temporary and permanent absence of educators and the loss of teaching time as a result of HIV and AIDS (Carr-Hill, *et al*., 2000:7,8). Poverty, the relocation of orphans, children who fall sick, and children in child-headed households will also lead to an increased number of learners (especially girls) being forced to drop out of school or move to new schools (Shisana & Louw, 2006:453; Carr-Hill, *et al*., 2000:7,8). This will adversely affect the enrolment, retention and completion rates of learners in school. Furthermore, the transition rate of learners from high school to tertiary institutions and the level of education of learners entering the labour market will also be affected (Mokgatle & Madiba, 2004:4; Desmond & Gow, 2002:16,17; Bridgraj, 2000:9).

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

attempt to avoid sexual abuse and sexual violence at school, many learners simply drop out of school.

2.6.1.4 HIV and AIDS cause a decline in enrolment

According to Desmond and Gow (2002:16,17) and Ramakau (2005:26), HIV and AIDS are broadening the gap between boys and girls in the school system, since girls are the first to be withdrawn from school to take care of infected relatives or to drop out of school if the family cannot afford school fees. The *decline* in *enrolment* will result in the reversal in the improvement in matriculation rates and a decline in Grade 1 enrolments, creating an overall decline in the demand for formal education, since children are not staying long enough in the education system (Bundy, *et al*., 2002:7; Desmond & Gow, 2002:16).

The reduction in the number of learners attending school will have a negative effect on HIV prevention and UNESCO's Education for All (EFA) programme, because the children that need HIV prevention education the most, are the ones less likely to receive it, and the EFA goals will not be achieved. The EFA goals of free and compulsory basic education for vulnerable and disadvantaged children and the elimination of gender disparities will be compromised seriously by HIV and AIDS (Fredriksson & Kanabus, 2006:4; Mokgatle & Madiba, 2004:2; Badcock-Walters & Görgens, 2001:37; Carr-Hill, *et al.*, 2000:1).

2.6.2 HIV and AIDS are decreasing supply of education

2.6.2.1 HIV and AIDS result in shortage of educators

According to Lorgat (2006:3), there is a *global shortage* of trained educators, with Sub-Saharan Africa and South West Africa being the worst affected. This can be attributed to the rise in fatalities among educators, the increasing risk of HIV infection in schools, and the challenges of including HIV and AIDS in the curriculum (Kelly, 2002:29).

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

In South Africa, the permanent loss of *educators* through death, illness, relocation and employment change, as a result of HIV and AIDS, will further increase the attrition rates in the education sector (Kelly, 2002:29). Therefore, it is estimated that by 2010, 60 000 educators will be required to maintain current educator-learner ratios, and universities will have to increase their intake to meet this demand (Desmond & Gow, 2002:17).

Bridgraj (2000:9) contends that HIV and AIDS are destroying the higher education structure in South Africa, since many HIV positive students are unable to complete their graduate studies. Those who remain healthy, may find themselves left without academic teaching staff. Moreover, universities will be weakened financially by increased staff overheads and student intake will be reduced, since the highest HIV prevalence figures are found in the age group 15 to 25 years (Bridgraj, 2000:9).

Research on HIV and AIDS among educators by the Educators Labour Relations Council (ELRC) (2005:2) has concluded that 12,7% of educators are HIV positive. In

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

2.6.2.2 Educator absenteeism increases due to HIV and AIDS pandemic

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

2.6.3 HIV and AIDS are decreasing quality of education

HIV and AIDS are affecting the *quality* of *education* as a result of the lack of motivation of educators; the irregular attendance of educators and learners; and poor performance by and the ill health of both educators and learners (Mokgatle & Madiba, 2004:3; Desmond & Gow, 2002:17). In addition, many schools are faced with overcrowded classrooms, an outdated curriculum, a lack of teaching resources, and the loss of professional and experienced staff due to HIV and AIDS. These factors lead to constant interruptions and a drastic reduction in teaching and learning time, which diminish the quality of education (Mokgatle & Madiba, 2004:3; Desmond & Gow, 2002:17).

The *process* of teaching and learning is seen as the key to social, cultural and political participation, as well as personal economic empowerment, which will lead to the development of a democratic society (Desmond & Gow, 2002:15). Therefore, the curriculum must be restructured to accommodate the needs of orphans and those living in poverty and with HIV and AIDS.

According to Pillay (2005:1,3) and Carr-Hill, *et al.* (2000:4), the HIV and AIDS pandemic has implications for the content of the *curriculum* and the *role* of education. Therefore, the South African curriculum needs to address the needs of learners and the goals of society. Furthermore, issues such as poverty, gender inequality, race and HIV and AIDS have to be addressed to instil the moral values and knowledge in learners essential in reducing HIV and AIDS (Pillay, 2005:1,3).

2.6.4 HIV and AIDS are negatively affecting education sector costs

HIV and AIDS drastically increase education *sector costs*, since the pandemic affects the supply of education, which imposes increased overhead costs on the education sector (Mokgatle & Madiba, 2004:3; Bundy, *et al.*, 2002:8). The Government budget for the education sector will have to include increased *direct* costs, such as increased benefits (anti-retroviral treatments and high medical costs); the costs of recruiting and training replacement and substitute staff; and 'double payment'. "Double payment" relates to the costs government still have to pay educators and staff who are officially absent or on leave, as well as paying for replacements and the training of additional staff (Ramakau, 2005:25).

Indirect costs to the Department of Education include loss of productivity due to the high rate of absenteeism, poor work performance among employees due to illness on the job, and the loss of skilled and experienced educators and administrative staff due to the pandemic. The pandemic's intangible costs to the education sector will have an impact on the economic growth and the global competitiveness of South Africa (Mokgatle & Madiba, 2004:3; Bundy, *et al.*, 2002:8; Kelly, 2002:29).

2.7 Overview and nature of HIV and AIDS prevention initiatives in South Africa

The first reaction to HIV and AIDS was mainly related to a concern for the health sector. However, it has since been realised that HIV and AIDS is not a health issue only, but also an educational management challenge. Based on the magnitude of HIV and AIDS, a multi-sectoral approach was identified as the most effective response to reach as many people as possible, including the youth and women, the poor, orphans, and those living with HIV and AIDS, and also promote safe sexual behaviour and reduce HIV and STI transmission (Department of Health, 2006:10,41; Badcock-Walters & Görgens, 2001:31,40; Ng'weshemi, *et al.*, 1997:23).

This multi-sectoral approach encourages integration among the various government departments, schools, universities, cultural and religious organisations, and marginalized groups, and promotes the continuation and success of HIV and AIDS programmes (Department of Health, 2006:10,41; Niang, *et al.,* 2006:433; Badcock-Walters & Görgens, 2001:44; Ng'weshemi, *et al.*, 1997:23). Therefore, Government and Non-Governmental Organisations (NGOs) in South Africa have addressed three key areas: firstly, information; secondly, education and communication; and thirdly, peer education and risk reduction (Peltzer & Promtussananon, 2003b:826).

Ng'weshemi, *et al.* (1997:165,166) agree and outline that four prerequisites can be identified as the key to healthy behavioural change:

- building basic knowledge about sex, HIV and AIDS, STI transmission, and the role of peer pressure in behavioural change;
- developing an understanding of risk behaviour amongst the youth;
- developing a respect for social norms and social acceptance among the youth;
- establishing feelings of self-esteem and confidence, to be able to negotiate safer sex.

Various prevention *initiatives* in South Africa have targeted the youth, since they make up the largest proportion of HIV infections in South Africa (Pembrey, 2006:5). The aim of these interventions is to reduce teenage pregnancy rates and HIV and sexually transmitted infections, and to promote voluntary counselling and testing, so that further infections can be prevented and individuals can receive proper treatment. However, some of these campaigns have been criticised for sexualising the pandemic and being ineffective (Pembrey, 2006:4,6). The HSRC (2005:136) also argues that despite the large number of public AIDS awareness and education programmes launched in South Africa, many people are still ignorant about the basic facts surrounding HIV and AIDS, due to illiteracy. In addition, many initiatives place too much emphasis on the youth and neglect people older than 50, people living in rural areas, and the white population (HSRC, 2005:136).

2.7.1 National policy on HIV and AIDS

School-based HIV prevention interventions have been a major strategy for increasing learners' HIV knowledge and prevention behaviours (Peltzer & Promtussananon, 2003a:350). A national life skills programme was launched by the Department of Education and Health in 1997/1998 (Peltzer & Promtussananon, 2003a:350). The aim of this was to increase knowledge and develop skills, and promote positive and responsible behaviours, such as delaying the sexual debut, abstinence or having protected sex only. More importantly, the aim was to provide motivational support to learners, identify and mobilise resources within the community, and acknowledge the need to care for people living with HIV and AIDS (Peltzer & Promtussananon, 2003a:350).

In 1999, the Department of Education introduced a Draft Policy to address the HIV and AIDS crisis faced by learners and educators in South Africa, aimed at raising awareness about the pandemic and preventing discrimination against people living with HIV and AIDS. However, the policy had a limited effect only, because of its prescriptive approach

and a lack of commitment by the majority of school principals to the programme (Ogina, 2003:3; Van der Merwe, *et al.*, 1999:111).

In 2000, the Department of Education issued Guidelines for Educators to assist them with the HIV and AIDS crisis (Qotoyi, 2003:iii; Mabece, 2002:35; Department of Education, 2000). These guidelines were introduced to urge and assist educators to implement HIV and AIDS awareness and prevention programmes as part of Outcomes Based Education (OBE) (Mabece, 2002:35), such as how to implement universally applied infection control measures to manage accidents and injuries; how to prevent the risk of transmission; and how to build a non-discriminatory culture towards people living with HIV and AIDS (Department of Education, 2000). The guidelines also recommended that schools develop their own HIV and AIDS policies to address the culture of violence in their midst and to ensure the safety of learners against such violence and abuse (Department of Education, 2000). Furthermore, they emphasised that schools need to address the misconduct and disciplinary issues around the problem of sexual relations between educators and learners (Department of Education, 2000). Importantly, the guidelines outlined how to support and care for sick learners and educators at school, so that they can remain productive within the school system for as long as possible (Smart, 2006:6,18).

2.7.2 Barriers to HIV and AIDS education in schools

Campbell, *et al.* (2005:1) emphasise that HIV prevention efforts must be supported by the social environment to be truly effective. The effectiveness of education programmes are often prejudiced by various factors: children most in need of such education become drop-outs and then cannot be reached; educators serve as negative role models and are uncommitted, inflexible and poorly informed. In addition, educators lack resources and are not motivated. A lack of skills training; neglect of cultural and gender issues; the short duration of interventions; and lack of community involvement in interventions in changing people's norms and beliefs are also barriers to HIV and AIDS education in schools (Setswe, 2006:480; HSRC, 2005:140,143). Many educators, principals and

parents feel that sexual education encourages early sexual activity and experimentation and other risky behaviour (HSRC, 2004:70,71; Peltzer & Promtussananon, 2003a:354,355; Bundy, *et al.*, 2002:13).

2.7.3 Education as a "social vaccine"

In many countries, a "wall of silence" still exists relating to HIV and AIDS, thus fuelling the "four allies" that make the disease so prevalent in many developing countries (Vandemoortele & Delamonica, 2002:7). Vandemoortele and Delamonica (2002:7) describe these four allies as the "4 S's", namely stigma; shame; silence; and superstition, which all thrive on ignorance and illiteracy. Vandemoortele and Delamonica (2002:6,11) argue that HIV and AIDS thrive amongst the poor, ignorant and illiterate and that there is an urgent need for attaining universal primary education to equip them with the essential capabilities to protect themselves against HIV infection. Therefore, the authors conclude that in the absence of a cure, education can be seen as a powerful "*social vaccine*" for slowing down or reversing the transmission of HIV and AIDS and changing people's behaviour to become more morally and socially acceptable (UNAIDS, 2003:3).

Education will equip learners to make healthy decisions concerning their own lives, so that they will adopt long-term healthy and safe behaviour and economic and personal independence, in order to become or remain productive members of society and reverse the spread of the disease (Department of Health, 2006:6; Fredriksson & Kanabus, 2006:4,6; Bundy, *et al.*, 2002:5; Kelly, 2002:28; Badcock-Walters & Görgens, 2001:39; Granich & Mermin, 2001:7,8; Ng'weshemi, *et al.*, 2001:69; Carr-Hill, *et al.*, 2000:vi). Evidence shows that HIV infection rates are decreasing among women with education, since education reduces the vulnerability of young girls (Vandemoortele & Delamonica, 2002:12). This means that the education of girls could slow down and reverse the spread of HIV by alleviating poverty and promoting gender equality, female empowerment and an increased awareness of human rights amongst women, which will

lead to their economic, social and democratic independence (Bundy, *et al.*, 2002:5; Vandemoortele & Delamonica, 2002:11).

2.8 Educator as role-player in HIV and AIDS education in schools

The *role of educators* in education and disseminating HIV and AIDS information is essential for the success of school-based initiatives (Peltzer & Promtussananon, 2003a:351). However, educators need to be equipped with the relevant knowledge and skills before they can change people's sexual behaviours. Many educators lack adequate information about the disease and feel that sex and HIV and AIDS education encourages risky behaviour and early sexual activity, while others who do have sufficient knowledge feel uncomfortable about discussing sensitive sexual issues with learners (Peltzer & Promtussananon, 2003a:354,355; Van Dyk, 2001:97). Van Vollenhoven (2003:247) has established that not every South African educator has been trained in respect of HIV and AIDS and according to the National Policy on HIV and AIDS.

Educators who teach HIV and AIDS education and serve as role models need to ensure the following:

- They must be equipped with the relevant knowledge, skills and attitudes to identify learners affected by the pandemic, such as orphaned and vulnerable children, or families who are unable to pay for school fees and uniforms, or children who are hungry and rejected by the community (Department of Education, 2003:5).
- They need to be aware about their own attitudes and prejudices towards HIV and AIDS and display effective decision-making skills, self-respect and self-confidence.
- They must create a positive, safe, friendly environment in which learners will feel empowered and confident to ask questions and free to express their feelings

verbally and through art or drama in an open and supportive environment and in a non-offensive, non-intimidating or non-embarrassing way (Van Dyk, 2001:99).

- They must demonstrate the fact that they care by promoting tolerance, sensitivity, and respect in the classroom, providing academic support to infected and affected learners, and facilitating peer assistance.
- They must teach the learners entrepreneurial skills to help support their families (Department of Education, 2003:52);
- They must assess the learning needs of the group before commencing any educational initiative, so that the content will be age and culture appropriate (Van Dyk, 2001:99). Furthermore, active learner involvement and diversified teaching methods should be encouraged to instil skills, knowledge, attitudes and values in learners (Van Dyk, 2001:193).

2.9 Schools and school principals as role-players in HIV and AIDS

The role of schools and school principals in mitigating the impact of HIV and AIDS will be discussed below:

2.9.1 Schools and the HIV and AIDS pandemic

2.9.1.1 Schools are not HIV risk-free

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

Many schools are faced with the *challenges* caused by the pandemic, such as sick learners with poor self-esteem, accommodating the high number of orphans and vulnerable children, insufficient and demotivated educators, and a high rate of

absenteeism. Schools can no longer depend on communities for healthy learners, due to the increase in unstable families and child-headed households, and the weakened economy (Department of Education, 2003:v,4). Additionally, many schools simply do not have enough resources, and HIV further erodes their ability to deliver quality education, which puts a strain on the entire education system.

Kelly (2002:30,31) emphasises that the way in which schools are structured and managed can increase the risk of HIV infection for learners, educators and the communities in which the schools exist. Firstly, school involvement for children aged five to fourteen is not free of infection, since children attending primary school are of mixed ages, some being more mature than others. As a result, some primary school children are already sexually active and more experienced and informed than others. Secondly, many children do not receive information about sexual issues from their parents, because it is regarded as a taboo subject (Bloch, 2000:9). Therefore, children rely on each other (in and out of school) for information that may not always be correct. Thirdly, school children are in danger of sexual harassment and abuse by known perpetrators in school, or there may be unsafe and unsupervised areas in school, or long walking distances to and from school, thus increasing the risk of infection (HSRC, 2005:136; Kelly, 2002:30,31). Furthermore, the situation at school may intensify the risk of infection, since young girls may exchange sexual favours for money to pay school fees, or for higher academic marks. These factors result in many children becoming infected with HIV and becoming possible carriers of the infection to other school children and educators (Kelly, 2002:30,31).

2.9.1.2 Responsibility of schools in HIV and AIDS education and prevention

Schools need to establish an environment that is conducive for the development of learners' decision-making and communication skills to establish socially acceptable behaviours and a healthy lifestyle (Van Dyk, 2001:99). Schools also need to advocate strategies that will promote social, cultural and political participation, personal and economic empowerment, improve prevention and awareness of the disease, reduce

infection and stigmatisation, and formulate an appropriate HIV and AIDS policy (Ramakau, 2005:10). Schools have a major role to play to combat the devastating impact HIV and AIDS has on education, due to the fact that a huge number of learners attend school and educators have an exceptional opportunity to change the mindsets of many young learners about sexual behaviour and relationships.

❖ AIDS education and prevention in schools

According to Kelly (2002:28), HIV and AIDS have drastically changed the world of education, in terms of composition, frameworks and programmes. Whenever there is a crisis within society that affects the youth, the focus turns to what schools are doing about it (Kelly, 2002:28). In relation to HIV and AIDS, schools are expected to provide information, instil values, and promote acceptable behaviours that will prevent the spread of the pandemic.

Schools need to make the HIV and AIDS catastrophe the core of the whole school development plan. There are a number of ways in which schools can prevent the spread of HIV infection among learners and educators (Campbell, *et al.,* 2005:473,477; Tadhuvana, 2005:22; Department of Education, 2003:23,24; Mokgatle & Madiba, 2004:6; Mabece, 2002:25):

- Schools can promote prevention by integrating knowledge into the curriculum and providing up-to-date HIV and AIDS information. It is also imperative to educate learners about good nutrition, hygiene, a healthy lifestyle and sexual risks and sexual health.
- Life skills programmes must be aimed at developing learners' (especially girls') decision-making and negotiation skills and their self-confidence, so that unwanted pregnancies, STIs and substance abuse can be avoided (Tadhuvana, 2005:22). Learners need to understand the importance of building relationships based on mutual trust and respect, as well as instilling acceptable moral and

social behaviours and values in learners (Campbell, *et al.*, 2005:473,477; Mabece, 2002:27,28).

- South Africa has a highly diverse society, therefore it is important for schools to consider the role of cultural beliefs in HIV and AIDS education and to address any misconceptions and attitudes that people may have towards HIV and AIDS prevention programmes (Kelly, 2002:34; Van Dyk, 2001:112). This will also reduce any resistance from community and religious leaders.
- Issues such as gender disparities must be addressed in AIDS education programmes (Kelly, 2002:35).
- HIV and AIDS education and awareness programmes must be introduced at primary school level, reaching learners, orphans and out-of-school youths before they become sexually active and before they drop out of school (Bundy, *et al.*, 2002:9,12). Schools must implement frameworks that involve sound health policies, a safe and healthy environment, skills-based health education, and access to health services at all schools, including information about sex and HIV and AIDS.
- Peer culture could serve as a substitute for the support and guidance parents and educators fail to provide. Peer education is a powerful means to influence the youth, and it is therefore essential that schools facilitate peer education. Using young people in and out of school as educators is invaluable, since it recognises their creative energy and ability to be role models, and establishes peer group support for sustaining safe behaviour and preventing unsafe behaviour. It must also be borne in mind that peer influence (youth solidarity) can undermine the effectiveness of HIV programmes (Campbell, *et al.,* 2005:473,477; Bundy, *et al.*, 2002:9,12).
- AIDS prevention initiatives must address any irrational fears so that any human rights abuses, such as stigmatisation, rejection, isolation and discrimination, at school can be prevented. Addressing these fears will also promote care and support for HIV and AIDS sufferers (Campbell, *et al.,* 2005:473,477; Tadhuvana, 2005:14).

- Schools need to ensure that there are no unsupervised areas on their premises where drug abuse, bullying, sexual harassment, molestation or rape can take place.
- Schools need to ensure that *universal precautions* are adhered to, such as: treating all blood handled as HIV positive and avoiding direct contact with blood and other body fluids; and using gloves or plastic bags to cover one's hands when treating injuries. Importantly, schools should teach children to stem their own bleeding as soon as possible; and infected areas should be cleaned with antiseptic or diluted bleach as soon as possible (Department of Education, 2003:28).
- Schools need to develop partnerships with all stakeholders, in order to build a society in which children can grow up feeling safe, valued and respected, both emotionally and physically. Therefore, community mobilisation and the active involvement of all those infected and affected by the disease are important in reducing resistance.
- Schools need to constantly engage in training new staff and keeping abreast of new developments concerning HIV and AIDS. There is an urgent need to develop multi-skilled educators and management staff, such as counsellors, and to train educators as specialist HIV and AIDS educators.

❖ A HIV and AIDS policy for schools

Schools are at the forefront of structuring the community; therefore they play an important role in empowering learners to become responsible citizens in society, irrespective of their race, gender or status (Sharma, 2005:11). Establishing a school policy for HIV and AIDS is the first step in an effective response to the threat of HIV and AIDS in schools. All schools should have an official HIV and AIDS *policy* in place, formulated and implemented to reinforce the prevention and intervention efforts of the school (Department of Education, 2000). The policy should demonstrate commitment to the traditions, principles and context of the school (Ramakau, 2005:43). A school's HIV and AIDS policy should:

1. serve as a guide for personnel policies, staff development and the admittance of learners (Van der Merwe, *et al.*, 1999:116);
2. respect and protect the human rights of learners and educators. The policy must prohibit compulsory testing and the disclosure of HIV, any form of unfair discrimination and the demotion or dismissal of personnel due to their HIV status (Van Vollenhoven, 2003:242; Van der Merwe, *et al.*, 1999:117);
3. ensure that learners and educators infected and affected are treated and managed fairly and appropriately (Van der Merwe, *et al.*, 1999:115);
4. ensure that a safe, caring, non-discriminatory environment is created at school;
5. include guidelines on universal precautions, blood and fluid handling, and the use of first aid kits (Ogina, 2003:35,36; Department of Education, 2000).

Through constructive collaboration, the school needs to include the wider *community* and all other relevant stakeholders in developing its policy, to promote the concept of informed decision-making (Shisana & Louw, 2006:451,453). HIV and AIDS policies must be strengthened by the cultural values and principles of the communities in which the schools exist. In addition, the strategy must be aligned with the Constitution of South Africa, so that schools do not infringe on the rights of learners and educators and become vulnerable to legal action (Ramakau, 2005:38,42; Van Vollenhoven, 2003:242). The ELRC (2005:3,4) argues that although the education sector was successful in formulating new policies, it failed in implementing these policies.

Van Vollenhoven (2003:246) has concluded from his research that many schools do not have Emergency Guidelines for Educators or an HIV and AIDS policy in place. Additionally, former black schools generally respond more positively towards the pandemic than former white schools, since they do not force disclosure and are willing to support infected and affected staff (Van Vollenhoven, 2003:246). Hartell and Maile (2004:198) have also noted that many schools do not have an own policy on HIV and AIDS, and that a gap exists between policy and implementation regarding the management of the pandemic in schools.

- **Providing care and support for those infected and affected by the pandemic in schools**

It is essential for schools to identify and address the special needs of orphans and vulnerable *children* (Shisana & Louw, 2006:453). Schools can help orphans, vulnerable and poverty-stricken children improve their social and health conditions and cope with emotional problems, as well as provide them with the necessary assistance and skills to earn some money, so that they can survive and remain at school (Shisana & Louw, 2006:451,453; Department of Education, 2003:43). Therefore, it is also essential for schools to facilitate the easy dissemination and enforcement of codes and practices (especially in protecting learners from all forms of abuse), provide long-term support, care and treatment to staff, and provide easy access to voluntary counselling and testing (VCT) for both learners and educators infected and affected by HIV and AIDS.

Research (Hartell & Maile, 2004:198) has classified schools into three types, according to the manner in which they manage HIV and AIDS: firstly, the cautious image-conscious schools, which are protective, supportive, very confidential and non-discriminatory; secondly, the progressive, open-minded schools, which are supportive and have a strong collaborative culture; and thirdly, the unaware schools, which are unsupportive and lack knowledge about legislation and policies relating to HIV and AIDS.

- **Creating safe schools**

Schools must strive to promote a safe and friendly climate, so that effective teaching and learning can take place and the well-being of learners and educators can be promoted in an environment free from discrimination, abuse and violence (Ogina, 2003:35). The school *principal* and the school *governing body* bear responsibility for providing a safe environment that is not harmful to the learner or the educator in any way. School principals must take the necessary measures to ensure safety in all areas

of the school, such as sports fields, playgrounds and classrooms. Misconceptions relating to transmission, fears and the stigmatisation of HIV and AIDS should also be addressed so that learners will feel safe at schools (Ogina, 2003:33,34).

2.9.2 School principals as role-players in combating the pandemic

The traditional and transformational roles of school principals in relation to HIV and AIDS will now be discussed.

2.9.2.1 Traditional role of school principals

Over the past twenty to thirty years, the leadership role of school principals has been greatly transformed, with a move towards greater autonomy and self-management within schools (Botha, 2006:341). In the *past*, school principals simply followed the Department's orders, and little initiative or leadership was expected of them. Bureaucratic school principals believed they were superior in knowledge and occupied a superior position, and tended to become antagonistic when questioned or challenged (Dabula, 2004:16,17). That attitude has become obsolete: some of the key functions of the modern school principal is to plan, direct, co-ordinate, delegate, communicate and motivate (Department of Education, 1997:11; Kroon, 1997:7; Ngcongo, 1995:7,14; Fidler & Bowles, 1991:273).

Williams (1997:11,14) highlights that "the principal remains the kingpin among educators". The principal is the one who makes or breaks a school, that is, the school principal is responsible and accountable for the success, failure and conflict at his or her school. He adds that the role of the principal as an educational manager has become multi-faceted, and that he or she is no longer seen as an "aloof tyrant who sits behind closed doors", but rather as a manager (Williams, 1997:11). The school principal is accountable and responsible for whatever happens in his or her school, and must ensure the smooth running of the day-to-day administration and organisation of the

school (Department of Education, 1997:11; Kroon, 1997:7; Ngcongo, 1995:7,14; Fidler & Bowles, 1991:273).

2.9.2.2 Transformational role of school principals

Ramakau (2005:10) argues that school *principals* are so focused on the teaching and learning process that they fail to recognise the enormous challenges created by HIV and AIDS at their schools. This has resulted in many learners and educators becoming vulnerable and succumbing to the disease. Badcock-Walters and Görgens (2001:40) emphasise that it is no longer "business as usual", indicating an urgent need for schools and school principals to prioritise dealing with HIV and AIDS in their schools. Kelly (2002:28,29) concurs, stating that educational challenges have changed since the emergence of HIV and AIDS, and that the curriculum, methodology, and the role and organisation of school education must also fundamentally change. Consequently, the role of the school principal also has to change to embrace a more managerial and transformational element.

A more participative, consultative, and democratic way of managing schools is encouraged (Botha, 2006:341,342; Dabula, 2004:14). Bush and West-Burnham (1994:25) confirm that educational managers nowadays are moving towards a more rational, caring and positivist approach; an approach that is not absolute, and where social and cultural contexts are considered. School principals now have more authority over what happens in their schools and also have the authority to make immediate decisions (Botha, 2006:341). As school *autonomy* increases, so does the need for a strong support system for new or isolated school principals, since many school principals lack the knowledge and the management, leadership and collaborative skills to implement new policies and practices (Wijngaarden, Mallik & Shaeffer, 2005:4,5).

There is a greater emphasis on *transformational* leadership (Botha, 2006:341; Dabula, 2004:14). Transformational leaders strive to improve their schools by including all stakeholders in the decision-making process; they focus on empowering others, and are

concerned with the sustainability of the school (Botha, 2006:350; Dabula, 2004:15). This shift in leadership requires school principals to exercise leadership abilities that will stimulate colleagues to achieve common goals (vision building) and generate awareness of the mission of the school. School principals are encouraged to show initiative, plan strategically, corroborate and collaborate with all stakeholders, and act as independent 'change agents' to improve their schools (Botha, 2006:341,349; Dabula, 2004:14,15; Williams, 1997:14; Bush & West-Burnham, 1994:30).

Botha (2006:349) lists the novel functions of a school principal as being an "innovator", a leader; a "motivator", motivating and encouraging staff, parents and the community in the decision-making process; a "coach", continuously communicating trust and sharing information with stakeholders; a "change agent", supporting the continuous capacity building of staff; and a "liaison officer", constantly bringing new ideas to the school (Botha, 2006:349).

Good *leadership* and *management* in education is displayed by someone who is people-orientated, a problem-solver, manages conflicts, is flexible, practical and motivational, who delegates responsibilities as a way of empowering staff, and who improves efficiency in an organisation (Bush & West-Burnham, 1994:58,59; Bush, 1989:11). Cawood & Gibbon (1985:46) argue that although a good leader is born with leadership qualities, such as intelligence and aptitude, management and leadership skills, such as decision-making, interpersonal and problem-solving skills, can be studied. Furthermore, as managers, school principals need a sense of purpose and ethics; they need facilitation skills, an understanding of change, context, personal identity and constructivist learning, to be effective leaders (Lambert, Walker, Zimmerman, Cooper, Lambert, Gardner & Slack, 1995:47). Botha (2006:351,352) has established that school principals who have received adequate training in the decision-making process, are generally more successful in improving their schools.

2.9.2.3 Role of school principals in motivating staff

Ngcongo (1995:19) contends that *motivated* educators are the driving force within the school system and are the key determinant in whether or not the school will attain its goals. School principals need to consistently inspire and develop the capacity of their staff, motivate individuals to grow, create learning opportunities, and provide staff with all the support they need.

School principals must be understanding and sympathetic to the needs of staff members, but still remain professional. School principals must involve staff members in the decision-making of the school and must win the trust and respect of staff and learners through setting a good example (Department of Education, 1997:11; Kroon, 1997:7; Ngcongo, 1995:7,14; Fidler & Bowles, 1991:273). Communication through participation and consultation increases staff involvement, encourages effective decision-making, and increases support from staff members for new changes and developments (Fidler & Bowles, 1991:272,273; Bush, 1989:43).

School principals need to include and encourage staff to critically analyse decisions, to set goals, to develop new skills and competencies, and ultimately to improve the holistic performance of the school (Daresh, 2001:93). There is a strong correlation between job satisfaction, absenteeism and labour turnover. Therefore, school principals must constantly *motivate* and support staff members, since motivation has a direct bearing on the performance of the staff members (Nowell & Van der Merwe, 2003:56). Many educators in schools are working under conditions of stress, fear, stigmatisation and prejudice. These conditions create a negative school environment, and cause intense feelings of sadness, anxiety, depression, loneliness and withdrawal by people infected and affected by HIV and AIDS. These feelings serve to erode their social support and network systems, as well as their ability to cope with the effects of the disease. In addition, they disrupt their immune system and negatively affect their health (Nowell & Van der Merwe, 2003:49,50). Therefore, it is crucial that school principals inspire and communicate values to learners and staff (Sharma, 2005:11).

- **Management and leadership role of school principals in relation to HIV and AIDS**

School principals are seen as the most influential people in their schools and also in the broader community in which they function, and could serve as excellent role models in terms of HIV prevention, the reduction of the stigma and discrimination against people living with HIV and AIDS, and support and care for people living with the pandemic (Wijngaarden, *et al.*, 2005:5). Similarly, poor leadership and management by school principals can be deterrents to an effectual response to the HIV and AIDS pandemic in their schools.

Sharma (2005:11) emphasises that school principals, whether in poor rural schools or more affluent urban schools, must see the problems encountered in managing HIV and AIDS in their schools as challenges rather than obstacles. These challenges include reducing stigmatisation and discrimination, accommodating orphans, and addressing different cultural backgrounds and gender issues. The leadership role of the school principal in relation to the management of HIV and AIDS must include organising people to think and to change how they work, so that they can cope with the changing needs of learners and colleagues and the demands of society.

In dealing with the HIV and AIDS pandemic at school level, it is imperative that school principals as managers:

- be acquainted with the nature and impact of HIV and AIDS and be equipped with the necessary leadership and management skills to determine, monitor and deal with the pandemic in their schools effectively. Moreover, it will assist school principals in designing strategies for the prevention, care and the impact alleviation of HIV and AIDS in their schools (Kabanyana-Zigira, Rutayisire, Muvunyi & Sebaruma, 2005:1);
- assume responsibility for the planning and the practical implementation of the HIV and AIDS policy at school in collaboration with stakeholders and for

preventing the transmission of HIV, by complying strictly with the universal precautions (Ogina, 2003:3,4; Van der Merwe, *et al.*, 1999:123,124);

- are well acquainted with the Constitution, the various national policy documents on education and AIDS, the Employment Equity Act, the Occupational Health and Safety Acts, and all other documents that address the legal and policy issues pertaining to HIV and AIDS education, so that the school policy on HIV and AIDS can be planned and implemented effectively in line with the relevant legislation (Hartell & Maile, 2004:185);
- are acknowledgeable relating to the legal rights of learners and educators with respect to HIV and AIDS, such as learners' rights to admission policies and HIV testing, confidentiality, unfair discrimination, and treating people living with HIV and AIDS in a sympathetic, fair and just manner (Hartell & Maile, 2004:192; Department of Education, 2003:9,13,46);
- are aware of the infected person's rights regarding disclosure since forced disclosure constitutes unfair discrimination and is prohibited by law. Many educators are unwilling to disclose their HIV status, for fear of stigmatisation and discrimination (Hartell & Maile, 2004:189). School principals are ethically and legally bound to keep information about the HIV positive status of employees confidential (Hartell & Maile, 2004:189,190). However, voluntary disclosure may promote trust among colleagues and the school principal and could allow the principal to offer the necessary support and understanding. For example, when an educator falls ill, the principal could accommodate him or her by arranging for appropriate treatment and counselling (Nowell & Van der Merwe, 2003:54);
- reduce the stigmatisation of HIV positive staff and rectify any misconceptions and fears regarding HIV and AIDS, because stigmatisation and discrimination stem from ignorance and misinformation and impact negatively on the productivity, morale and motivation of employees (Nowell & Van der Merwe, 2003:48,57);
- encourage the participation and involvement of stakeholders, especially parents and the community, in HIV and AIDS initiatives. This will reduce resistance against and enhance the success of the initiatives (Buchel, 2006:394). Parents

should be assisted by the school in discussing and participating in HIV and AIDS issues;

- understand that different educators have different needs relating to the pandemic; therefore, school principals need to identify those needs and support and be sensitive to their educators (Ngcongo, 1995:21);
- assume responsibility for empowering and educating staff, learners and parents about the HIV and AIDS pandemic;
- carefully consider the improvement and development of the entire school to ensure its sustainability. School principals must ensure that schools are free from violence, sexual harassment and threatening or unsafe areas that could promote the spread of the pandemic. The physical, emotional and psychological wellbeing of learners must always be considered. A safe, caring and supportive environment must be created that is conducive to the holistic wellbeing of both learners and educators. Equally important is the facilitation of a quality teaching and learning process.

2.10 CONCLUSION

In Chapter 2, the relevant literature about the nature and impact of HIV and AIDS on the education sector, including the key roles schools and school principals could and should play in curbing the spread of the pandemic, was discussed in order to place the research problem in context. In Chapter 3, the research design and research methodology followed in this study will be discussed.

CHAPTER THREE

EXPOSITION OF THE CHOSEN RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

In Chapter 1, an orientation to the study was provided, including the problem statement, the purpose of the study, a concept clarification, and a brief overview of the research design and methodology. In Chapter 2, a theoretical perspective was presented on the nature and impact of HIV and AIDS, as well as the role of school principals in combating the pandemic. Chapter 3 will present the chosen research design and methodology in detail.

The focus of this chapter will be on research planning and execution and the techniques and methods used by the researcher to answer the research problem. Creswell (2005:51) explains that the research design accounts for the collection, analysis and reporting procedures of the research. The research design encompasses a clear focus on the research question; the purpose of the study; what context will answer the research question; and which strategies will be most effective for obtaining it (Denzin & Lincoln, 2005:25).

The following methodological steps were executed in the research study (Kvale, 1996:14):

- formulating the research problem;
- selecting the type of research design to address the proposed research;
- determining the role of the researcher;
- implementing the data collection procedures (interviews with participants and transcribing the interviews verbatim);
- analysing and interpreting the transcripts;

- ♦ verifying the results; and
- ♦ reporting the findings of the research study.

The qualitative approach followed in this research allowed for a flexible, adjustable and emerging design.

3.2 PROBLEM STATEMENT

3.2.1 Orientation and problem formulation

The *HIV and AIDS* incidence and prevalence rate in *South Africa* is among the highest in the world (Fredriksson & Kanabus, 2006:1; Niang, *et al.,* 2006:424; Pembrey, 2006:1). The United Nations AIDS Organisation (UNAIDS) estimates that 1.2 million children are living as orphans in South Africa. By 2010, Africa will have 18 million orphans, with women and young girls particularly vulnerable to rape, sexual abuse and HIV and AIDS (Niang, *et al.,* 2006:424; Pembrey, 2006:8).

HIV *prevention efforts* in South Africa have been slow and ineffective in responding to the pandemic. This can be attributed to the escalating infection and incidence rates among young people aged between 15 and 24 years that are HIV positive; the fact that approximately half of South Africa's youth have had sex by the age of 19 years; and that over 3 720 teenager pregnancies were reported in the Eastern Cape in 2005 alone (Gonyela, 2006). Furthermore, many schools still do not have life skills and HIV and AIDS intervention programmes (Gonyela, 2006; Kelly, 2002:28).

Many school principals and school management teams are faced with the *challenges* of coping with the effects of HIV and AIDS in their schools. This include a decline in the demand and supply of education; high staff turnover rates; increasing absenteeism; and an increase in the number of orphans and vulnerable children (Fredriksson & Kanabus, 2006:7; Govender & Farlam, 2004:3,4). There is an urgent need for *school principals* to take a leading role in reducing the risk of infection and changing the mindset of learners and educators towards HIV and AIDS. Furthermore, school principals need to provide

the necessary support to educators and learners so that they can be productive in their work. Most importantly, school principals have the responsibility of increasing and maintaining the number of children (especially girls) that attend school, and of promoting age-appropriate life skills and HIV and AIDS education at school (Govender & Farlam, 2004:4).

With reference to the devastating impact of HIV and AIDS on *schools*, reports sketch an alarming picture: most schools in South Africa have not established HIV and AIDS policies or HIV prevention initiatives; are not supporting orphans and vulnerable children; and are not addressing HIV problems or the training of school principals, educators, learners and school governing bodies (SGBs) (Gonyela, 2006).

It is against the given background that the researcher found it imperative to explore and understand how school principals perceive the pandemic and how they respond to and cope with the challenges that the pandemic poses for the effective running of the day-to-day activities in their schools. The following research problem has been formulated for this study.

Primary research problem:

> **What are school principals' perceptions and responses to the HIV and AIDS pandemic in the Eastern Cape?**

The secondary research problem:

> **What recommendations can be made to assist school principals in effectively managing HIV and AIDS in their schools?**

3.3 PURPOSE OF STUDY

Creswell (2005:9) indicates that research involves recognizing the key aims of a study and narrowing these down to a specific research problem. The purpose of this study has been developed from the research problem and is to:

- explore how school principals in the Eastern Cape perceive the HIV and AIDS pandemic;
- describe in detail how school principals in the Eastern Cape respond to the HIV and AIDS pandemic;
- formulate recommendations based on the findings of the research that will assist school principals in effectively managing the pandemic at school level.

3.4 RESEARCH DESIGN

3.4.1 Introduction

Mouton (2001:55) describes a research design as a plan of how the researcher intends to conduct the research, with the purpose of actualizing the aims of the study. For the purpose of this study, a phenomenological, qualitative, naturalistic, inductive, descriptive, exploratory, contextual and interpretive research design was chosen (Creswell, 2005).

3.4.2 Philosophical foundation

According to Groenewald (2004:6), a good research study begins with the selection of a topic, a problem and the paradigm. A paradigm refers to “a model or the patterning of the thinking of a person”, and it is the theory of knowledge that allows the researcher to decide how the research phenomenon will be studied (Groenewald, 2004:7).

The philosophical tradition followed in this research study is interpretive and constructivist, since it emphasises the importance of the participants' views, the context and the meaning participants hold regarding these issues (Creswell, 2005:43). According to Denzin and Lincoln (2005:22,26), qualitative research is "creative and interpretive" and is guided by the researcher's beliefs.

Qualitative interpretations are constructed, meaning that the researcher first collects the information and then attempts to make sense of the findings from the information gathered (Denzin & Lincoln, 2005:26). Interpretive processes are used to extend and clarify the participants' understanding of a specific problem (Creswell, 2005:558). According to Creswell (2005:402), the constructivist approach focuses more on the meanings constructed by the participants in the research study, than on gathering information.

Welman and Kruger (1999:189) and Kvale (1996:53) agree that phenomenologists are concerned with understanding the social and psychological perceptions and constructs of participants. This research follows a phenomenological approach, since it aims to explore, interpret and construct descriptions of the unique perceptions and responses of school principals who constituted the sample of the research study. The aim of the research is to learn about the experiences of the participants at first hand and to describe these experiences as accurately and in as much detail as possible (Groenewald, 2004:5; Struwig & Stead, 2001:12).

3.4.3 Qualitative paradigm

For the purpose of this study, a qualitative research design allows the researcher to explore, interpret and construct the descriptions of the different school principals' perceptions and responses towards the HIV and AIDS pandemic. Struwig and Stead (2001:12) list characteristics of qualitative research, such as naturalistic, contextualised, process-focused, flexible, an insider perspective, and a thick description. Denzin and Lincoln (2005:3,5) describe qualitative research as involving an interpretive, naturalistic

and multi-method approach, which implies that the qualitative researcher studies people in their natural settings, in an attempt to gain a better understanding of their experiences. Furthermore, the use of multiple methods adds rigor, extensiveness, complexity and richness to the research study.

Qualitative research relates to an inquiry approach that is used to explore and understand a central issue. The aim of the research is to collect information from participants in order to interpret the meaning of the information and subsequently to analyse the information for a description of the findings in the form of prevailing themes (Creswell, 2005:596).

South Africa is made up of diverse cultures and groupings. Disparities still present themselves in the education sector. Since qualitative research is concerned with understanding issues through the eyes of the participants, the qualitative approach is suitable, in that it takes into account the diverse views, perspectives and meanings of the participants. In this study, it allows the researcher to gain a deeper understanding of the rich, diverse and complex perceptions and responses of school principals, and the context in which they exist in relation to the HIV and AIDS pandemic at their schools (Mouton, 2001:194: Struwig & Stead, 2001:12).

3.4.4 Naturalistic and contextual nature

Qualitative researchers focus on participants' views as expressed in their natural environments or context, to gain an in-depth insight into the experiences of the participants (Creswell, 2005:43). According to Struwig and Stead (2001:12), behaviours are often related to the environment in which they exist. The setting refers to where the activities/events physically take place, such as the school, home, or workplace. For the purpose of this study, the interviews were conducted in the familiar school setting, namely the office of the participating principal. This allowed the researcher to gain rich in-depth information about the participants in their natural school context.

3.4.5 Descriptive nature

Babbie and Wagenaar (1989:80,82) state that social research has three purposes: exploration; description; and explanation. The main purpose of this research was to explore the research topic, and to portray and explain the phenomenon in detail, in order to obtain a rich description of the social world (Denzin & Lincoln, 2005:12). Struwig and Stead (2001:8) agree that descriptive research is an attempt to provide a precise and comprehensive description of a specific phenomenon. Creswell (2005:483) concurs that qualitative researchers describe in detail the setting and the context of the experiences of participants regarding a specific phenomenon. Creswell (2005:446) emphasises that descriptions need to be "detailed and thick" and need to "transport the reader to the actual scene".

Developing and describing themes from the data involves responding to the main research question and establishing an in-depth understanding of the research topic. Developing detail and analysing data from all sources (e.g. interviews, observations and field notes) are key processes in the researcher's task of constructing and describing a portrait of individuals and events (Creswell, 2005:241).

3.4.6 Exploratory nature

The purpose of exploratory research is to study a virtually new or unknown phenomenon (Babbie & Wagenaar, 1989:80). Exploratory research is conducted with the following three purposes in mind (Babbie & Wagenaar, 1989:80):

- to gratify the researcher's interest and to gain a deeper understanding of the field of study;
- to test the viability of the study;
- to develop techniques to be used in the study.

At present in South Africa, there is an alarmingly high HIV prevalence rate among educators and learners in the age group 15 to 49 years, which will severely affect the demand and supply of education. School principals need to be innovative, flexible and creative in managing the HIV and AIDS pandemic in their schools and in promoting prevention programmes at school level. The exploratory approach assisted the researcher in developing a deeper insight and understanding into how school principals experience, understand and respond to the HIV and AIDS pandemic in their schools.

3.4.7 Inductive approach

Since qualitative researchers seek to better understand complex phenomena, their research is exploratory in nature and therefore builds theory from the ground up (Leedy & Ormrod, 2001:102). Struwig and Stead (2001:15) contend that the inductive approach starts with the collection of data, from which categories or themes emerging from the inquiry are identified. In other words, data accumulated in the field must be analysed inductively from the raw material collected (Lincoln & Guba, 1985:203). Qualitative researchers are interested in meaning: that is how people understand and interpret their lives. Therefore, the inductive approach can be defined as a process for "making sense" of gathered data (Struwig & Stead, 2001:226; Lincoln & Guba, 1985:202).

3.4.8 Interpretive approach

Creswell (2005:42) asserts that qualitative research involves a constructivist, interpretative and naturalistic approach, which means that the researcher attempts to make sense of or interpret the participants' deeper understanding of a specific phenomenon (Creswell, 2005:42). Leedy and Ormrod (2001:162) contend that the interpretation of data could potentially be influenced by the researcher's prejudices and principles, and that researchers should therefore try to remain as impartial as possible. Furthermore, these biases and values should be stated in the research report. Leedy and Ormrod (2001:148) further explain that interpretations allow the researcher to:

a) gain an understanding of the nature of a particular research study;
b) develop new themes or notions about the specific phenomenon;
c) identify problems that exist within the particular research study.

3.4.9 Holistic picture

Qualitative research is holistic, humanistic and relevant to human beings. The aim of such a holistic approach is to obtain information covering the entire context of the research study (Denzin & Lincoln, 2005:4,384). According to Struwig and Stead (2001:12), contextualism is directly linked to 'holism', which examines social environments in their entirety. Lincoln and Guba (1985:216) state that meaning cannot be achieved for the whole by only looking at its parts. Therefore, the researcher must immerse her-/himself in the context to attain complete understanding of all the related elements that constitute the whole.

3.5 RESEARCH METHODOLOGY

The following steps were taken in conducting the research:

3.5.1 Sampling of participants

In qualitative research, sampling is more likely to be purposive, convenient and easily accessible (Silverman, 2000:102). According to Silverman (2000:104), purposive sampling allows the qualitative researcher to choose participants who can provide accurate, trustworthy and meaningful information relating to the research problem. In choosing a sample that represents the wider population, the following have to be considered (Silverman, 2000:106,107):

- the specific setting (the setting should provide the relevant data and be accessible and convenient);

- the research focus (which includes focusing on specific individuals and making theoretically guided choices); and
- how further generalisations may be made by the researcher.

In this study, participants from the population were purposively selected with the aim of choosing all accessible participants who could provide first-hand experience and accurate, reliable, meaningful, rich and thick information concerning the research phenomenon (Struwig & Stead, 2001:111,125; Lincoln & Guba, 1985:202). Creswell (2005:204) agrees that purposive sampling intentionally selects individuals and settings that can make a meaningful contribution to the research study. In other words, purposive sampling ensures that only those that can provide useful and maximum information to assist the researcher in understanding the research problem are selected for the study. However, two disadvantages of judgement and convenience sampling became apparent in this research: firstly, the bias of the researcher could possibly have jeopardised reliability; and, secondly, generalising the sample would not be possible (Struwig & Stead, 2001:115).

In order to reflect on the diversity of the South African population and the multiple perspectives of the participants, the researcher selected the sample based on judgement and the purpose of the research study (Creswell, 2005:204; Groenewald, 2004:8; Struwig & Stead, 2001:115,122). The participants only had one variable in common, namely that they were all school principals.

In this limited study, a small sample of the larger population of school principals with first-hand experiences and responses to HIV and AIDS at school level, were purposively selected. The researcher selected twelve school principals through purposive, convenience and availability sampling. After the twelve interviews, the information became saturated. The participating schools were drawn as follows: six schools from Keiskammahoek (rural area); one ex-Model C school; and five public schools in Port Elizabeth (urban area). The sample was heterogeneous with respect to socio-cultural

background, age, gender, qualifications, experience and location (urban or rural settings). The following *criteria* were used to select the participants (school principals): -

- does the participant school principal come from an urban or rural setting (Nelson Mandela Bay or Keiskammahoek areas);
- is the participant is conversant in English;
- does the participant agree to participate voluntarily;
- does the participant provide his/her informed consent that the interview be audiotaped.

Table 3.1 presents biographical data on the school principals, while Table 3.2 provides biographical data on the schools participating in this study.

TABLE 3.1: BIOGRAPHICAL DATA OF SCHOOL PRINCIPALS

NO	AGE	GENDER	RACE	FIRST LANGUAGE	NUMBER OF YEARS AS PRINCIPAL	HIV AND AIDS TRAINING RECEIVED
1	41-50	Female	Black	IsiXhosa	5-9	Workshops on Prevention, ATTIC/Department of Education and PCRD stress management
2	51-60	Female	Coloured	Afrikaans	5-9	Workshop on school management
3	51-60	Male	Coloured	Afrikaans	10-14	Workshops, Department of Education, Delta
4	41-50	Male	Black	IsiXhosa	5-9	Three workshops - Teacher counselling, Teacher ACE Life Orientation, and a short course on HIV and AIDS
5	41-50	Male	White	Afrikaans	5-9	None
6	31-40	Male	Black	IsiXhosa	5-9	Workshop on health aspects
7	51-60	Male	Black	IsiXhosa	15-19	Workshops, Department of Education
8	51-60	Male	Black	IsiXhosa	15-19	Workshop, Department of Education and South African Teachers Union (SADTU)
9	41-50	Male	Black	IsiXhosa	10-14	None
10	31-40	Male	Coloured	Afrikaans	5-9	Workshop from Department of Education, held by Non-

						Governmental Organisation (NGO)
11	51-60	Female	Black	IsiXhosa	5-9	Workshop, Department of Education
12	41-50	Male	Black	IsiXhosa	10-14	None

TABLE 3.2: BIOGRAPHICAL DATA OF SCHOOLS

NO	TYPE OF SCHOOL	ENVIRONMENT	ENROLMENT: NUMBER OF LEARNERS	NUMBER OF TEACHERS	SCHOOL FEES PER ANNUM	SCHOOL FEEDING SCHEME
1	Primary	Urban/township	901-1000	21-30	R 40	Yes
2	Primary	Urban	701-900	21-30	R 300	Yes
3	Primary	Urban	701-900	21-30	R 200	Yes
4	Secondary	Urban	901-1000	21-30	R 150	No
5	Secondary (Ex-Model C)	Urban	501-700	>30	R 6 600	No
6	Secondary	Rural	100-300	5-10	R 100	No
7	Secondary	Rural	100-300	11-20	R 100	No
8	Secondary	Rural	100-300	5-10	R 70	No
9	Secondary	Rural	<100	5-10	R 80	No
10	Primary	Rural	301-500	5-10	R 50	Yes
11	Primary	Urban	701-900	21-30	R 315	Yes
12	Secondary	Urban	>1000	>30	R 100	Yes

3.5.2 Data collection

Data collection is an integral part of any research, since the interpretation and meaning of the research are based on the data gathered (Creswell, 2005:49). According to Creswell (2005:8,589), data collection entails:

- identifying and selecting individuals to be studied;
- obtaining their permission to be studied;

- gathering information by interviews or observing their behaviours.

Lincoln and Guba (1985:223) refer to “instrumentation” as a means for collecting data. The first instrument is the qualitative researcher. Secondly, human strategies such as interviews, observations and non-verbal cues are used. Thirdly, non-human sources, such as documents and previous literature on the topic, are used to collect information (Lincoln & Guba, 1985:267,268). Selecting the relevant data collection methods from the plethora of methods available, the qualitative researcher should record any prospective meaningful information comprehensively, accurately and systematically, by making use of interviews, audiotapes and field notes (Leedy & Ormrod, 2001:159). According to Creswell (2005:228), qualitative researchers collect data through one or more of the four basic categories of qualitative information:

- interviews;
- observations;
- documents;
- audio-visual materials.

- **Phenomenological interviews**

The data collection technique used in this research study was phenomenological, unstructured, in-depth, and one-on-one interviews with a chosen sample of school principals (Leedy & Ormrod, 2001:154). Kvale (1996:6,36) describes an interview as a conversation between two people about a topic of mutual interest that has “structure and purpose”. The purpose of the qualitative interview is to understand the themes of the lives of participants, from the participants’ own perspective (Kvale, 1996:27).

Phenomenology is concerned with capturing rich descriptions of research issues and their settings. The main aim is to describe the information collected (Groenewald, 2004:11; Kvale, 1996:53). Kvale (1996:124) concurs that the research interview serves as a “construction site of knowledge”, allowing the researcher to listen attentively and

draw on the first-hand experiences of the participant relating to the research topic, in an attempt to understand and make sense of what is happening in the participants' world. According to Struwig and Stead (2001:17), the researcher and the participant are both involved in the research process: the researcher attempts to understand and interpret the views of the participant and may involve the participant in the interpretation of the data. At the same time, the researcher must abandon any predetermined ideas during the interview session; that is, any personal experiences that the researcher has that may influence what he or she hears from the participant, has to be 'bracketed' (Groenewald, 2004:21; Leedy & Ormrod, 2001:153).

Unstructured interviews are used in explorative research, with the aim of recognizing specific variables in a specific area (Welman & Kruger, 1999:196). Unstructured interviews encourage spontaneity and interaction between the researcher and the participant (Welman & Kruger, 1999:196).

- **Advantages of unstructured interviews**

The researcher is able to obtain first-hand, in-depth, rich, unexpected and relevant information from the interview (Kvale, 1996:145). In addition, unstructured interviews are self-explanatory and rarely require additional clarification (Kvale, 1996:145). The researcher and the participant are constantly involved in a meaning-making process (Groenewald, 2004:13). Unstructured interviews are flexible, are more likely to generate additional information, and can take place at a convenient time (Leedy & Ormrod, 2001:159).

- **Disadvantages of unstructured interviews**

Unstructured interviews may have certain disadvantages. For example, the researcher and participant may be 'performing' or be untruthful during the interview. The researcher may also experience difficulty in finding common themes among the responses of the diverse participants (Leedy & Ormrod, 2001:159). The researcher

may find difficulty in maintaining a balance between consistency and flexibility in data collection. Unstructured interviews may be unsuitable for participants who are uncomfortable and uninterested in communicating with other people (Struwig & Stead, 2001:99), thus making unstructured interviews uneventful and time-consuming, which is not what the researcher anticipated (Leedy & Ormrod, 2001:162).

- **Interviewing process**

At the beginning of each interview, participants were briefed about the purpose of the research study and assured of complete confidentiality and anonymity (Welman & Kruger, 1999:197). All participants were asked to respond to one open-ended question to initiate and steer the conversation. The question was specifically directed towards the experiences of the participants and the phenomenon being investigated, thus allowing spontaneous and rich descriptions to emerge. The remainder of the interview continued with follow-up probing open-ended questions, to expand on the participants' responses concerning the research phenomenon, until no new information became apparent (Creswell, 2005:214; Groenewald, 2004:12; Welman & Kruger, 1999:196; Kvale, 1996:24,133). The interview sessions continued until a point of saturation was reached (Groenewald, 2004:11).

Kvale (1996:34) asserts that the researcher seeks to clarify any contradictory, inconsistent and ambiguous statements made by the participants. During the interview process, the researcher did not ask leading questions, remained attentive and sensitive to what was being said by the participants, listened without prejudice, and allowed the participants to proceed at their own pace (Welman & Kruger, 1999:197).

During the phenomenological interviews, the researcher posed the following open-ended question:

> **How do you, as the principal, see and respond to HIV and AIDS in your school?**

- **Recording of data**

There are various methods of recording interviews, but the most common methods are using an audiotape recorder and field notes (Kvale, 1996:160,162; Lincoln & Guba, 1985:271). To make the interview accessible for analysis, an audiotape was used, with the permission of the participants, to record the individual interviews, without being obstructive or distracting in any way. The tape recorder allowed the researcher to focus on the topic of the interview and the interview itself. In addition, it allowed all the interviews to be transcribed verbatim (Silverman, 2000:149; Kvale, 1996:160).

Each interview was recorded on a separate cassette and labelled. After each interview, the researcher listened to the recording and made notes. Equipment failure that might threaten the success of the interview was considered. Therefore, the researcher ensured that the tape recorder was in working order and that sufficient spare tapes and batteries were at hand. The setting was free of any disturbances and background noises, to avoid any interference with the interview process and the tape recordings (Groenewald, 2004:15). However, the use of audiotapes also presents some limitations, such as that it excludes the visual features of the interview process, the setting and the non-verbal expressions of the participants (Kvale, 1996:161).

The researcher is often absorbed in the data collection process and fails to reflect what is happening (Groenewald, 2004:13,14). Field notes are another data collection method in qualitative research and are crucial in assisting the researcher in retaining the data gathered (Groenewald, 2004:15). Groenewald (2004:16) further argues that field notes are a step closer to data analysis. In this study, field notes were taken by the second researcher, incorporated with the interviews and kept with the relevant transcriptions in an audit file. These included observational notes, reflective notes, methodological notes and analytical notes (Creswell, 2005:213; Groenewald, 2004:15; Lincoln & Guba, 1985:275).

- **Transcription of interviews**

Transcribing involves transforming the interview from an oral to a written structure for further analysis (Creswell, 2005:233; Kvale, 1996:166,168). The individual interviews conducted in this study were transcribed verbatim. The first requirement for transcribing is that the interview must be recorded. The second requirement is that the tape must be audible (Kvale, 1996:163).

3.5.3 Role of researcher

The researcher is the primary instrument for data collection in qualitative research (Lincoln & Guba, 1985:267,268). The role of the researcher is to gain an understanding of the research phenomenon from the participants' perspectives. In addition, the researcher must provide a detailed description of the participants' experiences and allow the "essence" to emerge (Groenewald, 2004:13). According to phenomenologists what the researcher observes, is not reality, but interpreted reality (Welman & Kruger, 1999:188). Kvale (1996:24) emphasises that it is not in the interest of the researcher to dispute with participants their reasoning or the accuracy of their statements.

Constructivism views the researcher as being part of the reality, and not being entirely objective (Struwig & Stead, 2001:16,17). Therefore, the researcher's principles and views are an important part of the research process (Struwig & Stead, 2001:16,17).

In this research study, two researchers conducted the process of data collection. One researcher (the moderator) facilitated the interview process, while the other acted as the observer of the interview process. The second researcher facilitated triangulation, by taking down the field notes, which included the non-verbal responses of the participants (Groenewald, 2004:13,14; Struwig & Stead, 2001:145; Lincoln & Guba, 1985:237,307). The researcher, as the research instrument in this research study, included: being knowledgeable, informed and conversant regarding the research topic; asking clear and simple questions; not asking leading questions; being sensitive to extremely emotional

issues; being open and objective to what was being said; and being an active listener (Welman & Kruger, 1999:197; Kvale, 1996:147,149).

3.5.4 Data analysis

Mouton (2001:108,109) describes analysis as "breaking up" the information into manageable themes or categories, with the aim of understanding all aspects of the data collected. Interpretation involves constructing the information collected to form a coherent whole and to show whether the findings are supported or falsified by existing theoretical frameworks (Mouton, 2001:109). Groenewald (2004:17) also contends that data analysis epitomises a way of transforming the data collected through interpretation (Lincoln & Guba, 1985:203).

All research necessitates rational and coherent reasoning to answer the research questions posed (Creswell, 2005:241; Leedy & Ormrod, 2001:102). Once all the fieldwork has been completed and all the recordings have been transcribed verbatim, the data is ready to be analysed and interpreted.

According to Creswell (2005:590) and Lincoln and Guba (1985:203), the constant comparison method is an inductive data analysis procedure, in terms of which the researcher works from the specific raw information to the general. Creswell (2005:231,232) and Kvale (1996:189) assert that several steps have to be carried out to conduct qualitative analysis, namely: collecting information from participants during the interview sessions; transcribing recorded data verbatim and sorting out field notes; organising the information into categories, by listening repeatedly to the material collected; identifying emerging themes and categories; and coherently interpreting the transcribed information to develop an overall description of the research phenomenon (Creswell, 2005:231; Leedy & Ormrod, 2001:103,153; Struwig & Stead, 2001:169).

Coding is the inductive process that involves breaking up and categorising text to form descriptions and identify broad themes in the data collected, with the main aim of

making sense thereof (Creswell, 2005:237). Although there are no set procedures for the coding of data, some general guidelines do exist (Creswell, 2005:237). In the inductive and descriptive analysis, the steps of Tesch, as listed in Creswell (2005:238), were used for the data analysis of this research study:

Step 1: The researcher read all the transcriptions and carefully made notes of data for potential emerging themes.

Step 2: The most interesting and information-rich interview was selected first. In an attempt to discover underlying meanings, the transcript was read over and over again, and notes were made in the margin.

Step 3: The procedure carried out in Step 2 was repeated for all the transcriptions in order to make a list of all the possible themes. Similar themes were grouped together and arranged into columns, such as main themes, categories and sub-categories.

Step 4: The themes were then abbreviated into codes and written next to the suitable paragraph of the text. This preliminary organising scheme assisted in identifying new categories and sub-categories.

Step 5: The researcher made a note of the most descriptive categories and grouped any related themes together.

Step 6: Once a final decision was made on the condensation of each category, the codes were placed in alphabetical order.

Step 7: The data belonging to each category was grouped together and a preliminary analysis was done.

Step 8: The data was re-coded by an independent coder to verify the results and to confirm whether the same themes became evident. A consensus discussion between the coders took place to finalise the results.

Data analysis is a composite and time-consuming activity, which is directly linked to cost and accuracy (Struwig & Stead, 2001:119). Hence, the researcher needs to allocate sufficient time in the field to understand all the aspects of the research phenomenon, so as to provide a comprehensive, coherent and accurate picture of the participants' behaviours and perceptions (Leedy & Ormrod, 2001:164,165). The final result is a general description of the research phenomenon as experienced by the participants (Leedy & Ormrod, 2001:154).

In this study, an independent, experienced and trained qualitative researcher was requested to perform an independent re-coding of the data to verify and confirm the same categories or themes (Creswell, 2005:252). Struwig and Stead (2001:145) refer to this strategy as contributing to triangulation. Triangulation refers to the process of corroborating or contradicting the findings from different individuals, types of data, and methods of data collection and themes in qualitative research. The triangulation of researchers ensured the trustworthiness of findings and the accuracy of interpretations in the data analysis process in this research study (Creswell, 2005:252).

A consensus meeting was held between the researchers, the independent coder and the supervisors. According to Kvale (1996:246), consensual validation is an agreement by experts that the description, interpretation, evaluation and themes are accurate. Kvale (1996:246) describes consensus as a discussion of a common interest, influenced by the different views and ideas of those involved.

3.5.5 Literature control

Qualitative researchers are concerned about whether the findings of a study support or transform existing ideas, which will indicate whether differences, similarities or gaps

have emerged from the research study (Creswell, 2005:80). A literature study is performed in qualitative research to justify the research study, and plays a minor role in providing direction for the research problem (Creswell, 2005:46). Relevant literature was discussed in the introduction, as well as the theoretical chapter, which served as a constructive conceptual framework for the research problem. A literature control was conducted in an effort to compare and support the research findings.

3.5.6 Measures to ensure trustworthiness of study

In qualitative research, trustworthiness refers to the truth and accuracy of the findings and interpretations (Creswell, 2005:252; Kvale, 1996:236; Krefting, 1991:215). To check the accuracy of research, qualitative researchers employ various validation procedures (Creswell, 2005:254; Struwig & Stead, 2001:18; Lincoln & Guba, 1985:219).

The researcher used Guba's model (Krefting, 1991:215) for assessing the trustworthiness of qualitative data and to confirm the authenticity of the findings of this study. Guba's model is based on the identification of four aspects of trustworthiness: truth value; applicability; consistency; and neutrality (Krefting, 1991:215; Lincoln & Guba, 1985:290). The strategies listed below were applied to ensure the trustworthiness and authenticity of this research study:

3.5.6.1 Truth value

The goal of the trustworthiness strategies of the research is to demonstrate that the research was conducted and described accurately, and that the multiple realities of the participants were adequately presented (Lincoln & Guba, 1985:296). In establishing the truth value, the researcher needs to ask how much confidence can be placed in the findings, based on the research design, participants and context (Krefting, 1991:215). *Credibility* forms the basis of the criterion to check how true the findings are for the subjects in the context of the research. In this study, the criterion applied to ensure credibility consisted of the triangulation of the various data collection methods. Lincoln

and Guba (1985:301) propose various procedures to ensure the credibility and truth of the research findings:

- Prolonged engagement, consistent observation and triangulation – these activities ensure that the findings and interpretations are credible;
- Peer debriefing – this provides external control on the research process;
- Negative case analysis – this activity involves improving assumptions as more information is obtained;
- Referential adequacy – this activity involves comparing the research findings and interpretations against the raw information;
- Member checking – the researcher constantly checks with participants whether the data gathered is accurate;
- Triangulation – four different methods of triangulation, the use of different sources, methods, investigators and theories contribute towards the credibility of the research study (Lincoln & Guba, 1985:305).

In order to ensure the credibility of this research, sufficient time was spent on gathering information and developing a relationship of mutual trust and good rapport with the participants. Triangulation was used to verify and validate information. For the purpose of triangulation, interviews were audio taped, and field notes were taken during the interviews. Ongoing discussions were held with experienced researchers in order to ascertain feedback and confirmation from the participants. The researcher recorded the interviews by means of an audiotape, and observation took place during the interviews.

All raw data was collected and stored in a file and served as an audit trail to compare against the research findings. A thorough literature control was conducted. A second researcher was used in the data collection process to take field notes and promote the trustworthiness of the findings and interpretations. The researcher engaged in multiple in-depth interviews. The researcher then looked for common themes that appeared in the data. To support the authenticity of the findings, independent researchers/coders were used to confirm the emerging themes (Leedy & Ormrod, 2001:105).

3.5.6.2 Applicability

In establishing applicability, the question is asked whether the findings can be applied to other contexts (settings) or other populations (Krefting, 1991:216; Lincoln & Guba, 1985:297). The criterion for obtaining applicability is based on *transferability*. Research meets this criterion when the findings fit into situations outside the research study (contextual similarity) and is determined by the degree of similarity between the two contexts (Krefting, 1991:216; Lincoln & Guba, 1985:298). According to Struwig and Stead (2001:145), Krefting (1991:216) and Lincoln and Guba (1985:298), applicability is important in qualitative research, but the purpose of qualitative research is to describe a specific phenomenon and not to generalise to the wider population. Leedy and Ormrod (2001:105) argue that external validity is ensured when the research is conducted in actual settings, since this yields results with broader applicability to the real world.

For this specific research study, transferability was further ensured by providing comprehensive, detailed and accurate data that is rich and thick in description, so that comparisons to other research could be made. Therefore, the literature control promoted applicability (Krefting, 1991:220).

3.5.6.3 Consistency

Consistency considers the uniformity of data and refers to the question of how much of the findings would be replicated if the research were to be repeated in the same context and with the same participants (Krefting, 1991:216; Lincoln & Guba, 1985:218,290). *Dependability* forms the basis of the criterion for determining how consistent the results are. A detailed description of the research situation, an audit trail and triangulation are vital in enhancing dependability and consistency in the research study (Struwig & Stead, 2001:172; Krefting, 1991:221; Lincoln & Guba, 1985:316,317).

Mouton (2001:110) emphasises that the researcher must try and minimise errors at each stage of the research process, to achieve maximum standards of trustworthiness.

Reliability, trustworthiness and authenticity in qualitative research are seen as synonymous with consistency (Leedy & Ormrod, 2001:31; Struwig & Stead, 2001:132,133).

In order to ensure dependability and consistency, the following were conducted in this research study: preservation of raw data; maintaining consistency throughout the research process; and the use of the coding procedure. Interviews were coded and re-coded to ensure dependability, and to check if categories, explanations and interpretations were accurate (Krefting, 1991:221). During the interview process, all the raw data collected from the interview in the form of tape recordings, transcripts and field notes were retained to establish an audit trail. The supervisors controlled the process of the research by providing invaluable expertise, experience, continuous support and assistance in controlling the data, findings, interpretations and recommendations. The selected research method was described and used consistently throughout the research.

3.5.6.4 Neutrality

Neutrality is established by measuring the objectivity of the researcher. Neutrality refers to the extent to which the research findings and the perspectives of the researcher are unbiased (Krefting, 1991:216; Lincoln & Guba, 1985:218,290). *Confirmability* forms the basis of the criterion used to determine neutrality (Lincoln & Guba, 1985:291). Krefting (1991:217) refers to objectivity as the criterion that determines neutrality. The strategies involved in establishing confirmability include the triangulation of multiple methods, data sources, theories and researchers/investigators; and keeping a reflexive journal (Krefting, 1991:221; Lincoln & Guba, 1985:318,319).

Lincoln and Guba (1985:319,320) have identified six categories of records to be included in the audit trail:

- Raw data (tape recordings, transcripts and field notes);
- Data reduction and analysis products (writing up of field notes, summaries, condensed notes, and hunches);
- Data reconstruction and synthesis products (structuring of thematic categories, interpretations, inferences and the final report);
- Process notes (includes methodological notes such as procedures, design strategies, trustworthiness and audit trail notes);
- Materials relating to intentions and dispositions (includes the research proposal and field journal with reflexive notes and expectations);
- Instrument development information (includes pilot forms, survey formats, and schedules).

Confirmability was promoted in this study by employing the following steps: the researcher attempted to remain impartial and objective to the responses of the participants throughout the research process; the data was re-coded and confirmed by independent and experienced coders; a literature control was undertaken to compare findings to other research; the raw data and analysis process provided an audit trail that preserved neutrality. In an attempt to gain an insider perspective on the participants' experiences and at the same time not to influence the participants in any way, the researcher deliberately set aside any preconceived conceptions by means of 'bracketing' (Groenewald, 2004:21; Kvale, 1996:54).

3.5.7 Ethical considerations

Based on the fact that research involves the use of human subjects, the researcher has the responsibility to reflect appropriate standards so as to conduct research in an ethical and moral manner (Creswell, 2005:225; Leedy & Ormrod, 2001:107; Struwig & Stead, 2001:66). Therefore, it is important that ethical issues be considered to guide the researcher. Researchers need to adhere to the following ethical issues (Creswell,

2005:225,227; Leedy & Ormrod, 2001:107,108; Mouton, 2001:238,246; Struwig & Stead, 2001:66,70; Kvale, 1996:110,117):

- *Professional ethics* – In the process of conducting research, researchers must be qualified; competent; not falsify results to make research findings more acceptable; show integrity; uphold the standards of their profession; maintain and respect the rights, dignity and welfare of others; and report the research in as complete and honest a manner as possible;

- *Responsibility to society* – Researchers are obligated and accountable for the way they conduct themselves and their research;

- *Responsibility to the environment* – it is important for researchers to consider the environment and ensure that their research does not harm the environment in any way;

- *Protecting the rights of participants* – these include protection from harm, informed consent, voluntary participation, and the right to privacy. In this study, the researcher intentionally attempted not to harm the participants in any way (physically, psychologically or emotionally). The participants were given the right to full disclosure of the research study and the right *not* to participate. The researcher respected the participants' right to privacy, and the participants were assured of the confidentiality of their statements and the anonymity of their identities. Permission was obtained from participants to tape record the interviews in order to ensure the accuracy of transcripts.

In an effort to respect the rights, dignity and welfare of the participants, the researcher adhered to the ethical issues discussed above (Kvale, 1996:117). The researcher ensured that the rights, safety and anonymity of participants were protected (Creswell, 2005:225).

3.6 CONCLUSION

This chapter provided an explanation of the qualitative research design selected for this research study. The data collection methods, data analysis methods and the measures employed to ensure trustworthiness, as well as the ethical issues of this study, were discussed.

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

CHAPTER 4

PRESENTATION OF FINDINGS OF THE RESEARCH

4.1 INTRODUCTION

The findings regarding the individual in-depth interviews that were conducted in this study will be presented in this chapter. A phenomenological qualitative research design that is naturalistic, exploratory, descriptive, contextual, holistic and inductive in nature was selected, to understand and explore the experiences of school principals in relation to the HIV and AIDS pandemic. Ethical measures were adhered to and various data verification techniques were implemented, as discussed in Chapter 3. The data analysis generated essential findings that were common to the diverse sample of participants.

In this chapter, the findings will be presented in a narrative format, supported by verbatim quotations from the transcribed interviews. The main themes identified, will be discussed and presented separately. In addition, the findings will be contrasted and supported by relevant literature, for the purpose of substantiation.

Although the participants demonstrated a general awareness of the impending threat of the HIV and AIDS pandemic on the education sector, they generally did not view it as a crucial problem at their particular schools. The school principals displayed ambiguous, contradictory and discriminatory views regarding the impact of the HIV and AIDS pandemic on their schools. Although the participants demonstrated a positive attitude in responding to the new challenges the pandemic had inflicted on their schools, they seemingly lacked the essential leadership and management skills and training to manage the HIV and AIDS pandemic effectively. Table 4.1 summarises the main findings into themes, sub-themes and categories.

TABLE 4.1: THEMES AND SUB-THEMES

Themes	Sub-themes	Categories
1. School principals perceive the HIV and AIDS pandemic in a negative and non-constructive manner	1.1 School principals display contradictory views concerning HIV and AIDS in their schools	1.1.1 School principals deny that HIV and AIDS is a problem in their schools 1.1.2 School principals provide excuses and allocate blame for the HIV and AIDS pandemic in their schools 1.1.3 School principals lack knowledge and express uncertainty about the pandemic
	1.2 School principals adopt a discriminatory discourse	1.2.1 School principals use discriminatory language when referring to HIV and AIDS 1.2.2 School principals view HIV as a punishment for immoral behaviour
2. School principals respond positively to the new challenges imposed by the HIV and AIDS pandemic	2.1 School principals respond to the best of their capabilities in meeting the new demands of the HIV and AIDS pandemic	2.1.1 Rising awareness in the school 2.1.2 Employing practical measures 2.1.3 Restricted parent and community partnerships 2.1.4 Limited training and support to educators
	2.2 School principals articulate their needs in responding to the pandemic	2.2.1 Training in writing and implementing an HIV and AIDS policy 2.2.2 Training on how to integrate HIV and AIDS into the curriculum 2.2.3 Information and training to improve communication about the disease 2.2.4 More resources and manpower 2.2.5 Developing partnerships and support with stakeholders

4.2 Narrative on findings

4.2.1 Theme 1: School principals perceive HIV and AIDS pandemic in a negative and non-constructive manner

Generally, the participants responded negatively to the HIV and AIDS pandemic in their schools. Their responses included denial and rejection, indifference, ignorance, uncertainty, making excuses, and laying blame for the spread of the pandemic at their schools on others. *"It hasn't affected me, not affecting me* [sic] *so I don't have to worry about it."* This statement is indicative of the participants' limited views of the social reality surrounding the pandemic. The HSRC (2005:xxxiv) highlights that understanding, perceptions and attitudes are crucial indicators for determining reactions to the pandemic.

4.2.1.1 Sub-theme 1.1: School principals display contradictory views concerning HIV and AIDS in their schools

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

4.2.1.1.1 School principals deny that HIV and AIDS is a problem in their schools

The participants acknowledged an awareness of the potential threat of HIV and AIDS for the education system, but denied having any knowledge of any HIV and AIDS related problems in their particular school, as compared to other schools. *"… in our school, we don't have people who are, who are infected, but, uh* [sic]*, there are cases, although they are not made to the* [sic] *public …"* Presumably, this was because they did not wish to portray their school as being affected by the pandemic. It may also be that through this denial, the school principals were trying to absolve themselves from responsibility for the lack of action to implement measures to prevent the pandemic at

their schools: *"… because AIDS is a very serious, uh [sic], pandemic in South Africa, and I don't think enough is being done …"*

Furthermore, the majority of the participants in this study did not regard the pandemic as a problem in their schools that resulted in fatalities among existing learners: *"… locally, children are dying of AIDS. Some of the children who must have passed away, are children who had left the school."*

Hartell and Maile (2004:189) emphasise that denial is the primary problem linked to social exclusion. South Africa has the highest statistics of HIV positive people and AIDS orphans in the world; in 2004 alone, about 4 000 educators died of HIV and AIDS, illustrating the magnitude of the HIV and AIDS problem in the education sector (Buchel & Hoberg, 2006:1,6; ELRC, 2005:2). Ogina (2003:60) and Kelly (2002:28) also argue that schools are not entirely free of HIV infection. Yet, the participating school principals denied that HIV and AIDS was an issue at their schools.

However, some participants, while denying the existence of any problem relating to HIV at their particular schools, did foresee that the pandemic would become a future problem in education: *"Education is going to be greatly affected … there is going to be a shortage of skilled people …"* This is consistent with the findings of Ogina (2003:60), that the majority of school principals regard HIV and AIDS as a future problem, while stating that they did not have any HIV positive learners or educators in their schools.

4.2.1.1.2 School principals provide excuses and allocate blame for the HIV and AIDS pandemic in their schools

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

- **Poor behaviour of learners**

The participants were of the opinion that the learners were not disciplined; that they were being negatively influenced by the media, and that they refused to listen to HIV and AIDS messages. Furthermore, many children were under the supervision of elderly grandmothers, or lived alone in child-headed households, with no real control or authority over them. In many cases, they were exposed to sexual, drug and alcohol abuse in their schools and communities, which posed serious disciplinary challenges for school principals: *"Lots of drugs, dagga and these pills, mandrax* [sic] *..."* Buchel and Hoberg (2006:6) confirm that the high HIV infection rate in schools can be attributed to substance abuse and sexual abuse. Other research confirms that extreme substance use leads to impaired rational ability, as well as an increased risk of HIV infection (HSRC, 2005:xxxi).

Research corroborates that many South African schools battle with severe disciplinary issues, which can be attributed to a lack of discipline at home, violence, sexual and substance abuse, which often lead to risky sexual behaviour and intensify the risk of infection in schools (Buchel, 2006:336). Furthermore, Buchel (2006:336) argues that the educators and school principals themselves are the offenders in many abuse cases. Conversely, the participants in this study blamed parents for sexually abusing learners: *"… and rape, we've got so many rape cases, I've been to court several times, and sometimes it's the biological father."*

The majority of the participants stated that teenage pregnancy had become a pressing problem in their schools, which also confirmed the reality that children are becoming sexually active at a younger age: *"… if you're going to our schools, they become sexually active at a young age."* Goliath (2001:94) argues that teenage pregnancies are regarded as a more serious problem than AIDS education in schools, while the link between teenage pregnancies and HIV and AIDS infection fails to be recognised.

Various studies confirm that children are engaging in sexual activities at an earlier age (HSRC, 2005:69). Niang, *et al.* (2006:429) warn that younger children are at a greater risk of HIV infections, partly because they naively think they are not at risk of contracting the virus. Ng'weshemi, *et al.* (1997:164) reiterate that adolescent behaviour is associated with establishing an own identity, risk taking, unruliness and defiance against grown-ups. More importantly, although risks vary among different adolescents and different cultures, sexual experimentation and substance abuse are common. Therefore, HIV and AIDS education must reach children as early as possible, during primary school years, so that the children can be reached before they become infected or involved in risky behaviour (Ng'weshemi, *et al.,* 1997:166).

The participants also expressed the view that children were reaching saturation point and becoming non-receptive to all this AIDS talk: *"… the kids are becoming blasé, that's what I found is that, they're being fed AIDS, AIDS, AIDS, HIV, AIDS, AIDS, AIDS* [sic] *and they* [sic] *switching off …"* Kelly (2002:37) argues that in many developing countries, including South Africa, not enough is being done to change learners' behaviours and understanding so that learners can protect themselves against infection. However, Campbell, *et al*. (2005:473) have established that although adolescents possess precise information about HIV and AIDS, a number of factors prevent them from "acting on this knowledge", such as their tendency towards sexual experimentation, their need to prove that they are not afraid to die, and "AIDS fatigue" (Mitchell & Smith, 2001:56), which exacerbate their chances of HIV infection.

However, some participants were cautious about admitting to any major disciplinary or behavioural problems in their schools, as if to avoid a stigma: "*I'm fortunate at this school, uh* [sic]*, we don't have major problems in terms of drug abuse, sexual abuse or girls being sexually active like, like* [sic] *you have in other schools."* This statement also indicates that these participants failed to see the correlation between social problems within the context of the school and the HIV and AIDS pandemic.

- **Lack of financial and other support from government**

The participants expressed little faith in the Department of Education:

- *"… the Department of Education keep on promising, but don't deliver …";*
- *"… the Government once said it would provide some kind of transport for the children to school, but that is not happening …";*
- *"… the Government Departments does* [sic] *not want to extend the nutrition scheme from the Primary to the Secondary school …"*

Buchel (2006:382,386) argues that many school principals do not receive training and support from the Department on how to deal with the HIV and AIDS crisis in their schools, and suggests that schools seriously impacted by poverty do not receive additional assistance from the Department of Education. The Treatment Action Campaign (TAC) has also criticised the Department of Education for promoting a lack of knowledge and a sense of indignity about sexuality; for not supporting and monitoring schools in implementing HIV and AIDS policies; and for not introducing age appropriate sex education and life skills education on a permanent basis (Gonyela, 2006).

In this study, only one participant reported that the Department had provided First Aid kits and workshops on blood handling and universal procedures: *"Yes, we were provided with that by the Department, first-aid kit and then uh* [sic] *..."* Ogina (2003:63,64) confirms that schools lack first-aid kits and first-aid training.

- **Poor socio-economic conditions**

Many of the participants stated that poverty and unemployment were linked to sexual behaviour and the spread of HIV and AIDS:

"Poverty is the root of it all."
"AIDS is also connected with poverty."

"Parents are unemployed … children are hungry. Children have no money … in order to get money … they have to exchange with sex [sic] …"

Research indicates that the HIV and AIDS pandemic is discriminating against the uneducated, the unemployed and those people living in poverty (Niang, *et al.*, 2006:428; Vandemoortele & Delamonica, 2002:11). Buchel (2006:388) confirms that many children in South Africa are living in poverty; are AIDS orphans or living with relatives; or are living in child-headed households or on the streets. These children need to be prioritised. Learners infected with and affected by HIV suffer from hunger and utter poverty. As a result, many of them are unable to concentrate and benefit from the schooling process. Consequently, many drop out of school to care for siblings or to sustain their families (Buchel, 2006:334). Mathews, Boon, Flisher and Schaalma (2006:388) state that girls in schools with high rates of poverty and poor social conditions are at an increased risk of becoming pregnant. More importantly, the high absenteeism and high drop-out rates among learners can be associated with poverty and HIV and AIDS (Buchel, 2006:335).

The participants indicated that the demographics of the community had a direct bearing on the problems experienced in schools. A major problem identified, was the high unemployment and poverty rates in the communities. Some participants outlined that conditions at home were not conducive for the development of children. Parents were unemployed, drank heavily, and passed their time having unprotected sex: *"… they are not working, but they have four, five or six babies."* Ng'weshemi, *et al.* (1997:92) emphasise that the level of education is linked to societal status and economic prospects, and that educated people are more likely to convert knowledge into action relating to HIV and AIDS.

The participants in this study suggested that government intervention in reducing the high unemployment rate in their areas would greatly reduce social problems in their communities, which were related to the HIV and AIDS pandemic in their schools: *"…*

government will have to make a plan for more employment. You know, if there is more employment … I believe the social problems will be less."

The participants stated that another problem was that the majority of the children were exposed to unsafe situations in the home, school and the community in which they lived, which made them vulnerable to infection. Children from squatter camps, townships and rural areas were exposed to risky circumstances and behaviours, such as poverty, rape, sexual abuse and harassment, and the lack of safe recreational places, which increased the chances of children contracting the disease: *"… the layout of the townships, there is no recreational places. So, when these kids go out of here, they loiter around, so they go to, to drinking and, and* [sic] *boyfriends and girlfriends early* [sic] …*"* and *"… alcohol and drugs, sex is* [sic] *high in the townships …"*

Some participants identified that another problem was that children were exposed to sex at an early age, due to their poor living conditions: *"Now we're sitting with a problem with the black population, all live in one little hut, that youngsters are* [sic] *experiencing his parents having sex; he's aware of sex at the age of four, five years old ..."* Findings by the Human Sciences Research Council (HSRC) confirm that poverty, overcrowded housing settlements, drug and alcohol abuse, and risky conditions in schools, homes and communities, contribute to the increased risk of HIV infection among children (HSRC, 2005:xxxvi). Buchel and Hoberg (2006:21) concur that the extent of the impact of the pandemic on schools will depend on the communities in which they exist.

Gultig, Ndhlovu and Bertram (2002:94,95) argue that some schools in crisis situations, such as high levels of poverty, unemployment and violence, have managed to overcome their complexities through effective leadership. Ogina (2003:65) suggests that school principals, in conjunction with stakeholders, should aim at establishing recreational centres and revenue-generating activities that will benefit the unemployed and children living in poverty-stricken households affected by HIV and AIDS. This will enable orphans and vulnerable children to sustain themselves and their families, and prevent the spread of infection.

- **Lack of parental support and involvement**

The participants suggested that the behaviour and parenting style of parents had a direct influence on the risky sexual behaviour of their children. Parents were generally uninformed and negligent about the disease: *"Parents are ignorant, they think it can't happen to my child, because my child is not sexually active …"* They are unable to discipline their children in the home, or to serve as suitable role models to them. This makes it difficult to enforce discipline in schools, which further increases the spread of the pandemic in schools: *"What I'm finding discipline at the school is* [sic] *that parents are pulling down the boundaries for their kids and not educating, they're scared to speak to their kids about sex."*

Buchel and Hoberg (2006:20,21) assert that disciplinary problems often originate in the home and lead to risky behaviour and disciplinary problems in schools. Gultig, *et al.* (2002:99) confirm that parental involvement is vital for controlling and maintaining discipline in schools. The participants expressed the view that parents were not taking responsibility for the holistic well-being of their children and were completely dependent on educators to provide prevention education and support to learners: *"… they [parents] dump their children here, and they say 'you take over' - they're trusting us to do everything …"* Furthermore, the participants complained that the parents did not support the outreaches of the schools, because they felt it was too dangerous, due to the taxi violence: *"We do do* [sic] *outreaches to … these days it dangerous to take, you know with the school bus into the township uh* [sic]*, parents are, they, whoa ja* [sic]*, you know because of all the taxi violence*."

The participants in this study affirmed that traditional and cultural contexts, stigmatisation and secrecy make it taboo for parents and educators to discuss sexual issues with children. This often encouraged them to seek out incorrect information about sex from less informed friends and people within their community: *"Mostly our kids are Xhosa-speaking, they are not allowed to say anything … they don't come out directly that they have this disease …"* Ng'weshemi, *et al*. (1997:171,183) state that children's

sexuality is often steeped in denial, secrecy, cultural beliefs and attitudes. Tadhuvana (2005:17,18,22) confirms that girls and boys are restricted by cultural and social beliefs, which could exacerbate HIV infection.

The majority of the participants expressed an urgent need for parents to be educated about the HIV and AIDS pandemic and engage in discussing HIV and AIDS issues with their children: *"… parents must get more involved with sex education with the kids, especially at the* [sic] *younger age …"* Ng'weshemi, *et al*. (1997:171,183) and Kelly (2002:31) confirm that parents generally find it difficult to talk openly with their children about sexual issues, as a result of which children are not provided with the relevant information relating to sex education. Buchel (2006:394) concurs, suggesting that parents must be supported by the school to discuss risky sexual behaviours and HIV infection openly and candidly with their children.

- **School principals provide excuses why educators are not doing enough to address HIV and AIDS issues**

The participants defended educators for not being productive to their fullest potential in terms of HIV and AIDS education and prevention. The participants cited various reasons why educators were not doing more to address the pandemic, such as that the policies from the Department were too complex to implement; educators were already overloaded with responsibilities; their schools were not adequately equipped, as Model C schools were; and educators did not receive the necessary emotional support from parents and the Department:

> *"… there are policies set up by the Department of Education with regards to issue* [sic] *of HIV/AIDS … it becomes uh, uh, too* [sic] *much of a burden for us as educators to implement the policies … because of the overloads that our educators are faced with."*
>
> *"… it is very taxing on the teachers, because every time it's the teachers involved …"*

"… ja, we've [sic] *got Life Orientation but, interestingly, our schools are not well equipped as the Model C schools ... because we do have teachers but … they are not specialised in that subjects* [sic]*."*

This is consistent with the findings of Buchel (2006:330,333), that the role of educators is overextended. As a result of HIV and AIDS, educators now have to act as social workers and counsellors, and still complete their teaching and administrative duties at school. In addition, they have to deal with insufficient teaching materials and unruly learners; receive little support and assistance from parents and the Department; and are inadequately compensated. Due to the shortage of skilled educators, many new educators are immature, inexperienced and underqualified to take on these daunting tasks (Buchel, 2006:17; Carr-Hill, *et al.,* 2000:18). This often results in an unconstructive, unenthusiastic and pressurised school climate, since educators cannot cope with their additional duties, and become stressed out. Consequently, educator absenteeism increases, which negatively affects the educational performance in schools (Buchel & Hoberg, 2006:17; Carr-Hill, *et al.*, 2000:7). This leads to management dilemmas for school principals, and compromises the valuable role schools could play in HIV and AIDS prevention and education.

The participants articulated that educators lacked training and knowledge regarding HIV and AIDS: *"… It's difficult for us, because we are just being trained to be educators, not to the other fields* [sic]*."* The participants affirmed that the Department did not provide extensive, efficient, regular and comprehensible HIV and AIDS workshops to educators: *"… yes, the workshops, they are good, but uh, sometimes workshops are above the standard of our educators"*, and *"It is high time that also the teachers to be trained* [sic] *… that the children … ought to get the best out of the teachers* [sic] *..."* Mathews, *et al.* (2006:392) suggest that educator training and increasing awareness of the threat of HIV and AIDS will improve the implementation of HIV and AIDS education in South African schools. Mabece (2002:77) further suggests that knowledge and training for educators will not only improve their confidence regarding the pandemic, but will also reduce stigmatisation and stereotypes.

Kelly (2002:33) states that because educators are afraid of violating taboos and offending parents, they are reluctant to address issues around child and adolescent sexuality. However, Peltzer & Promtussananon (2003a:354) argues that most educators are knowledgeable about HIV and AIDS and are comfortable teaching learners about the pandemic. However, they lack teaching resources and essential support from parents and religious groups. Tadhuvana (2005:56) contends that educators tend to neglect some crucial areas in providing AIDS education, such as building confidence in and inspiring their learners.

The participants in this study also underlined the lack of support and protection from the Department of Education in the form of the necessary legislation for educators to discuss HIV and AIDS issues openly in schools without any legal implications, which they believed would ensure the success of HIV and AIDS education and prevention initiatives in schools: *"… if the Department can … also protect us as such to speak openly* [sic] *and directly about these issues and take it hands on, without being, you know, targeted uh* [sic]*, by means of the law …"*

The participants in this study defended educators, stating that they did not receive adequate motivation and support from their colleagues, the community, parents and the Department: *"So I think the staff will also need, uh, some kind of support and things* [sic] … *how to handle it. Because you get emotionally involved* [sic]*."*

Mabece (2002:78,79) confirms that educators lack commitment and motivation and do not recognise the key role they could potentially play in combating HIV and AIDS. Therefore, they need support from their peers, parents, the community, the Department of Education, and especially the school principal. Mabece (2002:77,78) also concludes that the majority of educators do not perceive themselves to be at risk, which may be attributed to a lack of knowledge and first-hand experience. Furthermore, Hartell and Maile (2004:189) state that educators living with HIV are vulnerable and need ongoing support and protection from discrimination.

However, Buchel (2006:382), argues that the new regulations that protect HIV positive educators are biased, because they provide infected people with more rights than non-infected educators and learners. Healthy educators are becoming increasingly stressed and demoralised, because of the increased workload and loss of family members, friends and colleagues, as a result of HIV and AIDS (Buchel & Hoberg, 2006:17). Therefore, school principals need to be empowered with the skills and training to be able to identify the varying needs of all educators as a result of HIV and AIDS, as well as to motivate and support staff, and to be sensitive to those needs (Ngcongo, 1995:21).

4.2.1.1.3 School principals lack knowledge and express uncertainty about the pandemic

- **Lack of knowledge**

The majority of the participants displayed limited knowledge on issues relating to the HIV and AIDS pandemic, expressing a simplistic understanding of the disease and how to prevent it. As one stated: *"… they tell them that the best thing is for them to go and test* [sic] *and whilst you are tested, it is much better, because you are able to prevent yourself from acquiring this disease* [sic] …*"* In her study, Ogina (2003:60,66) disputes that the majority of school principals identify with and have sufficient knowledge about the HIV and AIDS pandemic as a deadly disease.

Another participant displayed no knowledge or awareness of HIV and AIDS campaigns and programmes: *"… they attend these courses provided by the Department, yes, there is no something* [sic] *from outside, as you said, Love Life, whatever* [sic] *…"* One participant commented that HIV and AIDS must be included in the curriculum, as if though it was not already included in Life Orientation: *"… needs to be introduced into the curriculum …"*

The participants also admitted to not being adequately equipped with the necessary knowledge to manage the HIV and AIDS problems in their schools: *"Yes, I need also some, uh,* [sic]*, more information, because, uh* [sic], *I never studied, I only know reading on AIDS on newspapers* [sic]*, radio … I can also become better equipped …"*

- **Uncertainty**

The participants displayed uncertainty about the HIV status of learners and educators, as well as the level of sexual activity among learners, since learners were generally reluctant to admit to being sexually active and their parents did not disclose their HIV status: *"… no parent has ever come and explain to me, as to my child is suffering from this and that …"* and *"… we've had our cases, but with staff you know, people don't talk, don't talk* [sic] *…"* The participants also emphasised that they did not force disclosure, but they were aware that children were sexually active, based on the number of teenage pregnancies in their schools: *"… we don't force parents to divulge child's status* [sic]*."* This is consistent with the findings of Buchel (2006:338,340), that HIV and AIDS is not a "notifiable disease" and that school principals do not have the right to force educators and learners to disclose their HIV status.

Some participants were unsure about the identity of the staff members trained and responsible for HIV and AIDS education in their schools: *"… it's a Life Orientation teacher, then it was Guidance, yes, but now things have changed since this new syllabus* [sic]*… I think it's about two lady teachers …"* Van Vollenhoven (2003:247) substantiates that not all educators are trained in HIV and AIDS education, which is in contravention with the National Policy on HIV and AIDS, which states that all educators should be skilled to provide guidance on HIV and AIDS.

4.2.1.2 Sub-theme 1.2: School principals adopt a discriminatory discourse

The majority of the participants assumed a discriminatory discourse when discussing HIV and AIDS related issues in their schools. The participants failed to realise that they

were being discriminatory and contradictory and actually fuelling stigmatisation in their discussions regarding the pandemic. Furthermore, school principals excused themselves for not planning strategically and not being pro-active and dynamic enough in mitigating the impact of HIV and AIDS in their schools, by emphasising their adherence to the confidentiality clause: *"… it's an issue that always has to remain confidential …*" The HSRC (2005:xxxvii) accentuates that stigmatisation and discrimination are recognised as key obstacles to the successful prevention of HIV.

4.2.1.2.1 School principals use discriminatory language when referring to HIV and AIDS

The school principals that participated in this study displayed an indifferent attitude and used discriminatory language when referring to the HIV and AIDS pandemic that affected certain population groups: *"… this AIDS business is mainly with the girls …"* and *"… girls are more advanced than boys, therefore HIV is mostly attacking the girls."* This statement also brings to the forefront the notion of the participants that the HIV and AIDS pandemic was prevalent in certain population groups only, such as women and young girls, the black population, sex workers, and people living in poverty. This is consistent with the findings of Ogina (2003:61,62) that teenagers, especially girls and unmarried educators, are high-risk groups, due to their "sexual lifestyles". The HSRC (2005:45) and Vandemoortele and Delamonica (2002:11) further concur that teenage girls are much more susceptible to contracting the virus than boys.

One participant contended that since the prevalence was higher among girls than boys, it did not affect him or his school, because he taught at a boys' school: *"… we've discussed it before ... Some [school principals] shrug it off their shoulders, doesn't affect me, cause* [sic] *I've got a boys' school …"* Kelly (2002:35) confirms that gender inequality still prevails in South Africa. Setswe (2006:479) concludes that male teenagers who have received AIDS education and knowledge manifest a reduced tendency to engage in risky sexual behaviour. Therefore, it is important that school principals promote gender sensitivity and behavioural change among boys and girls

across the curriculum, so that the status, customs and principles of both girls and boys will be considered (Ng'weshemi, 1997:95,96).

The participants also identified certain race groups as being more at risk than others: *"The two cases that we had, was from the black community. From, our coloured community I, I [sic] didn't have any cases at all, ja."* The HSRC (2005:36) confirms that although HIV affects all races in South Africa, the HIV prevalence is significantly higher (13.3 %) among the black population than in the other race groups (below 2 %). Furthermore, school principals alleged that they did not practice discrimination and labelling, but many discriminated against certain race groups as being more affected than others in their outlook on the pandemic: *"… I don't want to attach a label to them, especially the [sic], because I have about 60 % of the children are black to this school [sic]."*

Another participant commented that some Model C schools seemed to ignore the impact of HIV and AIDS in their schools: *"… turning a blind eye … I don't think they think about it uhm* [sic]*, I think, especially in the Model C schools, because you've still got majority whites."* Van Vollenhoven (2003:246,247) confirms that there is evidence that previously 'white' schools address HIV and AIDS differently than previously 'black' schools. The latter are more open-minded, encourage disclosure and are supportive of staff, while previously 'white' schools, display no community cooperation, insisting that they will deal with HIV and AIDS issues internally and that they will not disclose the status of HIV positive educators to parents and learners (Van Vollenhoven, 2003:246,247).

4.2.1.2.2 School principals view HIV as punishment for immoral behaviour

The majority of the participants perceived the pandemic as affecting bad people who had behaved irresponsibly and immorally, such as the sexually promiscuous who had had multiple sexual partners *"... we are usually labelling those people as if maybe they* [sic] *are people who are misbehaving or whatever* [sic]*."* The participants also strongly

favoured the moralising of children at an early age, which indicated that the participating school principals perceived HIV to be caused by immoral behaviour: *"… let's moralise the people, build up the morals in the schools."* Ogina (2003:62) confirms that school principals view risk as the result of immoral behaviour, such as participating in unprotected sex mainly with strangers and having multiple sexual partners, and that the use of substances increases infection.

Research indicates that there is a high prevalence of HIV among children in the age group 2 to 14 years in South Africa, which indicates that the source of infection may be linked to sexual abuse and neglect (HSRC, 2005:45,142). Buchel (2006:336) agrees that violence and sexual abuse in schools are high, which can increase the spread of HIV and AIDS. Furthermore, Ogina (2003:38) concludes that girls are at greater risk of infection, as they are more vulnerable to sexual abuse by educators and boys. Kelly (2002:30,31) agrees that school children are at risk of sexual harassment and abuse by people that they know. This indicates that it is important for school principals to realise that HIV infection is not necessarily caused by 'immoral' behaviour, but that people, especially the youth, can become infected as the victims of social crimes, such as violence, sexual abuse and harassment.

One participant argued that it was important to address and change the misconceptions and attitudes surrounding the pandemic: *"… it's not something that people should fear. Once you've got it, just try and get treated, finish and klaar* [sic] *… And let also the* [sic] *other people not shun people who have got AIDS ..."* Another participant compared the reactions of people to the HIV and AIDS pandemic to their reactions to other chronic diseases, such as tuberculosis and diabetes, suggesting that HIV and AIDS should be treated like any other chronic illness: *"TB was also, uh* [sic]*, having that stigma, but in the long run it ended, but the only thing, perhaps it [AIDS] is simply connected with sex … makes it have a stigma* [sic]*."* This is consistent with the findings of Buchel (2006:384), namely that HIV and AIDS must be discussed openly and treated like other chronic diseases, in order to reduce discrimination and stigmatisation.

Therefore, despite the feminisation of the pandemic and the fact that the black population, women and people living in poverty, are the worst affected, the participating school principals adopted a discourse that implied the social exclusion of certain population groups. This implies that prevention and education should be mainly directed at these groups, although the pandemic affects people from all walks of life.

4.2.2 Theme 2: School principals respond positively to new challenges imposed by HIV and AIDS pandemic

South African school principals are faced with the daunting task of managing and dealing with the HIV and AIDS pandemic in their schools; a task that they were never professionally prepared for or trained to handle. Fortunately, many of the school principals participating in this study have managed to harness their limited skills and knowledge and tackle the effects of the pandemic in their schools head on.

Malcolm (2002:70) contends that education has to confront the pandemic in three ways, namely:

- Limiting the spread of infection.
- Assisting those affected to live their lives with confidence.
- Maintaining and developing an efficient education system.

4.2.2.1 Sub-theme 2.1: School principals respond to the best of their capabilities in meeting new demands of HIV and AIDS pandemic

This limited study has revealed that the participants did not have any long-term strategic plans in place to cope with the HIV and AIDS pandemic. In responding to the challenges imposed by the pandemic, initiatives by the participants had been isolated, inconsistent, *ad hoc* and informal.

4.2.2.1.1 Raising awareness in the school

The participants were aware that there was no known cure for HIV and AIDS and that the only way of curbing its spread, was to change the behaviour and mindset of people and to equip people, especially children, with information and a moral basis to make more informed and responsible decisions concerning their sexual choices: "*We arm them, so any programme of action should just be directed at assertive training and all* [sic] … *so that they can be able to make informed decisions …"* Strydom (2003:59) confirms that teenagers have an urgent need for more information relating to sexuality and HIV and AIDS.

In this research study, the participants were involved in numerous strategies to increase awareness about HIV and AIDS in schools, and to bring the reality of the pandemic to the attention of the learners, so that they would receive first-hand experience of the pandemic: *"So I try to, uh, bring real-life stories* [sic] *to class …"* These included various strategies, such as AIDS awareness campaigns (celebrating World AIDS day, candle lighting memorials and special events, the use of guest speakers (such as health professionals and AIDS victims), presenting motivational talks during assemblies, plays, dramas and Life Orientation classes. However, these efforts were generally isolated, improvised, and unplanned and usually took place once or twice a year only:

> *"… address the learners you know, on, on* [sic] *certain days, on the first of December … all those things become events, they come and go … it's all forgotten, so we don't have an ongoing continuous drive …"*
> *"Nurses are often used to conduct these talks and provide information; however, these talks are irregular and not frequent …"*
> *"Isolated, yes, that's it, it's* [sic] *just occasional that they come, perhaps two times a year."*

Research corroborates that various methods are being utilised by schools to enhance HIV and AIDS awareness (Ogina, 2003:60,61). Ng'weshemi, *et al*. (1997:180) confirm

that young children enjoy creative and innovative educational activities, such as plays and dramas, and being involved in community campaigns. Strydom (2003:59,69) supports the notion that HIV and AIDS knowledge should be delivered regularly by a person outside of the school and by using various presentation methods. Mabece (2002:78) states that the use of healthcare workers and professionals in Life Skills programmes enhances educators' confidence (Mabece, 2002:78).

The participants confirmed that Life Orientation classes were used to provide information on the HIV and AIDS pandemic and to raise learners' awareness of the pandemic: *"… in the Life Orientation period … from Grade 1 right up to Grade 7, the teachers in the Life Orientation, they make the children aware …"* In contrast, another participant responded that in his/her school, educators tried diligently to create an awareness about the disease in all classes, not only in Life Orientation classes: *"... there the teachers try and, and* [sic] *in our language, in fact it's all over the curriculum and things* [sic] *… they hear it every day and … that is what we can do at the school."*

4.2.2.1.2 Employing practical measures

- **Promoting abstinence and issuing condoms**

In this study, the majority of the participants encouraged abstinence instead of condom use, admitting to feeling uncomfortable about the issuing of condoms, especially in primary schools:

> *"… what we are preaching to them, they must abstain … because normally people use condoms carelessly."*
> *"… having to issue condoms to a primary school, and then I had some worries about this you know* [sic] *…"*

Ng'weshemi, *et al.* (1997:172) declare that the AIDS curriculum promotes abstinence and the use of condoms, but fails to address the significant issue of condom

negotiation. Buchel (2006:384) agrees that safe sex negotiation must be promoted and that children must be made aware that condoms are not failsafe or an alternative for sound moral behaviour. However, the early onset of sexual activity among children has resulted in the controversial distribution of condoms in schools, including primary schools. The participants felt that the distribution of condoms encouraged promiscuous behaviour, but at the same time, they could not ignore the fact that learners were becoming sexually active at a younger age: *"… if I do give the children condoms at the school, I'm encouraging to do it* [sic]*, other children says no, on the other teacher says no* [sic]*, if I do give condoms to the children, we should not turn a blind eye* [sic] *..."* Ng'weshemi, *et al.* (1997:172) agree that the introduction of condom use is debatable and that there are concerns, such as that it could promote promiscuity and unwanted sexual behaviour. Buchel (2006:384) disputes that condom use should be promoted in high schools, at a stage when children are already more curious to experiment with sex. Strydom (2003:59) agrees that the use of condoms is widely accepted among teenagers. However, Gonyela (2006) argues that condoms are still not accessible at schools, particularly high schools.

- **Caring for orphans and vulnerable children**

The majority of the participants acknowledged the existence of orphans and vulnerable children in their schools, emphasising that they were willing to accommodate and assist these children: *"… we gonna* [sic] *find that more and more the kids are gonna* [sic] *come, and they're gonna* [sic] *have HIV and AIDS, and we'll have to deal with that, because, you know, education must carry on, you've got to actually accommodate those kids …"*

The participants stated that they assisted orphans and vulnerable children by providing incentives and making special allowances for them. Efforts included: exempting them from school fees; providing feeding schemes and vegetable gardens to feed the hungry children; providing the children with school uniforms; and allowing them to use classrooms for study purposes after school, because they did not have electricity at

home: *"… some of them, they are losing their parents, both their parents … we are the ones who are going to try to help them …"* One participant responded that remedial academic assistance was being provided to HIV infected and affected learners: *"… we have a remedial teacher that gives remedial training to these kids … if they are weak academically … if they are absent and they are sick …"*

Ng'weshemi, *et al.* (1997:343) contend that although initiatives to support orphans and vulnerable children directly by providing them with food, shelter and clothing are laudable, such efforts are insufficient and short-lived, because they will not support and sustain these children over the long term.

- **Peer education**

The participants in this study were generally in favour of promoting peer education and peer counselling, stating that children responded better to their peers than to their educators. Importantly, peer education can address any misconceptions and incorrect information: *"I'm a great believer in peer counselling and peers speaking to peers … it's more effective, because they speak their language …"*
Kelly (2002:31) confirms that children have many questions about sexual issues and tend to turn to their friends for information, signifying the importance of peer education. Setswe (2006:480) and Ng'weshemi, *et al*. (1997:175) further substantiate that peer education is crucial in expanding knowledge, changing attitudes and mindsets, and promoting safer sexual behaviour and negotiation relating to HIV and AIDS. Thus, the promotion of peer education by school principals is crucial for learners to make informed and responsible decisions regarding their sexuality.

- **Extramural activities**

Although many of the participating school principals commented on a lack of sporting facilities and equipment, they supported the assumption that extramural activities would help prevent learners from becoming vulnerable to risky situations and bad behaviours:

"… we've got choirs, I mean it's not enough, it's not enough …" One participant had established a book club for learners after school: " … *I have a book club with the kids. After school, they come in …"* Buchel (2006:387) contends that extramural activities must be compulsory in all schools, because it keeps children safe from risky behaviour and from roaming the streets until late at night.

Ogina (2003:65) further contends that the establishment of recreational facilities and engaging in income-generating activities will prevent children from becoming involved in risky sexual activities. Therefore, school principals must ensure that learners have access to a safe environment that is conducive to informal and formal education and protects their safety. An environment that is free from violence, sexual harassment, bullying or unsafe areas will reduce the spread of the pandemic. The organisation of compulsory extramural activities by school principals will facilitate a safe and productive environment for children, thereby reducing the risk of infection.

- **Promotion of human rights and non-disclosure**

The participants demonstrated an awareness of the rights of learners and educators by referring to terms such as confidentiality, respect and dignity, privacy, and non-discrimination. The participants displayed a positive attitude and a sincere willingness to accommodate and work with HIV positive educators. However, the participants argued that it was difficult to assist and support infected learners and educators, since they were generally unaware of their HIV status. The principals did not force disclosure, nor were they reluctant to admit HIV positive learners to their schools: *"… we just enrol the child, we do not discriminate and cannot discriminate against the child, treat with respect* [sic] *and dignity …*" The findings are consistent with the findings of a study by Ogina (2003:63), that school principals have a positive attitude towards learners and educators living with HIV and AIDS. Ogina (2003:61) further established in her study that school principals encouraged voluntary disclosure, and did not correlate HIV and AIDS with stigmatisation when considering learners and educators. In fact, disclosure

will allow those infected to receive counselling and other support and create an awareness of the actuality of the pandemic (Ogina, 2003:61).
One participant had also provided a suggestion box in order to promote openness to disclose information freely as well as maintain the confidentiality of learners and educators: *"… learners should not be afraid to come out and put in the suggestion box whatever* [sic] *…"*

Research illustrates that many educators are unwilling to disclose their HIV status, for fear of stigmatisation and discrimination, but voluntary disclosure might promote support, trust and understanding amongst staff and school principals (Hartell & Maile, 2004:188,189; Nowell & Van der Merwe, 2003:54). Therefore, the disclosure of the HIV positive status of learners and educators could be advantageous to school principals in managing the impact of the pandemic on their schools. Hartell and Maile (2004:188,189) contend that one drawback might be that the atmosphere of discrimination will discourage disclosure and that the infected person might not necessarily receive the essential support due to stigmatisation and the misconceptions and ignorance that have prevailed among school principals and their colleagues. Therefore, Nowell and Van der Merwe (2003:48,57) encourage school principals to reduce the stigmatisation of HIV positive staff and actively remove any misconceptions and fears regarding HIV and AIDS, since stigmatisation stems from ignorance and misinformation and impacts negatively on the productivity and morale of staff.

Buchel (2006:331,340) has further established that the non-disclosure of HIV infections by learners and educators increases the administrative and management challenges of school principals, since they are unable to accurately assess the impact of the pandemic and the escalating infection rates among learners and educators in their schools. Qotoyi (2003:72) suggests that the Department should assist school principals in establishing an Education Management and Information System (EMIS) to accurately determine the impact of the pandemic on their schools. Buchel (2006:385) agrees that classified, vigilant and accurate information must be obtained and maintained on the HIV and AIDS prevalence in every school, but insists that this data should be highly

confidential and be accessible to school principals and School Management Teams only. The Department of Education (2003:6) and Kabanyana-Zigira, *et al.* (2005:1) confirm that it is imperative that school principals be able to assess the risk of HIV and AIDS in their schools and determine the impact of the pandemic on their schools, so that appropriate steps to develop an HIV and AIDS strategic plan, may be taken. Therefore, school principals must adapt management structures urgently, to deal with the unanticipated ongoing crisis in schools resulting from the pandemic, for which they did not strategically plan.

- **Referral of cases to professionals**

In this study, the participants expressed a willingness to refer AIDS related cases in schools to the relevant professionals, if the situation permitted: *"… if it's a case that warrants referral, because we do have, uh* [sic]*, within the Department of Education, professional people that are dealing with issues like that* [sic] *…"*

4.2.2.1.3 Restricted parent and community partnerships

In this study, school principals argued that despite various efforts made, such as cheese-and-wine evenings, braais and dances, parents remained uninterested in developing partnerships with the schools: *"… they don't avail themselves to try and work together, ja, that's a problem* [sic]*."* Parents' meetings also did not address HIV and AIDS issues: *"… a parents' evening with the parents* [sic]*. Maybe no AIDS one but* [sic] … *we having the parents together* [sic] *…"* The participants realised that being pro-active and serving as good role models were effective ways of the curbing the spread of the pandemic, as well as building collaborative relationships with the community: *"We must try to set the example to our community."* The participants in this study were also involved in building partnerships with various organisations, such as churches, Non-Governmental Organisations (NGOs), and Universities:

> *"… we are in partnership … with St. Johns."*

"There are many learners who are involved in Love Life meaning that it's just [sic] *to spread this information to them …"*

"We have started uh, uh, [sic] *another partnership with the Nelson Mandela Metropolitan University … a girls' talk, with our learners every Saturdays …"*

Research indicates that the quality of the liaison between educators, learners, parents and the community can have a positive influence on learners' mental health, self-esteem, attitude and school attendance (Mathews, *et al.,* 2006:389). Furthermore, the enhancement of relationships between stakeholders will boost effective leadership and management amongst school principals in fighting the pandemic at school level and in the community (Buchel, 2006:332,333).

One participant commented that a triangular foundation for dealing with the HIV and AIDS issue, should be laid, in terms of which the school, church and the home should embark on a plan so that learners will receive relevant information on HIV and AIDS at these places: *"… last year we had, uh* [sic]*, a triangle, the school, the church, the home … so all these three institutions, we talk about the AIDS* [sic]*."* This is consistent with the findings of Mabece (2002:80,81), namely that a partnership should exist between schools and parents in addressing the issue of HIV and AIDS education for children.

School principals need to be trained and equipped with the relevant leadership and management skills to develop constructive partnerships with parents and the community, so that the prevention of the pandemic within the school and the community can be promoted. Evidence suggests that schools are at the core of community development and that communities who support and take ownership of their schools will have an encouraging impact on the school and contribute to the successful achievement of the school's objectives (Buchel, 2006:334).

Many participants indicated that School Governing Bodies (SGBs) had failed to address the HIV and AIDS pandemic in their schools, in terms of policies, since they lacked the

necessary skills and knowledge and were not functioning effectively: "*… with our SGB's … those parents were prepared to come and serve … but they didn't have the necessary background …"* and *"… so far we didn't introduce that topic in our SGB meeting."* This is consistent with the findings of Hartell and Maile (2004:198), namely that although SGBs are sensitive to and supportive of HIV positive people, their efforts are hampered by a lack of information, training and policy guidelines from the Department. Van Vollenhoven (2003:246) concurs that SGBs are unclear on their function with regard to the National Policy on HIV and AIDS, and that they merely apply their general knowledge of the Constitution and human rights in dealing with HIV and AIDS problems in their schools.

Therefore, the participants articulated a need for greater involvement and support from the School Governing Bodies (SGBs) in dealing with the AIDS crisis in their schools. Furthermore, SGBs need to be trained and provided with the relevant information to ensure that they are capable of managing the pandemic: *"I have an SGB, uh* [sic]*, whereas, our SGB well* [sic]*, is not well established."* Buchel (2006:332) contends that a stable, understanding and consistent relationship between school governing bodies and school principals will promote effectual management and leadership with regard to the pandemic.

4.2.2.1.4 Limited training and support to educators

The participants in this study facilitated the education and empowerment of staff, learners and parents about HIV and AIDS, by allowing some of them – not all – to attend workshops. Those who did attend, were expected to update the rest of the educators: *"… I've sent two teachers to be trained, you know, to a workshop."* Tadhuvana (2005:56) agrees that educators should be provided with updated information about HIV and AIDS during staff development.

Ogina (2003:62,63) confirms that the majority of schools do not have educators with HIV and AIDS training and that school principals do not prioritise sending educators for

training, because of a lack of knowledge relating to universal precautions. Therefore, there is an urgent need for training on HIV and AIDS, both pre-service and in-service training (Ogina, 2003:62; Van Vollenhoven, 2003:247). Furthermore, Ogina (2003:63,64) suggests that school principals must encourage educators to become involved in HIV and AIDS workshops, for example, to learn the necessary universal precautions regarding injuries and blood handling practice.

One participant stated that the school paid and arranged for substitutes and volunteers from the community to assist the school in dealing with the increased absenteeism of educators at school: *"… if I know is going to be* [sic] … *you make other plans, you get substitute* [sic] *… the school's paying for three volunteers from the townships …"*

4.2.2.2 Sub-theme 2.2: School principals articulate their needs in responding to the pandemic

The HIV and AIDS pandemic has broadened the role and responsibilities of South African school principals, since they now have the added responsibility of taking initiatives in providing nutrition, counselling and accommodation to orphans and those infected and affected with HIV and AIDS in their schools. Consequently, the needs of school principals in meeting the new challenges will increase, in order to successfully mitigate the effects of the pandemic in their schools.

4.2.2.2.1 Training in writing and implementing an HIV and AIDS policy

Most of the participants in this study confirmed having an HIV and AIDS policy at their schools, but pointed out that it was not a written policy: *"Not a written one, yes … the Department has started and training, uh, teachers* [sic] *… I'm sure this will develop with the writing of the policy, something like that, ja* [sic]*."* Moreover, the participants conveyed that it was difficult to implement an HIV and AIDS school policy, because of a lack of manpower, proficiency, and support: *"… we haven't implemented anything, we are discussing the way about it."*

Hartell and Maile (2004:198) confirm that a gap exists between policy and practice with respect to the management of HIV and AIDS in schools, since many schools do not have a school-based policy on HIV and AIDS for learners and educators; the role of School Governing Bodies (SGBs) in the management of HIV and AIDS is not defined; and the Department of Education's policy on HIV and AIDS is not clearly and unambiguously communicated to the schools.

Ogina (2003:63) further confirms that most school principals do not have a school HIV and AIDS policy. A study conducted by Qotoyi (2003:68) also substantiates that although the majority of school principals are conscious of the disparaging impact of HIV and AIDS on their schools, they still fail to implement the guidelines regarding the pandemic as set out by the Department. The Treatment Action Campaign (TAC) further confirms that many schools have not established their own HIV and AIDS policy, which would have promoted gender equity, human rights and informed choices (Gonyela, 2006).

The majority of the participants expressed an urgent need for training on how to write and implement guidelines and procedures on dealing with HIV and AIDS in their schools, as well as the need to be trained in writing their own school HIV and AIDS policy:

> *"… at the moment, we are battling with policies, that is, uh* [sic]*, to try and gather a policy…"*
> *"I would like to if we do have something, uh* [sic]*, that I can, more or less see from, that I can write it in the form of … what steps to follow … but it is something that has to be followed by the whole school …"*

Mathews *et al.* (2006:395) have revealed that the existence of an HIV and AIDS policy, the school environment and community participation influence the implementation of HIV and AIDS education. Therefore, it is important for school principals to plan and

develop a formal school HIV and AIDS policy. Ogina (2003:63,64) strongly suggests that school principals draw up a school HIV and AIDS policy in collaboration with all stakeholders, such as educators, parents, school governing bodies, and the Department. Mabece (2002:79) suggests that the school HIV and AIDS policy must be readily accessible to all stakeholders, so that intervention activities at school can be supported and any resistance can be minimised. The HIV and AIDS policy should address human rights issues, efficient HIV management, prevention efforts, and the creation of a safe and caring environment at school (Ogina, 2003:63,64). More importantly, these statements indicate that school principals are in need of knowledge, skills and training to equip them to draft and implement an effective HIV and AIDS school policy.

Qotoyi (2003:71) highlights that the Department of Education must have a structure in place that will support, monitor and assist school principals in successfully developing and implementing an HIV and AIDS policy in schools, on a regular basis. Reasons as to why schools are not effectively implementing HIV and AIDS policies must also be explored, and assistance must be provided to schools who fail to implement these policies (Qotoyi, 2003:71).

4.2.2.2.2 Training on how to integrate HIV and AIDS into the curriculum

The participants in this study suggested that although learners were exposed to HIV and AIDS education in Life Orientation classes, it should also be included into other subjects: *"It's interesting, all the subjects are now, in every subject you can actually bring the AIDS* [sic] *…"* Furthermore, the participants in this study emphasised that the issue of morals should be included in all areas of the curriculum, in order to ensure the holistic development of the child: *"Talk about life, talk about sex, talk about you know* [sic]*, abstinence … because education is not only about business economics and mathematics, so as you produce, you know* [sic]*, academic giants and social dwarfs …"* Mabece (2002:78) concurs that Life Skills programmes must be long term, continual and be included in all areas of the curriculum. Qotoyi (2003:70) agrees that HIV and

AIDS education must be integrated into the curriculum for all grades, in order to be effective in instilling and maintaining appropriate and acceptable behaviours in society. In addition, sufficient time and consideration must be provided to the Life Orientation learning area. Peltzer & Promtussananon (2003a:355) argues that although HIV and AIDS education is integrated into the curriculum in theory, it is not effectively implemented in practice. Therefore, it is important that school principals be equipped with the essential management and leadership skills to develop strategies that will assist and support educators in integrating HIV and AIDS into all areas of the curriculum.

The participants also articulated the urgent need to educate children as early as possible, because children were becoming sexually active at an increasingly young age: *"… get the information as early as possible …"* Mabece (2002:78) confirms that educators prefer HIV and AIDS to be introduced in the curriculum as early as possible, provided it is age appropriate. Kelly (2002:32,33,34) substantiates that problems surrounding the design and implementation of HIV and AIDS initiatives can be attributed to the fact that children older than nine years are targeted, which might be too late; the cultural context and belief system of a specific area are neglected; and the use of condoms as a way of prevention, rather than abstinence, is promoted.

Furthermore, the participants expressed that although sexuality education and HIV and AIDS education were compulsory within the learning area of Life Orientation, it needed to be an examinable subject, so that learners would take it more seriously and concentrate on it like other examinable subjects: *"… in the past, they [Guidance and Art] were not examination subjects, we concentrate on examination subjects in school."* Another participant felt HIV and AIDS education needed to be an exclusive subject: *"… you talk about Life Orientation and all that* [sic]*, but I would like to be an exclusive subject … where we have a teacher who is just employed to teach about AIDS [education] …"* The participants asserted that HIV and AIDS needed to be integrated into the curriculum to ensure that children were empowered with accurate information to make the right life choices regarding their behaviour and sexuality: *"I assume that by*

knowing the information, it will empower them to change their attitudes and in their behaviour on a long term basis [sic] *…"*

Mathews, *et al.* (2006:388) confirm that interventions in schools have the capacity to reduce risky sexual behaviour, but that many interventions have still not been successfully implemented in schools. Niang, *et al.* (2006:425) substantiate that in many countries the rate at which the pandemic is spreading, is too rapid compared to the slow rate of change in the sexual behaviour of people. Buchel (2006:383) corroborates that Life Skills has not curbed the risky behaviour of learners and that a more concerted attempt is needed to persuade learners to abstain or practice safe sexual behaviour.

The participants in this study stated that the curriculum needed to integrate gender and cultural issues and change stereotypes and people's behaviour: *"We change the stereotypes, because it has to start from there, we start from there."* Buchel (2006:385) agrees that behaviour transformation, and instilling and maintaining moral values, lie at the heart of HIV prevention and that sexually transmitted infections and health care must be incorporated into the curriculum in secondary schools (Buchel, 2006:385).

Some participants stated the need for school principals to arrange outreaches to local havens, hospitals and police stations so that learners could get first-hand experience of the pandemic: "*I don't think the teachers and the kids have been out to the havens and seen the kids."* Mabece (2002:78) agrees that school principals need to co-ordinate activities to take educators and learners to hospitals and havens so that they can experience the reality of the pandemic first-hand. Kelly (2002:32) concurs that as learners lack exposure to the reality of HIV and AIDS, they have not changed their behaviour.

4.2.2.2.3 Information and training to improve communication about the disease

- **Sources of information**

The participants expressed an urgent need for more sources of information to change people's attitudes and eliminate misconceptions about the HIV and AIDS pandemic: *"… people's attitudes can be changed … first you must have enough information … That is a way in which people can start to change but people* [sic]*, it need well-trained people first …"* Kelly (2002:31) states that in schools where challenges and risks relating to HIV and AIDS are the highest, the capability to convey messages is usually the least effective.

Furthermore, the participants expressed a need for more sources of information to fully equip themselves to successfully combat the HIV and AIDS pandemic in their schools: *"Yes, I need also some, uh* [sic]*, more information … I can also become better equipped, so that I can have all the skills and strategies of dealing with this, uh* [sic]*, with this pandemic … I think I need that knowledge."* Ogina (2003:61) disagrees, insisting that school principals have access to many sources of information.

The participants declared that schools relied heavily on HIV and AIDS information and assistance provided by outside experts, professionals and the media, in order to enhance effective communication about the pandemic in their schools: *"… at the moment, the most information's [sic] coming from outside from the clinics…"* Mabece (2002:78) agrees that health care professionals and doctors must be included in Life Skills programmes to provide expert advice and information on solving problems. Mabece (2002:58) also argues that although the media can be a powerful means of disseminating information and reducing fears and misconceptions, it can provide inaccurate information as a result of an excessive focus on sensationalism, statistics and the political issues surrounding HIV and AIDS. Therefore, it is important for school principals to compare accurate information with the information available in the media.

One participant specified the need for the local municipality to work with schools in determining and measuring the impact of the pandemic on the community and the school in particular. The information will promote effective prevention interventions and assist school principals in developing strategies to manage the pandemic in their schools: *"… need to have stats of HIV positive people … and see the challenges that these people are facing, how they* [the municipality] *can help in solving those …"*

Qotoyi (2003:72) states that school principals are unable to determine the effects of the pandemic without accurate statistics. It is essential for schools to have their own information-gathering system that will capture and provide data that demonstrates the impact of HIV and AIDS, to assist school principals in analysing the level of its impact. Indicators such as absenteeism, a decline in work performance, mortality and morbidity rates, turnover rate of staff, number of orphans, number of drop-outs, number of teenage pregnancies, and the number of AIDS related deaths, need to be utilised (Qotoyi, 2003:72).

The Western Cape Department of Education (2000:2) argues that school principals need access to information about educators who have been transferred as a result of misconduct, such as the sexual abuse or the harassment of learners or colleagues. Another managerial problem school principals face in mitigating the impact of the pandemic in their school, is the lack of information from the Department regarding the misconduct of staff members. Research confirms that many educators and school principals have been implicated in abuse cases at South African schools and that the authorities responded leisurely to allegations of abuse (Buchel & Hoberg, 2006:5,20).

- **Management training**

The participants articulated an imperative need to be adequately trained with the essential skills and knowledge to manage HIV and AIDS related problems in their schools: *"Somebody comes to* [sic]*, 'Sir, I'm positive', how do I deal with that?"* The participants in this study further asserted that they needed more support, skills and

training by the Department of Education to capacitate them to deal more effectively with the HIV and AIDS crisis in their schools. Buchel and Hoberg (2006:17) confirm that school management is under jeopardy as a result of the impact of HIV and AIDS in South Africa, due to the lack of skills and training of many school principals in managing and dealing effectively with HIV and AIDS in their schools.

Research corroborates that the schooling process is interrupted by unanticipated disruptions and an uncertain, stressful environment caused by the HIV and AIDS pandemic. School principals are not equipped to deal with the increasing absenteeism; the high turnover rate of educators; the unpredictable enrolment rates of learners; the shortage of skilled educators; overworked educators; demoralised educators and learners; hungry and sick learners; a deprived teaching and learning culture; limited resources; and minimising disciplinary problems (Buchel, 2006:332,335; Qotoyi, 2003:68). Furthermore, as a result of HIV and AIDS, many school principals are experiencing numerous problems in executing their functions effectively, due to a lack of knowledge and skills in creating an effective management structure and upholding educational standards in schools (Buchel, 2006:320,322).

Qotoyi (2003:70) concurs that more workshops relating to HIV and AIDS knowledge and management need to be organised for school principals, specifically in rural areas. School principals are in a strong position to promote HIV prevention, de-stigmatise and remove discrimination, and provide care and support to people living with HIV and AIDS. Therefore, it is vital to focus on developing knowledge, management and leadership skills among school principals in preventing HIV and AIDS in schools (Wijngaarden, *et al.,* 2005:5).

Ogina (2003:60,64,66) confirms that school principals lack planned, structured strategies in coping with the pandemic in their schools, and suggests that the Department of Education should identify and organise more in-service training workshops on HIV and AIDS, during school holidays, if possible. Training workshops must be given high priority by schools, be consistent and also address issues that

prevent school principals from effectively carrying out their duties in managing HIV and AIDS (Ogina, 2003:64; Qotoyi, 2003:71).

The participants also affirmed that HIV and AIDS had broadened the role of the school principal: *"It has made it difficult, because you, you* [sic] *can't just concentrate on the administration side of things of running the school, now you would have to supply the nutrition, you have to get the nurses and the counselling for these kids …"* Ramakau (2005:10) concurs that school principals are focused on the education process and administrative tasks, and tend to ignore the challenges of HIV and AIDS in their schools (Ramakau, 2005:10). Badcock-Walters and Görgens (2001:40) emphasise that "no longer business as usual". Consequently, a new approach to managing the pandemic in schools is imperative, and school principals need to change their priorities in managing the pandemic in their schools. Therefore, a more consultative, participative, democratic and inclusive leadership style is required by school principals in running the schools effectively (Gultig, *et al.,* 2002:68).

Gultig, *et al.* (2002:104) highlight that strategic planning involves strategic decision-making, anticipating problems and seeing how external situations will impact on the school, and the ability to develop effective strategies to deal with the crisis. Therefore, it is important for school principals to be equipped with essential management and leadership skills and training to undertake strategic planning in order to manage the impact of HIV and AIDS in their schools.

4.2.2.2.4 Resources and manpower

- **Resources**

Many schools face financial difficulties in meeting the new demands the pandemic has created in their schools, such as accommodating orphans and vulnerable children; budgeting for substitute educators in dealing with the high rate of absenteeism; the lack of facilities and infrastructure; and inadequate teaching materials. Therefore, school

principals need supplementary resources and manpower to slow down and reverse the spread of the pandemic, as well as accommodate the increasing number of orphans and vulnerable children in their care. School principals articulated that the serious lack of funding was a major concern in their schools, and funding for various resources and physical facilities was urgently needed to meet the challenges of the pandemic: *"Must have things at school* [sic]*, not necessarily that the child should go to hospital in order to get these things*."

The participants also expressed the need for resources to provide basic necessities as incentives, such as food and transport, to encourage learners to come to school every day: *"… for children to come to school each and every day, there must be incentives. One of the incentives food at home and uh, another thing is the transport* [sic] *…"* Another participant commented: *"… before you can educate them, you have to start with the feeding* [sic]*."* The participants also stressed the need for more teaching resources to promote HIV and AIDS education and prevention: *"… the teacher must be supplied with things [sic] … these cassettes, the videos, so that the children must have, uh, a picture* [sic]*."* This is consistent with the findings of Qotoyi (2003:71), namely that schools must receive adequate materials to promote HIV and AIDS awareness in schools.

The participants articulated the need to create a safe and secure place for learners at school, where they would feel cared for, respected and protected from abuse: *"So if we can have a little place, like a haven for these learners to go … just to feel safe, just to feel loved again, just to feel someone cares for me."* Buchel (2006:391) confirms that support and guidance frameworks must be in place to assist victims of abuse in reporting cases, and receive counselling, so that learners would not drop out of school, but remain in the educational system for as long as possible.

- **Manpower**

The participants highlighted the need to be capacitated to be able to plan, budget and manage the shortage of manpower in their schools caused by the pandemic: *"… so it's obvious that you've got to plan ahead and make sure that you've got funds available … you've got to pay for substitute teachers, because Government, they don't pay …"* Buchel (2006:323) confirms that school principals will be faced with a serious shortage of manpower, which will affect the quality and process of education. Buchel (2006:385,387) suggests that the Department provide school principals with lists of relief educators and the subjects which they teach, comprising of resigned, unemployed and retired educators.

The participants expressed the need to be trained with the leadership and management skills necessary to facilitate the development of a good, understanding relationship with staff members, so that the goals of the school could be achieved collectively: *"… it's so important for the principal at the school, that he must set the proper example to the staff … the principal must be proactive."* School principals need to establish a culture of collaboration within the school, to create a supportive, motivating, healthy and stimulating atmosphere to help educators cope under difficult conditions (Department of Education, 2003:68,70). School principals, as effective leaders, must create an environment where there is safety, security, motivation, tolerance, respect for and acceptance of each other, as well as utmost participation, transparency and accountability among staff members (Gultig, *et al.,* 2002:69,73,95). Conflict exists in all schools (Gultig, *et al.,* 2002:106). Therefore, school principals must be capable of promoting collaboration and teamwork and effectively manage conflict, which will reduce stress and poor morale among the staff. Furthermore, anti-retroviral treatment must be provided to infected educators so that they can remain efficient within the education system for as long as they are able to remain productive (Buchel, 2006:385,387).

4.2.2.2.5 Developing partnerships and support with stakeholders

- **Role of principals regarding partnerships**

The majority of the participants realised the significance of developing partnerships with stakeholders so that greater priority could be given to HIV and AIDS, but had experienced difficulty in building partnerships with parents and the community, which they identified as one of their biggest challenges. Therefore, participants articulated the need for improved collaboration from all stakeholders, especially parents and the community: *"What we can do to get the community on board."*

School principals in this study strongly advocated the need for the development of partnerships with all stakeholders, based on collaboration, consultation and support, in dealing with the HIV and AIDS crisis in their schools: *"… in a situation like HIV and AIDS … you need to approach in all angles* [sic] *… [speak] to the parents, speak to their learners, you need to go to churches …"* Gultig, *et al.* (2002:72,102) emphasise the significance of the involvement of stakeholders in the development and improvement of the school. Furthermore, it is important to identify the needs of the school and what skills and interests the stakeholders have to offer, then try and bring these together to establish a healthy school environment (Gultig, *et al.,* 2002:72,102). Buchel (2006:391) confirms that frameworks must be established and that informative talks must be arranged by the school principal so that the community, educators, parents and learners may receive significant knowledge and guidance on HIV and AIDS. Parents' meetings must be organised regularly to provide assistance to parents in dealing with sensitive issues such as sex and HIV and AIDS education, so that misconceptions can be dismissed (Buchel, 2006:394). Mabece (2002:80,81) agrees that parents should be encouraged to address sex and HIV and AIDS education as their responsibility. Should they fail to provide the relevant information, the school (as a partner) should then ensure that the children receive HIV and AIDS education. Furthermore, Ogina (2003:65) agrees that school principals should ensure that educators who attend workshops update and share the knowledge obtained with

colleagues and parents, so that collective collaboration can be achieved in curbing the spread of the pandemic.

Ogina (2003:63) confirms that school principals view the cooperative effort and inclusion of stakeholders as an effective way of combating the HIV and AIDS pandemic at school level, which can achieved by including the relevant stakeholders in decision-making processes, by drafting and implementing a school HIV and AIDS policy, and by creating a positive school environment. Kelly (2002:32,34) agrees that problems with the planning and implementation of initiatives can be attributed to the lack of participation of all stakeholders. Govender & Farlam (2004:4) and Buchel (2006:334) concur that there is an urgent need for school principals to assume a leadership role in changing the mindset of learners, educators, parents and the community towards HIV and AIDS, and to take a pro-active role in tackling HIV and AIDS problems in their schools.

The participants in this study encouraged an open, supportive and caring culture for all stakeholders: *"I have an open-door policy with the parents, with everybody; they come in, and we can talk about anything …"* The Department of Education (2003:71) also encourages school principals to create an open, caring and safe climate in schools for learners and educators alike. Therefore, school principals need to be capacitated with the necessary management and leadership skills to create such an environment in the school. However, Buchel (2006:330) argues that school principals who have an innate and constructive leadership style, in a conducive and supportive school environment, may be in a better position to provide successful school leadership and management in dealing with the HIV and AIDS pandemic in their schools.

- **Other school principals**

The participants in this study confirmed that they interacted with other principals at informal meetings, but that no forum had been established as yet. Furthermore, they failed to address HIV and AIDS issues at these meetings. The participants advocated the need for a support structure for school principals, which would be useful for them in

discussing problems and providing each other with the necessary support and advice in dealing with the pandemic in their schools, as well as other problems: *"No, we don't have a forum, the unions don't believe in a principals' forum, I don't know why, but, uhm* [sic] *… but don't have a principals' forum ..."*

4.3 CONCLUSION

Although school principals had limited knowledge about HIV and AIDS and its devastating impact on different schools, they displayed contradictory views and adopted a discriminatory discourse when discussing the HIV and AIDS pandemic in their schools. Furthermore, although the participating school principals tried their best under the circumstances to mitigate the impact on their schools, they clearly lacked the essential skills and training to strategically manage the HIV and AIDS crisis in their schools in the longer term.

Chapter 4 presented two themes that emerged from the in-depth individual interviews conducted in this study. These were discussed and substantiated with appropriate direct quotations from the participants and the relevant literature. Table 4.1 provides a summary of the two themes and their associated categories and sub-categories. Chapter 5 will present the conclusions and recommendations, as derived from the findings of this research study.

CHAPTER 5

CONCLUSIONS, IMPLICATIONS, LIMITATIONS AND RECOMMENDATIONS FOR FURTHER RESEARCH

5.1 INTRODUCTION

The analysis of the research data and the results, which were substantiated by verbatim quotations and literature references, were presented in Chapter 4. This qualitative research study proposes to contribute to a deeper understanding of the perceptions and responses of school principals to the HIV and AIDS crisis in schools.

This chapter will present the conclusions drawn from this research study. It will also include recommendations based on the research results, to assist school principals in effectively managing the HIV and AIDS pandemic at school level. In addition, the limitations of the study, as identified by the researcher, will be outlined and suggestions for further research will be given.

5.2 CONCLUSIONS AND IMPLICATIONS OF RESEARCH

The present study had three major aims; the following may be concluded in relation to these aims:

5.2.1 *To explore how school principals in the Eastern Cape understand and perceive the HIV and AIDS pandemic*:

- In this study, the researcher concluded that the majority of the participating school principals perceived the HIV and AIDS pandemic in a **negative and non-constructive manner**: they displayed contradictory views regarding the issue at their schools. Their perceptions were characterised by denial, rejection, apathy,

ignorance, uncertainty, and providing excuses and transferring blame to others for the spread of HIV in their schools. This might imply that these school principals were reluctant to admit any HIV and AIDS related cases at their schools, for fear of stigmatisation, and were trying to absolve themselves from any blame for not taking effective action in combat the pandemic.

- The participating school principals further adopted **discriminatory discourse** when referring to HIV and AIDS. They lacked first-hand experience and displayed limited knowledge about HIV and AIDS and its impending impact on the education sector and on schools in particular. Furthermore, the school principals viewed the pandemic as a future threat caused by immoral behaviour and affecting specific population groups. School principals perceived themselves to be unaffected by the pandemic, citing few or no AIDS-related cases in their schools; yet, at the same time, they blamed various factors for the spread of the pandemic in their schools. Furthermore, school principals were preoccupied with other pressing problems and did not seem to draw the link between HIV and other social problems in their schools. If this is the case the result might be that the management of HIV and AIDS at school level, as well as the success of prevention efforts could be severely hindered.

5.2.2 To describe in detail how school principals in the Eastern Cape respond to the HIV and AIDS pandemic:

- Participating school principals responded to the **best of their ability** in meeting the demands of the HIV and AIDS pandemic, trying to raise awareness in the school, employing some practical measures and a few parent partnerships, and offering limited training and support to the educators. If school principals can build on this, it could lead to a decline in the prevalence and incidence rates of HIV among the youth. This can also result in a more structured response to the HIV and AIDS pandemic by school principals.
- However, they clearly perceived **their needs and deficiencies** in responding to the pandemic. They lacked the necessary skills to design and implement an HIV

and AIDS policy and to integrate HIV and AIDS into the curriculum; they needed information and training to communicate about the issue; they lacked resources and manpower; and needed partnerships with stakeholders to address the issue efficiently. Other needs included managerial training, skills and long-term strategies to measure and mitigate the impact of the pandemic in their schools. School principals had no strategic or planned responses; instead, responses were *ad hoc* and once-off, and lacked sustainability. Additionally, no financial provision had been made for such responses in the budgets. This suggests that the participating school principals had adopted a *laissez faire* approach to the management of the HIV problem in their schools, and did not strategically plan to address it.

5.2.3 *To formulate recommendations that will assist school principals in effectively managing the pandemic at school level*. The recommendations will be discussed in Section 5.3 below.

5.3 RECOMMENDATIONS

Based on the research findings, the following recommendations are made that could assist school principals in strategically managing the HIV and AIDS pandemic at school level:

- School principals need *more knowledge* to change their perception that HIV and AIDS only happen to 'bad' and immoral people. School principals must recognise that children can quite easily become the victims of social crimes that put them at risk of infection. It is imperative that school principals receive more sources of information, besides the media, which will help break the silence surrounding the pandemic, reduce stigmatisation and discrimination, and eliminate the uncertainties and misconceptions they may have regarding the pandemic. More information will also assist the process of behavioural change, and help school principals bring about change within the school and the

community, as well as provide support and care for people living with HIV and AIDS. Reliable, accurate and updated HIV and AIDS information regarding infected learners and educators in schools will also help school principals determine and assess the impact of the pandemic in their schools, and improve the decision-making process and strategic planning;

- School principals need formal *managerial training and assistance* to equip them with the necessary theoretical knowledge, analytical expertise and management skills to effectively manage and devise appropriate long-term strategic plans in the management of the pandemic at school level. Management strategies regarding HIV and AIDS must include plans to reduce stigmatisation and discrimination; empower and provide on-going support and motivation to all staff and learners, irrespective of HIV status; identify and accommodate orphans and vulnerable children; and sustain quality education. School principals need to be equipped with the training and skills to formulate, write and implement a school HIV and AIDS policy in conjunction with all role-players, so that they can have some guidelines to adhere to should they be faced with HIV and AIDS related problems in their schools. School principals need training on how to integrate HIV and AIDS education into both the formal and informal curriculums, including the establishment of peer education, compulsory extramural activities and youth clubs.

The capacitating of school principals through in-service training programmes should address the loss of skills and experience, and the high morbidity and attrition rates among school principals. Workshops should address issues that limit the effective managerial performance of school principals in managing the pandemic in their schools. Universities can also provide HIV and AIDS management courses and ongoing support for school principals through distance education, which can reach school principals in remote rural areas, making updated information more accessible and convenient for school principals and equipping school principals with the skills to cope with the pandemic. In addition, workshops provided by the Department should be extensive, comprehensible

and organised on a regular basis, preferably during times when school principals, educators and School Governing Body (SGB) members are able to attend;

- School principals need to be facilitated to adopt a *transformational leadership and management style to involve all role-players in the development* of long-term strategies to deal with the HIV and AIDS crisis in their schools. They must be pragmatic, accessible and dynamic in their leadership and management style. Furthermore, school principals must develop strategic partnerships with staff, parents, the community, all Government Departments, and Non-Governmental Organisations (NGOs), in order to develop a holistic, consultative, inclusive, collaborative and participative school structure amongst all stakeholders, so that synchronised efforts to maximise prevention and the objectives and goals of the school can be achieved and resistance can be reduced. School principals must be equipped with the skills to initiate cooperation with parents to identify and control disciplinary problems in schools, and assist parents in providing HIV and AIDS information to their children. School principals should also be capacitated to develop deliberate partnerships with the community, to alleviate unemployment and assist poverty-stricken families and child-headed households in becoming sustainable. Management strategies must be conducive to creating a trusting, open, caring and supportive environment that will encourage voluntary disclosure in their schools, as well as identifying any potential threats and dangers to learners and educators;
- A support structure for school principals, such as a Principals Forum, must be established. Such a support system will advise and assist school principals in better managing HIV problems and other issues within their school. This support structure will also assist school principals in promoting effective management and successful whole school development within their schools.

5.4 LIMITATIONS OF RESEARCH STUDY

This research study has the following limitations:

- Literature on school principals' knowledge and perceptions relating to HIV and AIDS is limited. Hartell and Maile (2004:184) and Van Vollenhoven (2003:242) concur that not much research has been conducted on HIV and AIDS education and that only limited practical work regarding the pandemic has been done. Therefore, the findings could not be compared to many previous studies on school principals' perceptions on the pandemic.
- The results of this research study cannot be generalised to school principals in other schools, since the information gathered was limited to only twelve school principals in Nelson Mandela Bay and the surrounding rural areas, due to the qualitative research design selected, as well as convenience, time and financial constraints. Because of the narrow sample size, the school principals' perceptions and responses need to be researched further,so that a more generalised conclusion can be reached.

5.5 RECOMMENDATIONS IN RELATION TO FURTHER RESEARCH

Based on the limitations of this research study, the following recommendations are advocated:

- ❖ Similar research, conducted with a more representative group of school principals from various schools from other areas in the Eastern Cape, as well as other provinces throughout South Africa, will be useful.
- ❖ Further research could be conducted with school principals to devise leadership and management strategies that will equip them with the necessary knowledge and skills to manage HIV and AIDS problems in their schools more effectively and confidently.

5.6 CONCLUSION

Chapter 5 presented the conclusions and implications of this qualitative study, recommendations to address the findings, and the limitations of the research study. This qualitative study has provided the researcher with the opportunity to capture the unique individual perceptions, experiences and responses of school principals to the HIV and AIDS pandemic that is ravaging the education process, the education system and the education sector in its entirety.

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