

**THE ROLE OF SCHOOL MANAGEMENT TEAMS IN DEALING WITH THE
HIV/AIDS EPIDEMIC AT SCHOOLS**

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SUMMARY

The aims of this research were to determine, by means of the literature review research, the nature of the impact of the HIV/AIDS epidemic on school systems and the role of School Management Teams in dealing with this epidemic; to determine the perceptions of principals, deputy principals and heads of department on the impact of HIV/AIDS on educators, learners and the teaching and learning situation; and to make suggestions for a strategic management approach which School Management Teams can adopt in dealing with the HIV/AIDS epidemic at their schools.

The literature review proceedings revealed that the HIV/AIDS epidemic has a potential to affect schools through the following ways: reduction in demand for schooling among children and adolescents of school-going age; reduction in supply of teaching services due to educator absenteeism, illness, medical boarding because of ill-health, and death; reduction in availability of educational resources because the Department of Education spends more money on HIV/AIDS than on schools' material resources; the need for schools to social adjust in response to the special needs of a rapidly increasing number of learner orphans as a result of the HIV/AIDS epidemic; the need to adapt to new social interactions both within schools and between schools and communities; the need to modify curriculum to meet the needs of an HIV/AIDS era; the need to alter roles that have to be adopted by educators and the school systems; the need to organize school systems systemically; the need for effective management of the school system; and the need for donor support for schools.

The empirical research proceedings revealed that the majority of School Management Team participants were frustrated; stressed; had a decreased interest in teaching as a profession; not coping with the demands of the teaching and learning situation during this era of the HIV/AIDS epidemic; experiencing low morale; depressed; and were feeling like resigning. The School Management Team participants also revealed during the empirical research proceedings that the HIV/AIDS epidemic has a detrimental effect on

the teaching and learning situation in their schools; classes in their schools are too big; it is impossible for them to pay attention to individual learners; learners of their schools are frequently absent; educator workload in their schools is too heavy; learners in their schools are not motivated; there is frequent absence of educators in their schools due to family responsibilities; there is frequent absence of educators in their schools due to personal illness; lack of motivation among learners in their schools; there is positive social interactions of learners in their schools; learners in their schools do not suffer from hyperactivity; there is passivity of learners in their classrooms; there is an indication of nervousness among learners in their schools; there is poor discipline in their schools; absenteeism of learners is moderate in their schools; tiredness of learners is a problem; learners lack motivation; learners lack concentration; learners exhibit memory loss; learners experience poor attention span; learners have developed decreased interest in school and school activities; learners manifest personal illnesses; illness of family members is a problem in their schools; learners in their schools have experienced loss of family members; learners of their schools have too many responsibilities at their homes; poor academic performance is experienced in their schools; many learners suffer rejection from their peer groups; learners do not have school-related problems in their schools; learners in their schools suffer from diarrhoea; learners in their schools suffer from pneumonia; learners in their schools suffer from tuberculosis; and learners in their schools suffer from severe weight loss.

On the basis of the findings/revelations from both the literature review and the empirical research, the researcher made recommendations which schools can adapt and adopt in their endeavour to combat the negative effects of the HIV/AIDS epidemic on teaching and learning activities.

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CHAPTER ONE

INTRODUCTION, STATEMENT OF THE PROBLEM, AIMS OF THE RESEARCH, METHODS OF RESEARCH AND CHAPTER OUTLINE OF THE STUDY

2.1 INTRODUCTION

The human immuno-deficiency virus (HIV) and the acquired immune deficiency syndrome (AIDS) (hereafter referred to as HIV/AIDS) epidemics are making life difficult for many people throughout the world and in South Africa (UNAIDS, 2003:7; WHO, 2004:13). Many people, if not everybody, knows of someone who is infected with HIV or who is affected in one way or the other by this virus (Tucker, Wenzel, Elliot, Hambarsoomian & Gonelli, 2003:416). Many schools are already facing problems caused by this disease. Educators who are at a serious health stage of the epidemic are often away from school through sick leave, and as a result thereof, their work deteriorates as their attention is not at all times given to their learners and syllabi are left incomplete (Fourie & Schonteich, 2001:9). Some of these educators die and the process of replacing them takes too long to be completed (Flisher, 2000b:129). Many school management teams, that is, principals, deputy principals and heads of departments are facing major managerial and administrative problems of handling and dealing with the situation. It is for this reason that schools need a strategic approach to dealing with the HIV/AIDS epidemic.

According to Ainsworth (2003:20), it is imperative that all schools should develop policies that will assist their management teams and governing bodies in dealing with the devastating impact of the epidemic and to help educators and learners who are suffering from the disease. Ainsworth (2003:20) posits that there is a need for school policies to make provision for the appointment of temporary educators who would get paid from the Governing Body of the school itself in cases of high absenteeism by educators

as a result of the HIV/AIDS epidemic. This implies additional funding from the government to schools.

This research investigates the effects of the HIV/AIDS epidemic on the school system; the nature of the management strategies to be employed in confronting the HIV/AIDS epidemic in schools and to make suggestions for an effective management strategy for dealing with the HIV/AIDS epidemic at schools (Cherkas, Hochber, & Macgregor, 2000:19).

2.2 THE STATEMENT OF THE PROBLEM

The human toll and suffering as a result of HIV/AIDS is worrisome. AIDS is now the leading cause of death in sub-Saharan Africa (Goldman, 2002:34). Since the beginning of the epidemic, more than twenty million Africans have died from AIDS. During 2005 alone an estimated two million and eight hundred human beings died as a result of AIDS in Sub-Saharan Africa, five hundred thousand of them were children aged below fifteen years of age. By the end of 2005 an estimated two million and three hundred children globally were living with HIV (UNAIDS, 2000a: WHO, 2003). Due to lack of HIV monitoring facilities producing proves to be extremely difficult and as such there is a great possibility that actual figures could be higher.

From the foregoing paragraphs, it is clear that very large numbers of children around the world are living with HIV and are being killed by AIDS (Smith-Fawzi, 2003:64). This is something very hard for any adult to accept and harder still for children who may still be too young to understand why they are dying.

The HIV/AIDS epidemic does not only affect children and adolescents of school going age but their educators as well. A study in Zimbabwe found that nineteen percent of male educators and almost twenty-nine percent of female educators were infected with HIV. In 2004, it is estimated that seventeen percent of Mozambique's educators are HIV-positive. This is considerably higher than the national average of thirteen percent HIV prevalence among people aged fifteen and forty-nine (Nwagwu, 1997:316). It is believed that this

will lead to the death of one-point-six percent of the country's educators per year (AIDS Analysis Africa, 2005:33).

Educator absenteeism has increased due to HIV/AIDS as the illness itself causes increasing periods of absence from class. Educators with sick families also take time off to attend funerals or to care for sick or dying relatives. Educator absenteeism also results from the psychological effect of the epidemic (The World Bank, 2000:55).

When an educator falls ill the class may be taken on by another educator, may be combined with another class or may be left untaught. Even when there is a sufficient supply of educators to replace losses, there can be a significant impact on the students. experience

"Some of the schools have lost educators due to this disease. Eventually after a year or two they are replaced with another educator. But they are not the same as the ones who have died. They cannot teach nor do the work as well as the one affected by AIDS. And also the learners, the learners used to know their educators very well "School principal, Namibia (Domatob & Tabifor, 2000:12).

The illness or death of educators is especially devastating in rural areas where schools depend heavily on one or two educators. Moreover, skilled educators are not easily replaced (Osborn, 2000:15). Swaziland has estimated that it will have to train thirteen thousand educators over the next seventeen years just to keep services at their 1997 levels. This is seven thousand more than it would have to train if there were no AIDS deaths (Swaziland (Kingdom of) Ministry of Education, 1999).

The above stated devastating effects of HIV/AIDS on children, adolescents and educators is worrisome. More than ever before a strategic approach which takes into consideration the ecology (environment) and systems (social organs) of each school needs to be adopted. This research regards schools and families as the pillar ecologies and systems of social development (Fitaw & Worku, 2003:381).

With families now being destroyed with the death of parents as a result of HIV/AIDS, this research regards schools as the only pillar that has the greatest potential of developing and strengthening the psychological, social and physical well-being of all learners and educators during what the researcher regards as the era of The HIV/AIDS epidemic (Namibia, 1999:12). With the National AIDS Policy (Act 27 of 1996) having been developed for South African schools, schools need to adopt a strategic approach to dealing with the HIV/AIDS epidemic. Questions that come to mind in this regard are:

- What is the nature of the impact of the HIV/AIDS epidemic on school systems and the role of School Management Teams in dealing with this epidemic?
- What are the perceptions of principals, deputy principals and heads of department on the impact of HIV/AIDS on educators, learners and the teaching and learning situation?
- Is there a strategic management approach which School Management Teams can adopt in dealing with the The HIV/AIDS epidemic at their schools?

The next section presents the aims of this research which the researcher formulated from the latter questions.

2.3 AIMS OF THE STUDY

The aims of this research are to:

- determine, by means of the literature review research, the nature of the impact of the HIV/AIDS epidemic on school systems and the role of School Management Teams in dealing with this epidemic;
- determine the perceptions of principals, deputy principals and heads of department on the impact of HIV/AIDS on educators, learners and the teaching and learning situation; and

- suggest a strategic management approach which School Management Teams can adopt in dealing with the HIV/AIDS epidemic at their schools.

These aims will be achieved by using the literature review and quantitative empirical research methods during the investigations of this research. Both the literature review and quantitative research methods which were used during the investigation of this research are clarified below.

2.4 METHODS OF RESEARCH

This section presents both the literature review and the quantitative empirical research methods which were used in this research.

2.4.1 Literature review

To achieve the first two aims of this research, both primary and secondary literature sources will be studied to investigate what both national and international eminent authors and researchers posit on the effects of the The HIV/AIDS epidemic on the school system as a whole, and the nature of the management strategies to be used in combating the HIV/AIDS epidemic in schools.

The textbooks formed the secondary sources while journal articles, dissertations and theses of both Masters' and Doctoral degrees learners formed the primary sources of this research. The findings from the literature review were triangulated with the findings from the empirical research to reach the third aim of this research which was to make suggestions for a management strategy for dealing with the HIV/AIDS epidemic at schools, especially in the social context of South Africa.

Both the ERIC and GOOGLE search will be used to identify relevant literature using the following key words: HIV/AIDS, strategic development of schools, school systems, effects/impact of HIV/AIDS on school systems.

The next section presents the empirical approach which was used to collect field data for this research.

2.4.2 Empirical study

In addition to the literature study, data were collected by means of questionnaires which gave this research a quantitative approach. These data were analysed and interpreted.

The research was conducted as follows:

Permission was requested from the authorities of the Free State Province's Department of Education to conduct this research in a sample of both primary and secondary schools in the Thabo Mofutsanyana District. The researcher personally visited these schools to deliver and collect the questionnaires.

2.4.2.1 Measuring instrument

An unstandardized questionnaire which was designed by the North-West University's School of Educational Sciences (Vaal Triangle Campus) was used to:

- determine the effects of the HIV/AIDS epidemic on the school system as a whole;
- determine the nature of the management strategies to be used in confronting the HIV/AIDS epidemic in schools; and
- suggest a management strategy for dealing with the HIV/AIDS epidemic at schools.

This questionnaire was used because a standardized questionnaire relevant to the study in question could not be found in the national literature. Only internationally developed questionnaires were available and were not appropriate for the problem statement of this research.

2.4.2.2 Target population

All members of school management teams (principals, deputy principals and heads of department) and educators (educators on post level one) of public

schools in both townships and farm schools of the Free State Department of Education were initially considered to be the target population.

2.4.2.3 Accessible population

Due to the large number of public schools in the Free State Department of Education which would have taken long to visit and would have led to the researcher incurring huge financial responsibilities, the researcher and the supervisor decided to limit the target population to the township and farm schools in the Thabo Mofutsanyana District which covers Harrismith, Bethlehem, Phuthaditjhaba, Senekal and Fouriesburg.

2.4.2.4 Sample

A randomly selected sample (N= 262) of School Management Teams made out of (n=137) representing HOD's, (n=55) Deputy Principals and (n=70) Principals of schools at 70 schools in the Thabo Mofutsanyana District was drawn. These School Management Teams were supplied with the questionnaires.

2.4.2.5 Statistical techniques

The data obtained from the sample population were analysed using the SPSS programme of the Statistical Consultation Services of the North-West University (Vaal Triangle Campus).

2.5 PROGRAMME OF STUDY

Chapter one is primarily an orientation chapter preparing the reader for the subsequent chapters.

Chapter two analyses the literature review findings on the effects of the HIV/AIDS epidemic on the school system and the nature of the management strategies to be used in combating the HIV/AIDS epidemic in schools.

Chapter three motivates the empirical research design which was employed in investigating the problems identified for this research. The purpose of the

research, the method of research, the choice of the sample, and the development of the questionnaire are discussed.

Chapter four statistically analyses and interprets the findings from the empirical research.

The concluding chapter five provides a summary of findings from the literature study as well as from the empirical design. Recommendations for further research and for practical implementation, as well as the limitations of the study, are also presented in chapter.

2.6 CONCLUSION

In Chapter one the orientation of the research in the form of the statement of the problem, the aims of the research, and the methods of research and the programme of research were discussed.

In Chapter two the management strategy for dealing with the HIV/AIDS epidemic at schools is discussed by means of a literature survey.

CHAPTER TWO

LITERATURE REVIEW

3.1 INTRODUCTION

Researchers such as Goyer and Gow (2000:21) and Goliber (2000:15) have asserted that schools have circumstances which have the potential to aggravate dangers of the HIV/AIDS epidemic among learners, *inter alia*: the need to pay school fees may lead young girls from poor families into the sale of sexual favours; intense competition for academic success and progression to the next higher educational level may lead to sexual relationships (heterosexual or homosexual) with educators or brighter fellow-learners; and long walking distances to and from school contributes to the risk of sexual harassment from school-mates or from strangers while providing term-time boarding or hostel accommodation for young sexually active learners who receive almost no guidance or support in a form that speaks to them can increase the risk that they will engage in sexual activity with one another or with individuals from the surrounding community (Barnett, Whiteside & Desmond, 2000:16).

Green (2003:153) posits that the HIV/AIDS epidemic has a potential to affect schools through the following ways: reduction in demand for schooling among children and adolescents of school-going age; reduction in supply of teaching services due to educator absenteeism, illness, medical boarding because of ill-health, and death; reduction in availability of educational resources because the Department of Education spends more money on HIV/AIDS than on schools' material resources; the need for schools to socially adjust in response to the special needs of a rapidly increasing number of learner orphans as a result of the HIV/AIDS epidemic; the need to adapt to new social interactions both within schools and between schools and communities; the need to modify curriculum to meet the needs of an HIV/AIDS era; the need to alter roles that have to be adopted by educators and the school systems; the

need to organize school systems systemically; the need for effective management of the school system; and the need for donor support for schools (Gerber, Nel & van Dyk; 1998:67).

From the foregoing paragraphs it is clear that the impact of the HIV/AIDS epidemic on school systems can bring many changes which require effective educational management systems. At the same time, according to AIDS Weekly (2004:9), it is destroying families which are producers of children who form the primary clientele of schools as learners. As the number of families who have their structure undermined by the impact of the HIV/AIDS epidemic is increasing, more and more learner children and adolescents may drop-out of schools. This is because their parents or guardians may either be unable to afford the school fees or children have to be at home all the time to tend for their sick parents who are suffering from HIV/AIDS. According to AIDS Weekly (2004:9), families may even begin to rely on a child's labour which could have the potential of these children not ever returning to schools.

In the light of the foregoing paragraphs it is imperative that educational management services provided by School Management Teams are strengthened in order to develop health promoting schools and to develop social partnerships and collaborative ways with other community social systems such as the Department of Health, Department of Social Development, Traditional Health Practitioners, Non-governmental organizations that advocate for HIV/AIDS issues . in order to combat the HIV/AIDS epidemic (Barnett & Whiteside, 2000:13). In the face of the HIV/AIDS epidemic, effective educational management of schools can be a *panacea* in the provision of effective education against the devastating impact of HIV/AIDS on both the human resources of learners and educators and the organizational behaviour of school systems (GES, 2000:47). Teaching and learning services which have programmes on HIV/AIDS knowledge development can help generate hope for communities and societies which are nowadays devastated by the catastrophic epidemic under investigation in this research (Filmer, 1998:27). According to Boal (2000:88), effective educational management leads to effective teaching and learning which will have a

potential to work at the following three levels where AIDS-related interventions are needed:

- while there is yet no infection, by:
 - providing knowledge to learners that will inform them about the need for self-protection;
 - fostering in learners the development of a personally held constructive value system;
 - inculcating in learners skills that will facilitate self-protection;
 - promoting in learners behaviour that will lower infection risks; and
 - enhancing capacity to help those learners who are not yet infected by HIV to protect themselves against risk of learning and playing with learners who are already infected;
- when infection has occurred, by:
 - strengthening the ability of learners to cope with personal and/or family infection;
 - promoting care for those learners who are already infected;
 - helping learners stand up for the human rights that are threatened by their personal or family HIV/AIDS condition; and
 - reducing stigma, silence, shame, and discrimination.
- when AIDS has brought death, by helping learners cope with grief and loss in their families, in the re-organization of life after the death of family members and in the assertion of personal human rights.

This means that, during this era of the HIV/AIDS epidemic, there is a need for educational management services at schools to extend their missions beyond the strictly academic activities to include more attention to counselling and care for learners and educators infected and affected by HIV/AIDS, and to

promoting healthy life-styles among all learners and educators (Moore & Kramer, n.d.) . Attending to counseling and promotion of healthy living among educators and learners implies that school management teams practising in this era of HIV/AIDS-infected world can no longer practise like traditional school management teams which practiced in an HIV/AIDS-free world (Ainsworth & Semali, 1998:46).

On the basis of the foregoing paragraphs, there is a need for school management teams to effectively manage the causes and effects of this devastating epidemic so that it cannot further infect and affect the human resources of both learners and educators (the primary assets of schools) and the whole school development processes (Smart, 1999:25).

3.2 DEFINITION OF KEY TERMS

This section provides some of the key terms which are used throughout this research.

3.2.1 HIV/AIDS

AIDS is an acronym for Acquired Immunodeficiency Syndrome or Acquired Immune Deficiency Syndrome and is defined as a collection of symptoms and infections resulting from the depletion of the immune system caused by infection with the human immunodeficiency virus (HIV) (Visagie,1999:137). HIV is a very small germ or organism which infects people through contact with infected body fluids (Karim, 2000:291). It cannot be seen by the naked eye. It can only be detected under an electron microscope (Kaplan, Jaffe, Masur, Decock & Holmes, 2000:14) . It only survives and multiplies in body fluids such as sperms, vaginal fluids, breast milk, blood and saliva (Macintyre, 2000:24).

HIV attacks the immune system which serves as the body's defence mechanism against infection (Alaban & Guinness, 2000:16), and reduces the resistance of the body to all kinds of illnesses including influenza, diarrhoea, pneumonia, TB and certain cancers. It eventually weakens the body to such an extent that it cannot fight sicknesses and causes death after a period of

five to ten years after becoming infected, but some HIV-infected people live longer if they receive the right psychocounselling and medication (Kelly, 2004: 80). This means that this malady attacks the immune system that protects the body from illnesses and it damages the ability of the body to protect itself from tuberculosis (TB), chest infections, sores, upset stomachs and other infections, and the body loses its ability to fight infections after the immune system has been weakened by this fatal HI virus (Cross, 2001:132 ; Amogne & Abubaker, 2002:400).

After many years the damages are serious and the person contracts serious illnesses which develop to a syndrome known as AIDS, which is the final stage of infection with HIV, and this is what causes the person to die (Desmond, Michael & Gow, 2000:44).

HIV is a retrovirus that primarily infects vital components of the human immune system such as CD4+ T cells, macrophages and dendritic cells. It also directly and indirectly destroys CD4+ T cells (Anderson, Ebrahim & Sasom, 2004:166). As CD4+ T cells are required for the proper functioning of the immune system, when enough CD4+ cells have been destroyed by HIV the immune system barely works leading to AIDS. For infection to take place the virus causing AIDS enters the blood and quickly penetrates certain white cells (called 'CD4' cells or 'T4 cells') in the body (Barnett & Whiteside, 2002:23). HIV also directly attacks certain human organs such as the kidneys, the heart and the brain leading to acute renal failure, cardiomyopathy, dementia and encephalopathy. Many of the problems faced by people infected with HIV results from the failure of the immune system to protect them from certain opportunistic infections and cancers (Colvin, Gows, Kleinschmidt & Dlamini, 2000:16).

The literature review reveals that HIV is transmitted through penetrative and oral sex whether vaginal or anal, blood transfusion, the sharing of contaminated needles through drug injection and in health care settings and between mother and infant during pregnancy, child-birth and breastfeeding (Kumar, 2000:18). The use of physical barriers such as the latex condom is widely advocated to reduce the sexual transmission of HIV (Bakele, 2003:50).

Children and adolescents can also contract HIV/AIDS through being sexually abused. Thus a sexual offence can be defined as discovered sexual abuse that is perceived as serious enough to warrant an official response (Bourne, 2000:16).

At the end of the year 2004 there were between 36 and 44 million people living with HIV, of whom twenty five million are in sub-Saharan Africa. Global estimates for new HIV infection in 2004 were 4.3 to 6.4 million (UNAID, 2000a: :38). Around half of the people who acquire HIV became infected before they turned twenty five years of age and die of AIDS before their 35th birthday. This age factor makes AIDS uniquely threatening to children. In 2004 an estimated 640,000 children aged fourteen or younger became infected with HIV. Over 90% of newly infected children are babies born to HIV-positive women who acquire the virus at birth or through their mother's breast milk. Almost nine-tenths of such transmissions occur in sub-Saharan Africa (UNAIDS, 2002:35). Africa's lead in mother-to-child transmission of HIV is firmer than ever despite the evidence that HIV ultimately impairs women's fertility, once infected, a woman can be expected to bear 20% fewer children than she otherwise would. Drugs are available to minimise the dangers of mother-to-child HIV transmission, but these do not often reach the destinations where they are most needed (Demissie, Getahun & Lindtjorn, 2003; 457).

3.3 THE EFFECTS OF HIV/AIDS ON SCHOOLING

This section describes the different mechanisms which were mentioned in section 2.1 above with a view of showing ways in which the HIV/AIDS epidemic has the potential to affect schools as micro-systems of education and training and as service providers of teaching and learning in communities.

3.3.1 HIV/AIDS affects the demand for schooling among children

The HIV/AIDS epidemic affects the demand for schooling because of:

- fewer children for educators to teach;

- fewer children wanting to be educated;
- fewer children able to afford formal schooling; and
- fewer children able to complete their schooling as a direct result of this epidemic (South Africa, Department Of Education, 2000).

A study which was conducted in the Rakai District in Uganda with a sample of learners (N=20) infected and affected by the HIV/AIDS epidemic, and those not, in the upper grades of three primary schools, that is girls (n=10) and boys (n=10), orphans (n=10) and non-orphans (n=10), randomly selected within these parameters. This study revealed that half of the homes were headed by guardians; three of the homes had fathers still alive, and the other seven were headed by widows. This study also revealed that the AIDS epidemic was having a serious impact on the learners; and also that nineteen percent (19%) of the learners are reported as having been absent from school for periods ranging from five weeks to one and a half terms during the previous year were either infected or affected by the HIV/AIDS epidemic (Hargreaves & Glynn; 2000:47).

The most common responses given for absenteeism given in the study referred to above were lack of school fees and helping with the nursing of AIDS patients such as parents or other members of siblings at home. All other household members including learners were relegated to caring for the sick members of their families while fifteen of the learners reported that their school life had been affected by the death of their parents or guardians. In addition to lack of school fees, learners explained that they had to miss school sometimes because of no uniforms, books and pens, . Learners often stayed at home for several days at a time to attend funerals of their relatives. Due to the increasing number of AIDS patients at homes, learners (especially girls) were also required to take turns at home nursing the sick and helping out on the farm, especially with the decrease in farm labour and most learners indicated that they had to work on the farms in order to raise money for fees and to grow food to eat (Hargreaves & Glynn; 2000:49).

The same Ugandan study also revealed that in the Rakai District as in other heavily affected regions of Africa, there are relatively fewer children than anticipated needing, wanting, able to afford or able to complete their education. This is at least partly as a result of the HIV/AIDS epidemic. This study speculated that if the HIV/AIDS epidemic was not combated fewer children will be born in a society where HIV/AIDS is present than if it were not; most children infected pre-natally will develop HIV/AIDS and die before reaching school age and many children may not enroll in school or may leave school because of the direct and indirect effects of the HIV/AIDS epidemic (Goudge & Govender, 2000:137). On the basis of the findings of this research, the researchers asserted that the demand by children for places in schools and by adults for opportunities for further education is reduced. In most cases, this reduction is relative to what it would be in the absence of AIDS; in other words there is still an increase, but a slower one in school enrolment (Kitheka, 2000).

This Ugandan study, also, revealed that the total enrolment in three primary schools studied went from 1534 in 1989 to 950 in 1993. The primary school drop-out rate for the same district in 1993 was 27%, considerably higher than the national rate of 15% per year. In one secondary school in the same district the learner enrolment decreased by almost 56% from 1989-1993 while in the district as a whole the enrolment had decreased by 12.7% (Kumarayanake & Watts, 2000:19).

Drop-out rates at that level were 17.4% compared to the national figure of 10.1%. It is clear that such a decline in enrolment and such an increase in drop-out rates in a district such as Rakai which is affected by many other problems, among which are poverty, ill-health and insecurity cannot be entirely blamed on the presence of HIV/AIDS. Research in that district and elsewhere has been able however to attribute some of these changes to the HIV/AIDS epidemic (Swaziland, 1999a:13), through the following different possible speculated mechanisms:

- The first and perhaps most chilling aspect of demand is that as a result of HIV and AIDS, there will be relatively fewer children needing education.

Fewer children will be born because of the early death of one or both parents (though there is some speculation that mothers may bear more children at an earlier age in anticipation of an early death from AIDS). A World Bank study in Tanzania estimates that in 2020, in the worst case scenario because the school cohort will be relatively smaller when AIDS is present than when it is not - there will be 22% fewer children than anticipated enrolled in primary schools and 14% fewer in secondary school (World Bank, 1999a:68). In addition, those children infected peri-natally or from breast milk will die before the age of entry into school (though there is now some evidence that up to 50% of them may reach school age). This lessening of demand due to smaller numbers of children available for primary school will eventually be reflected at all levels of the system.

- There may also be relatively fewer children wanting education or fewer parents wanting their children to be educated. This will be partly due to a reluctance of parents to make a considerable investment which an education requires. In Tanzania for an example, this investment is estimated to be shillings for eight years of primary school, four years of secondary education and three years of university education (World Bank, 1999b:70). Death after age eighteen wastes not only future production but also past education investment leading to a kind of secondary poverty if the educated child needed for work and for the old-age security of parents dies (Over, 1992:18). The higher chance of the death of an educated child leads to a lower return of investment in education and therefore, perhaps, less willingness on the part of the family to sacrifice for such an education.
- As a result, the uncertainties due to AIDS, the weak family economic base and the limited number of primary and secondary education graduates finding way to further education and subsequently to formal employment have reduced the parents' beliefs that there was much to gain from school (Dollar & Kraay, 2001:53). Another aspect of this disinterest in school might derive from the increased randomness of the education provided, especially in systems already affected by recession, debt, poverty, and natural or man-made disasters. The added absenteeism of both educators

and learners due to the presence of the HIV/AIDS epidemic (their own illness or that of their families and funerals, will only make the education provided more sporadic and unsystematic. Danspeckergruber (2002:37) posits that learners lose the subjects' sequence at school as their attendance is affected. Children who realize this may see little point in continuing to pay for such an education. A further aspect concerns the desire of parents to keep daughters out of what is perceived as the pernicious influence of Western-style education, an influence seen as increasing due to the presence both of AIDS in the school and of sex education in the curriculum (Schonteich, 1999:37). In many educational districts, some parents reported that due to an increase in defilement and pregnancy among school girls, they were forced to withdraw their children from school completely since the schools had become a centre for spoiling their young children (SA, 2000:25)

- A further major impact on demand results from fewer children and their families able to afford an education. Ainsworth, Fransen and Over (1998:39) posit that the factors affecting parents' demand for child schooling will include measures of the costs and benefits of schooling in both the current and future periods as well as measures of the household's own budget constraints (ADEA, 2000:19). Specifically, these include:
 - the intrinsic value that parents place on an 'education';
 - the expected long-run benefits of schooling;
 - the current value of the child's time in productive activities inside and outside the home;
 - the other costs of schooling, including school fees, the costs of other schooling inputs and the availability of schools;
 - the quality of schooling available; and
 - the household's current income and its ability to borrow for school expenses against future earnings (Assan & Wigglesworth, 2001:103).

Some of the factors mentioned above relate on communities wanting education for their children. The desire for schooling may also be very low given the pessimistic view of the possible long-run benefits of education to children less likely to survive into productive adulthood. Most of these factors relate directly to the ability to pay for education (The World Bank, 1997:37). This includes a number of issues like the direct loss of family income due to the HIV/AIDS epidemic, and from the illness and death of productive members of the family (Shell, 2000:24). Another learner in the Ugandan study mentioned above reported that her mother was having trouble paying for her to go to school because her mother's only source of income was through the sale of paw-paws from their garden. The money was used to buy soap, paraffin, salt, and so on. She mentioned that when she needed a pen or a book to take to school, it sometimes took her mother two to three days to buy it and during that time, she had to stay at home. This kind of situation is prevalent in the families of the Lyantonde district as most of them seemed to have decided to postpone education not by choice but because of the prevailing circumstances. It is a choice between education and satisfying basic needs like food and clothes, . (Devine & Graham [n.d]).

- Considerable anecdotal information (see UNICEF, 1998:49 & 1999:71) describes ways in which one or two-parent orphans are often forced to leave school because of a loss of ability to pay fees and other costs like buying books and uniforms, .). According to Kelly (2000:87), research in poor countries such as Zambia, Zimbabwe, Kenya and Malawi described ways in which orphans came to school in dirty and unironed school uniforms. The response given by most learners when asked why they were dirty was that they were only allowed to wash their uniforms once a week because there was not enough soap to wash them more often. Although research in Mozambique (UNICEF, 1999:27) indicates little relationship between orphanhood status and enrolment, perhaps due to the effective targeting of orphans by a myriad of public and private agencies, there is also evidence that orphans not receiving such assistance did have low enrolment rates (Unicef, 1999:28). World Bank (n.d) indicated the loss of income as also being due to expenditures on treatment, care, and funeral

costs. The World Bank (1999c:29) study showed that affected households in 1991 spent roughly \$60 per year, that is, about R426,00 (equivalent to rural per capita GDP) on such costs. The expansion of extended families, with many more children of school age in a family often led by less productive adults (grandparents) or teenage children was also cited in this World Bank (1997:12) study. In such families, there may not be enough money to cover school fees and other schooling costs of all the children. The loss of the traditional economic safety net which used to be provided by the extended family and community in the traditional African communities is no more there. The loss of these social systems make it difficult for learners affected by the HIV/AIDS epidemic to complete schooling.

- Illness may also affect enrolment at higher levels of the system. Some of those learners already sexually active at these levels (late primary school, secondary school, and tertiary education) will become infected and be unable to continue their education (Irish AID, 1999:17).
- One study which was conducted by Flisher (2000c:9) in Kenya indicates that at least 25 % of university learners in Kenya may be HIV positive with perhaps even higher rates (up to 50%) in the eastern and several Southern African countries (HED, [n.d]). These rates will eventually result in:
 - learner illness, disability, absenteeism and the abandonment of school; and
 - the need for children to work and to care for ill adults, to substitute their labour for others in the family who are ill or have died - a mechanism of the household to cope with a major impact of the presence of AIDS.

Such activities lead to absenteeism which may be regular (every market day) or seasonal (to help with planting, weeding, and harvesting). Flisher's (2000c:9) study revealed that, in poor countries, the death of an adult female in the previous 12 months is associated with lower enrolment possibilities for

both girls and boys, probably because of their substituting for female labour such as fetching firewood and collecting water.

- Trauma related to the illness and death of family members may lead to learners having difficulty in concentrating in class and in acquiring the skills and knowledge offered in school (Siegel & Schrimshaw, 2000:158);
- The ostracism, discrimination and stigma suffered by children in schools and classrooms due to infection or to membership in a family with HIV infection and AIDS deaths may lead to learners dropping out of school (Badcock-walters, 2000:45). People look at AIDS victims with a negative eye. They treat them as promiscuous people and prostitutes. These attitudes transcend to school learners who use them to tease their fellow learner orphans (Delnessa & Nduba, 2003:8). In a study that was conducted by Robinson (1998:15), a primary school learner explained that some of her friends no longer played with her and instead pointed fingers at her saying that she might also have AIDS because her father died of it. She said she felt bad and sometimes she cried. She could not share anything with other learners and she no longer had money to buy her own snacks as before and her fellow learners gave her nothing (Robinson, 1998:15). Robinson (1998:45) made a conclusion in this study that scourges such as ostracism, discrimination and stigma could lead to many learners dropping-out of school.
- The lower motivation provided by an extended family, perhaps caused both by the lower level of education possessed by guardian grandparents (or their lower level of awareness as to the possible usefulness of education) and by the relative lack of attention, affection and guidance provided by heads of households to orphans in such families (Whiteside, 1998:29) could also lead to learners dropping out of schools. A study conducted by Barnett and Whiteside (1997:12) revealed that 43% of the guardians of learner orphans in poor countries were over fifty-years old and 25% were over sixty-years old. Further anecdotal information from Barnett and Whiteside (1997:12) indicates that since learner orphans from grand-parent families are not disciplined enough to accept and respect

school authority and, because of this state of affairs, learner orphans were more likely to drop out of school. Cohen (2000:11) asserts that the odds of enrolment in schools for children of the head of the household are almost twice as high as for other children in the household. This could be as a result that orphans not only appear to die earlier and have higher mortality rates than other children but also may be overworked by relatives or other guardians who consciously or unconsciously view them as a burden. Lack of supervision, proper caretaking and school or vocational activities leads to poor socialization, alienation from guardians and the community, and possible delinquency is experienced. Guardians predict reduced opportunities for orphans, who remain uneducated, untrained, and unemployable (Aharoni, 2000; 23).

- The uprooting of people from family and community, either because of the migration (often forced) of widows and their children to other parts of the country or because of complete orphanhood, which might lead to status as abandoned, exploited, and largely unschooled "street children"; and the earlier marriage of girls, which also lead to them (learners) dropping out of school (Ainsworth & Teokul,2000:34). This can occur for several reasons, that is:
 - because they are pushed out (or seek to escape) from overcrowded extended families;
 - because men seek younger, and presumably uninfected wives (Agyarko & Kowal, 2000:37); and
 - because parents seek to preserve their daughters by arranging an early marriage to a "reliable" partner (Magesa, 2000:32).

The latter paragraph raises a crucial point that the aggregated impact of HIV/AIDS on educational demand is likely to affect the education of girls more than boys, thus affecting in turn the gains made in female education over many years. Girls will likely be taken out of school sooner than boys when fees cannot be paid, when ill or orphaned siblings and relatives need to be cared for, perhaps also when many kinds of productive labour must be done,

and when the prospect of early marriage becomes possible (Gachuni, 1999:43).

There are two other areas where the presence of HIV/AIDS may have an impact on the educational demand, namely early childhood education and higher education. In the first case, the demand for early childhood care and education may increase. As more and more extended families are formed and as more and more traditional child-minders (older girls, grandparents) are needed for more productive labour, the need for some kind of care of young infants will grow (Williams, 2000:47). If the demand is not met, the care and health of these younger children may suffer (Schruler, 2000:17). In addition, the presence of HIV/AIDS may have a special impact on higher education, beyond the issues discussed above relating to the illness of university learners, the lower rate of return to higher education, the increasing inability of learners to pay for such education, and the need for university learners to provide income for affected families. There may also be a lowering of demand for overseas study and fewer qualified candidates to fill the available slots (Statistics SA, 1998:4)

3.3.2 The HIV/AIDS epidemic has a negative effect on the supply of teaching and learning processes

HIV/AIDS affects the supply of teaching and learning processes because of:

- the loss through mortality of trained educators;
- the reduced productivity of sick educators; and
- the reduction in the school system's ability to match supply with demand because of the loss, through mortality or sickness of education officers, inspectors, finance officers, building officers, planning officers, management personnel and the closure of classes or schools because of population decline in catchment areas and the consequent decline in enrolments (Kwatubana, 2004:10).

The foregoing factors are now discussed in the sub-sections below.

3.3.2.1 Educator Mortality

Application of HIV adult prevalence estimates suggests that, out of approximately 31,600 primary school educators in 1996/97, some 6,300 (20 percent) were HIV-positive. This is in keeping with the international finding of a positive correlation between educational status and HIV-risk (Macphail, Campbell, Williams & Van Dam, 2000:14). Evidence from the UNICEF's (1999) study highlights that the rate of infection among Malawian school-educators is higher than 30 percent and Raviola (2002:65) has asserted that educators in Zimbabwe are a very high risk group for HIV/AIDS. The World Bank (1999d:55) has also projected that by 2010, 14,460 educators would have died from AIDS in Tanzania, with the number mounting to 27,000 by 2020.

The HIV/AIDS status in South African schools is appalling. Hence research in dealing with HIV/AIDS affected and infected educators in schools is of paramount importance.

From the foregoing paragraphs it can be deduced that the HIV infections are, indeed, resulting in deaths of many educators. The Tanzanian Ministry of Education data show that six-hundred-and-eighty educators died in 1996, six-hundred-and-twenty-four in 1997, and one-thousand-three-hundred in the first ten months of 1998 (World Bank, [n.d.]). This means that the number of educator deaths rose from less than two per day in 1996 to more than four per day in 1998. The number of educators who died in 1998 was more than one-fifth of the number estimated to be HIV-positive. While one cannot attribute all of these deaths to AIDS, the 1998 educator deaths in Tanzania represented a mortality rate of thirty-nine per thousand which is about seventy percent higher than the mortality rate of twenty-three per thousand for the 15–49 year old age group in the general population (MOE, 1997:9). For the education system, the 1998 deaths were equivalent to the loss of about two-thirds of the annual output of newly trained educators from all primary school level training institutions combined.

3.3.2.2 Educator Productivity

Ayele, Dorigo-Zetsma, and Pollakis (2003:374) posit that the Ministry of Education in Lusaka has had difficulties in posting educators in rural areas. The records of the Ministry of Education in Lusaka show that trained educators are concentrated in urban areas while rural schools are denied their full and fair complement. What the records do not show is that illness, much of it AIDS-related, is a major contributing factor to this situation (Ayele *et al.*, 2003:373). According to Ayele *et al.* (2003:373), there has been a steady increase in the number of chronically ill educators who, on medical grounds, must be posted near to hospitals, properly staffed clinics or medical centres. This means that they must live in or near towns, but not in remote rural areas. As the result of its proximity to medical centres and doctors, a large urban school in Lusaka receives a disproportionately large number of such chronically ill educators.

The implications for urban posting of these educators is that they are unproductive in their teaching duties in urban schools since many are too ill to assume a full teaching load or to guarantee some continuity in their teaching. The result is that reports from school authorities, Parent-Educator Associations and communities are full of complaints of loss of teaching time due to the prolonged illness of educators or to their erratic attendance at schools (Mosia, 2003:64). Communities see this as one of the factors contributing to a decline in the quality of education (Hey, 2003:134).

3.3.2.3 Educator Costs

Apart from educator posting issues, the wasting loss of serving educators has grave financial repercussions on the education system. It is very difficult to terminate the services of an educator who is ill. As a result, the system must carry a currently unknown but large number of non-productive persons (Danahue, Kabbuch & Osinde, and 2000:22). In addition to the high salary costs, this implies there are also financial costs for replacements and substitutes, both in the short-term through the hiring of part-time substitutes

and in the long-term through the training of additional educators (Steyn, De Waal, Wolhuter, 2002:156).

There are also the costs of the initial training at public expense as well as the unquantifiable loss of valuable experience. An educational management problem arising from the silence and stigma that attach to AIDS is that good information does not exist on the number of educators who are HIV-infected, or even on the number who are chronically ill. This blurred picture makes rational proactive planning for educator numbers and cost-effective deployment extremely difficult (Linge & Porter, 1997:57).

3.3.2.4 Educator Stress

Educators are also deeply affected personally by the incidence of HIV/AIDS among their relatives and colleagues. Though this is a major cause of concern for them it is an area in which they receive little support. It has also been found that less than one-third of a sample of educators who had experienced AIDS sickness or death among their relatives had talked about the problem with friends or relatives (UNAIDS, 1997:4). The remainder felt either unable or unwilling to do so. More recently, a survey to ascertain educators' knowledge, attitudes, practices and skills in the teaching of HIV/AIDS found that approximately 25 percent of educators admitted to worrying about their own HIV status and nearly 40 percent would like to talk to somebody about their own HIV/AIDS related problems (Nowlan, 2000:11). The unresolved HIV-related stresses which educators experience, both in the classroom and at home, need to be acknowledged in initial and on-going educator training. Recognizing the magnitude of this personal problem, the Ugandan Ministry of Education's strategies for addressing the negative effects of the HIV/AIDS epidemic have included comprehensive HIV/AIDS education and counselling in educator training programmes (MOE, 1996:3).

3.3.2.5 A smaller supply of educational facilities, financial and human resources

Rosen, Simon, Thea, and Vincent (2000:133) state that it seems likely that an absolute or relative decrease in the number of learners, either through lower

initial enrolment or through higher drop-out or non-continuation rates, will lead to a similar decrease in the number of classes and schools. Fewer learners in the system and lower demand for places in education programmes may lead to a smaller supply of educational facilities and places. Schools that have enrollments below a certain minimum may therefore be closed and their remaining learners moved to other schools. More complex solutions such as the introduction of multi-grade teaching might tax both the finances and flexibility of affected school systems. Another possible reason for smaller supply of educational facilities may be the lack of support and financing from the community and the government (Sheared & Kakabadse, 2002:140). They will both have other competing, non-educational demands for their resources and therefore funds for maintaining current facilities and places, let alone building new ones may be very limited.

Even if educational facilities continue to be available, there may be a lack of educators and other personnel like principals, supervisors and inspectors (higher level managers) to maintain previous levels of educational service in terms of either quantity or quality (Smit & Cronje, 2001:47). Absenteeism from work among such people will result from illness, attending funerals and from caring for the ill. A study about the impact of HIV/AIDS on African universities, for example, has preliminary estimates stating that 14 % of the members of the academic staff of Kenyan universities may be infected with perhaps twice that percentage in other countries in the region (Mcneill & Donald, 2002:9). This, along with the estimate that, on the average, adults suffer approximately 17 HIV-related illnesses prior to death (Loranger, 1998: 21) which may seriously affect school duty attendance and the regularity of teaching.

Educators and other personnel who are infected may try to transfer to another area or once visibly ill, "abscond" and disappear (Donahue, 2000:41). Others may also want to transfer out of heavily affected areas or refuse to be posted to them, thereby decreasing considerably the supply of education available. This apparently has been the case with health workers in at least one heavily affected district of Tanzania (World Bank, [n.d.]). It does not seem to be the case yet with educators in the same district (Cohen, 1999:14).

In Uganda, it has been reported that female educators are reluctant to go to the Rakai District because once a potential husband finds out that she has worked in that area, her chances of getting married would be reduced (.Goliber, 2000) In areas where general poverty and AIDS have led to lower community contributions to school and thus to the supplementing of educator salaries, educators may also move to seek higher income elsewhere. Educators, despite their somewhat elite and mobile status also die from HIV/AIDS. One primary school studies in Uganda reported ten AIDS related deaths in the last several years (Kamuzora, 2000:12). The World Bank (2000:14) study in Tanzania estimates that some 14,460 educators will die by the year 2010 and 27,000 by 2020 and that the approximate cost of training replacement educators will be US\$37.8 million, that is about R2,835 million, an amount the Tanzanian government can ill afford. An estimate in Uganda speaks of 2200 educators suffering or dying from AIDS between 1993 and 1996 with a cost of replacement of 1.1 billion Uganda shillings or US\$ 1 million, that is about R7,5 million.

At the level of educational managers and planners in the system, another kind of impact may occur. Assuming that the current generation of such individuals is fairly well trained, better at least than the generation before, their illness, absenteeism, death and the resulting turnover of personnel will signal a loss of considerable competence and erode the system's capacity to plan, manage, and implement educational policies and programmes, both routine and innovative, that are meant to maintain and even increase the supply and quality of education. The impact will likely be especially significant in resource-poor environments (Kamuzora, 2000:12).

As mentioned above, the supply of education will also be affected by issues of finance. Enrolment will be less but so will be the number of financial supporters of the system whose contributions are essential for such things as chalk, books, school maintenance, and supplementary allowances for educators. Also, because the population as a whole will grow more slowly and will get younger, there may be less money available to maintain current levels of investment. Thus, the absolute investment in education may be less than

anticipated. While the per capita investment may remain the same, it is likely that there will not be any further qualitative improvement of the system (SA, 2000:47). One reason is simply the amount of money that may need to be spent on health-related costs of personnel such as treatment and care, insurance and death benefits, .

Other costs, for training and then paying the replacements for affected personnel (some of whom may also still be on the payroll), may also be considerable as may be the expense of implementing an effective HIV/AIDS education programme. Another financial problem is that the Ministry of Education itself may be provided an ever smaller piece of the national budget (Abt Associates, 1999:11). As demand increases for funds to sectors more clearly associated with the HIV/AIDS epidemic or more visibly affected by it such as the the Ministry of Health or able to argue more strongly about potential impact such as the Ministry of Defence, the Ministry of Education's slice of the total pie which may already be reduced in size due to lower national productivity and product, may grow smaller.

The foregoing paragraphs highlight the fact that HIV/AIDS affects the availability of resources for education. This is as a result of reduced availability of private resources owing to AIDS-related reductions in family incomes and/or the diversion of family resources to medical care and reduced public funds for the system. The AIDS-related decline in national income and the pre-emptive allocations to health and AIDS-related interventions are also adding to this burden

The funds that are tied down by salaries for sick but inactive educators and reduced community ability to contribute labour for school developments because of AIDS-related debilitation (SA, 1999:17) are all factors which negatively affect effectiveness in school systems. In Zambia, the education sector is carrying an unknown but large number of non-productive persons (educators) who are too ill to teach but who must remain on the payroll (UNESCO/UNAIDS, ZAMBIA). Meanwhile, reports from communities tell of many being so weakened through poverty, hunger and sickness that they are unable to participate in self-help activities in schools (Delnessa & Nduba,

2003:14). This shows ways in which the HIV/AIDS epidemic affects the availability of both public and private resources for education. One international estimate is that because of the HIV/AIDS epidemic, global economic growth is 1.4 percent lower than it would have otherwise have been (Chabala, 2000:6). The adverse economic impact would be due to decreased revenues and increased costs. Absenteeism due to illness, time-off for funerals, time spent on training and a less experienced labour force, would result in reduced productivity and hence in lower revenues. Spending on health care costs, burial expenses, and recruitment and training of replacement employees would lead to increased costs (Cohen, 1992:7; 1999:3; 2000:13).

This impact on economic growth is felt most seriously by countries which are most severely affected by the HIV/AIDS epidemic. A recent evaluation for Zambia states that without unprecedented infusion of foreign aid, national income could be reduced by as much as 10 percent (Coombe, 1999:2). One implication of this is that with public resources being smaller than they would have been in HIV/AIDS-free circumstances, less will be available for national spending in education as in other sectors.

3.3.3 HIV/AIDS affects the potential clientele for education

The HIV/AIDS epidemic affects the potential clientele for education because of:

- the rapid growth in the number of learner orphans;
- the massive strain which the learner orphans phenomenon is placing on the extended family and the public welfare services; and
- the need for learning children who are heading households, learner orphans, the poor, girls, and street children to undertake income-generating activities.

A Ugandan study which traced four-hundred-and-sixty 5-15-year-olds and children of one-hundred-and-fifty people who had died of AIDS found:

- high levels of deprivation among these children;
- seventy percent had neither mother nor father;
- more than one in three had been abandoned or were in institutions;
- almost two in three had left school as a result of lack of fees;
- more than two in three were 'virtually' naked and malnourished;
- one in 30 had been sexually abused;
- and two in five showed signs of psychological disorder (Bond, Macquarrie, Hallom & Nibbled, 2003:48)).

As the profile of the education system's clients and their needs changes due to the presence of HIV/AIDS so too must its objectives. The special clients, those who are not necessarily completely new in nature, but larger in numbers are several and not mutually exclusive. They include:

- non-enrollees, that is children who have never entered school, some because of infection and illness, others for economic reasons;
- frequently absent learners, that is children whose education is even more random than usual;
- drop-outs, that is children who have left school before attaining at least some minimum of literacy, numeracy, and life skills;
- working children and street children, that is those who are not in school, some working full-time, and many living outside of any home environment;
- orphans, that is of one or both parents, living either in an extended or adopted family, in an orphanage, or in the streets, and likely facing special problems of ill-health, psychological trauma, and social stigma; and
- girls, who likely make up more than their proper percentage of the above categories, with particular needs in terms of knowledge and skills (Bond, Macquarrie, Hallom & Nibbled, 2003: 48).

3.3.4 HIV/AIDS affects the process of education

The HIV/AIDS epidemic affects the process of education because of:

- the new social interactions that arise from the presence of AIDS-affected individuals in schools;
- community views of educators as those who have brought the sickness into their midst;
- the erratic school attendance of learners from AIDS-affected families;
- the erratic teaching activities of educators, who are personally infected, or whose immediate families are infected, by the disease; and
- the increased risk that young girls experience of sexual harassment because they are regarded as 'safe' and free from HIV infection (Danspeckgruber, 2002:43).

Through its impact on social interactions arising from the presence of HIV infected individuals in many schools; the HIV/AIDS epidemic has affected the process of education in Zambia. Some rural communities have accused educators of being responsible for the introduction and spread of HIV/AIDS (Helland, Lexow, and Carme , 1999). There is at least one report of AIDS wiping out almost an entire community, with an educator (since dead) being named as the source of the disease (Bader, 2000:21). Incidents like these have led to strained educator-community relationships, in some instances undermining the likelihood of adequate community participation in school affairs.

The process is also affected when children witness the physical deterioration of classmates or of an educator dying from AIDS. Trauma arising from experience of the way the HIV/AIDS epidemic can degrade and humiliate a fellow human being, especially when this occurs in school surroundings, can have a psychologically shattering impact on a young person's psychological stability and learning capacity (Cluster, 2001:31). Although there is no evidence of system or parental objections to the presence in school of an

infected educator or learner, children who have lost a parent through AIDS speak of being taunted and mocked by their peers, and sometimes being excluded from peer groups.

At a different level, because they are believed to be HIV-free, young girls run an increased risk of sexual harassment on their way to and from school. This has led to isolated cases of such girls being withdrawn from school, and to pressure from parents for schools to be built closer to their homes.

The "numbers" of education will clearly change as a result of HIV and AIDS, and its "tone" will also change. The social interactions and educational processes which make it work will inevitably be coloured in some way by the HIV/AIDS epidemic. Those in class who are infected with HIV or ill, or even members of affected families - both educators and learners - may face discrimination, ostracism, and isolation. Educators may face the suspension of social and health benefits and/or dismissal from the system. Learners may face formal suspension by the system or be pressured to leave school "voluntarily". The supposedly free and open nature of school and classroom relationships may end up being governed by suspicion and fear. In itself, this will necessarily affect the teaching-learning processes, an impact exacerbated by the greater randomness of teaching and learning due to higher rates of absenteeism of both educators and learners.

An added complication to the process of education is the frequency in some societies of sexual relations, voluntary or otherwise, among learners and between educators and learners (SA, 2000:15). One study of primary learners in South Africa reported that 11% of the female respondents said that they had been forced into having sex (SA, 2000:23). Rape and the sexual abuse of girl learners by male learners and educators are not uncommon. The latter is often committed by learners and educators in exchange for fees or various academic rewards (SA, 1999:13). A young girl who is forced to have a 'sugar daddy' in order to go to school does not have any chance to decide when she wants safe sex. She has no control over the risks. In Kampala's slums, sixteen-year olds have prostituted themselves to get the money for school fees. In Mozambique girls write to the newspapers' letters pages on what it

costs in having sex with the educator or school head to get a good certificate in different subjects (Beer, 2000:101)..

Thus, while schools should be considered "sanctuaries", they are often instead the site of non-consensual sexual activities and HIV infection. This can lead to difficult relationships between the school and the community. An example was given in one of the schools that male educators from that school were being accused by members of the surrounding community of deflowering their girls and spreading AIDS amongst school girls to cause a conflict between the school educators and parents (Danspeckgruber, 2002:57). As a result, two of the educators and the head educator of the school were dismissed. This created a climate of mistrust between the community and the school (Kelly, 2000a:87).

In some areas this has led to school policies that advocate against sexual abuse and school regulations that prohibit or discourage out-of-school contact between educators and learners. Once such rules are put in place, as has occurred in both the primary and secondary schools studied in South Africa, a more formal but also a stronger social relationship within schools and between the school and the community may be created. As one report from Gauteng Province indicates one headmaster noted that the disease has brought the community and school closer as they now had a common enemy, that is HIV/AIDS which they have to strategically deal with by means of collaboratively developed school policies and regulations (Tembo, 2000:26).

3.3.5 HIV/AIDS affects the content of education

HIV/AIDS affects the content of education because of:

- the need to incorporate HIV/AIDS education into the curriculum, with a view to imparting the knowledge, attitudes and skills that may help to promote safer sexual behaviour;
- the need to develop life-skills which equip learners for positive social behaviour and for coping with negative social pressures; and

- the need for earlier inclusion in the curriculum of work-related training and skills, so as to prepare those compelled to leave school early (because of orphanhood or other reasons) to care for themselves, their siblings, and their families.

The most obvious impact of the HIV/AIDS epidemic on the content of education is the incorporation of HIV/AIDS education into the curriculum, with a view to bringing about behaviour change (MOE, 1996:14). The Ugandan Ministry of Education has recognised the importance of education and the formation of attitudes in relation to the HIV/AIDS epidemic. Consequently, it is currently revising the school curriculum to provide space for addressing the attitudes and behaviour of youth through the inclusion of life skills and reproductive health (SA, 2000:17). Because of the multi-dimensional nature of the HIV/AIDS epidemic, the Ugandan Ministry of Education has adopted an integrated approach. In this, the HIV/AIDS epidemic is not given the status of a separate learning area. Neither does it become an integral part of an existing career learning area. Instead it is taken to be a cross-cutting issue which is to be addressed in all learning areas and which will be examinable as part of those subjects.

The major policy objective for education in Uganda is to use schools' potential to:

- slow down the rate of new HIV infections; and
- help its infected members, that is both educators and learners, to cope and support those among them who have been bereaved by the HIV/AIDS epidemic (Karim, 2000:289).

The Ugandan education system's part of the response to the HIV/AIDS epidemic has been the introduction of life-skills programmes (Devine & Graham, [n.d.]). Their aim is to influence the health and social behaviour of learners by seeking to develop learner ability in the following five key psycho-social areas:

- self-awareness (self-esteem) and empathy;

- private communication and interpersonal relationships;
- decision making and problems solving;
- creative thinking and critical thinking; and
- coping with emotions and with stress (UNAIDS, 2000c:7, Wallis 2004:18).

Countries in Eastern and Southern Africa have endeavoured, with mixed success, to integrate programmes of this nature into their school curricula.

Common problems are:

- lack of educator knowledge and confidence;
- tendencies to gloss over sensitive sexuality issues;
- the perception that because Sex Education is not examined, the area is not important; and
- inadequate efforts to mobilise the support of parents and other key stakeholders in the struggle against the HIV/AIDS epidemic (Gachuhi, 1999: 11)

Given that school education has an essential role to play in combating the HIV/AIDS epidemic, and that it has played this role very successfully in Uganda, it is somewhat surprising that one notes the relatively low-key presentation of this approach in the World Bank's policy research report *Confronting AIDS* (UNAIDS, 2000d). Although the report does acknowledge that HIV/AIDS education is likely to be a good investment in preventing HIV (World Bank, 1999e:15), it goes to greater lengths in dealing with risky sexual and injecting behaviour and with prevention programmes for sub-populations that are at greatest risk. While it is of the utmost importance to deal with these areas, it is regrettable that the report does not pay comparable attention to the one window of hope that exists for the worst-affected countries, the children in primary schools who have not yet been infected by this devastating HIV. Damage limitation appears to attract greater attention than damage prevention in the (UNAIDS MAPUTO, 1999: 24).

There has been a shift, however, in the World Bank's [n.d.] position, with its strategic plan for dealing with HIV/AIDS in Sub-Saharan Africa—*Intensifying Action Against HIV/AIDS in Africa*—giving more prominence to the role that can be played by education-related interventions. Thus it singles out the importance of:

- integrating HIV/AIDS into existing school and training curricula;
- educating girls;
- expanding gender initiatives;
- reducing poverty;
- assessing the impact of HIV/AIDS on educational sectors;
- helping countries plan for the long-term impact of the HIV/AIDS epidemic;
- supporting research efforts to provide national leaders and international partners with basic and accurate AIDS-related information;
- strengthening capacity building and mainstreaming HIV/AIDS in all Bank activities; and
- re-directing ongoing project funds to HIV/AIDS activities (in the Bank's terminology, 'retrofitting' projects).(World Bank, 2000:144).

These plans are indeed welcome initiatives from an international social agency. Their implementation should go some way to make up for the late start in making a whole-hearted commitment to dealing with the HIV/AIDS epidemic. This means that, in more concrete ways, the education system must also adapt to the impact of the HIV/AIDS epidemic by altering the schooling learning areas' content that is knowledge, skills, and values of what it teaches and the methods it uses for teaching.

An education system in a society affected by HIV/AIDS must be able to teach knowledge of quite a different kind from that traditionally taught in most countries of the world. This includes information concerning the human body

and its functions. HIV prevention requires that children learn about their bodies before puberty begins. Girls, especially, need to understand the relationship between sex and power, to see what forces drive adult behaviour, to strengthen self-esteem, and to be assured of their right to make sexual decisions (Baylies, 2002:360), reproductive health and sexually transmitted diseases, the transmission of HIV, the prevention of infection, and the nature of the disease, in other words, ways in which to stay HIV-negative, the care and treatment of people with AIDS, and human rights issues related to HIV and AIDS (UNITED NATIONS , 1998:8).

Also, according to Wilkinson and Dore (2000:277), for medical learners higher up in the system such as medical doctors, dentists, nurses and other health care workers, more information concerning AIDS (its epidemiology, transmission, care, and treatment) and the social and cultural aspects of health must also be provided in their curriculum during their education and training. This information should capacitate these key professionals on new skills aligned to this era of the HIV/AIDS epidemic so that the solution to the epidemic may be found soon.

Schools' curriculum should also provide very practical skills related to work and income generation. These are especially important as are life skills related to behavioural choices, resistance to harmful and negative behaviour, and the negotiation of relations with others. These, too, are especially important to girls as those most often at a disadvantage in terms of personal security, economic independence, and relations with those who have power over them (Wilkinson & Dore, 2000:277). If the prevention needs of girls are ultimately to be met, efforts must be made to reduce their socio-economic vulnerability (UNAIDS, 1998:6). Girls need social support to attain the necessary economic independence, through basic education, other training, and the creation of employment opportunities without which they remain vulnerable to discrimination (UNDP, & UNAIDS, 1998:9). Greater access to information and more training in income generating skills may help redress some of this imbalance (Whiteside & Sunter, 2000:35).

New attitudes and values related both to responsible, low-risk sexual behaviour and to human rights issues and tolerance need also to be taught. Attitudes concerning respect for girls and women and more equal partnerships between men and women, and moral standards must also be encouraged. These can include issues related to the treatment of widows, land and inheritance rights of women, and female circumcision. There is a need as well to develop both creative ways to challenge stereotypes and education programmes which change expectations of the ways women and men, girls and boys, behave towards one another (SA, 1998:7).

Given the new issues that need to be dealt with in any discussion of the HIV/AIDS epidemic and given the greater number of client types to be reached and the variety of their needs, educators and other personnel of the education system who are in the front line will need particularly effective pre-service and in-service training programmes. These will need to focus on necessary knowledge about the epidemic, skills in dealing with the new clients of the system, and attitudes of tolerance and compassion (SA, 2000:14). Such knowledge, skills, and attitudes cannot easily be taught using traditional methods of training. The educators themselves, some of whom may be considerably younger and less experienced than the cadre of ill and dead educators they are replacing, must be trained in these new issues (SA, 1999:8). This includes first gaining the confidence and skills which might make it easier to talk about the often difficult topics relating to the HIV/AIDS epidemic. One study in Uganda, for example, showed that in one district 69 % of primary school educators felt little confidence in teaching about the HIV/AIDS epidemic (Niewenhuis, 1999:4). Relatively inexperienced educators may be helped in this regard through better educator guides, more in-service support and training, and more senior and experienced mentors (SA, 1999:12).

3.3.6 HIV/AIDS affects the role of education

The HIV/AIDS epidemic affects the role of education because of:

- new counselling roles that educators and the school system must adopt;

- the need for a new image of the school as a centre for the dissemination of messages about the HIV/AIDS epidemic to its own learners and staff, to the entire education community, and to the community it serves; and
- the need for the school to be envisaged as a multi-purpose development and welfare institution, delivering more than formal school education as traditionally understood (SA, 2000:34).

In addition to facing a different set of clients, the school and its personnel may also need to take on new roles (SA, 1999:13). Some of these will appear within the school itself. Even at the primary school level, as more and more of its learners drop out of school or are unable to continue to a higher level, schools may need to pay greater attention, earlier in the curriculum or outside of class hours, to work related technical and vocational training, including home economics, agriculture, arts and crafts, and woodwork - changes already appearing in primary schools as revealed in a study conducted by AIDSCAP (1996:21) in the Rakai District of Uganda. This may include school projects more directly focused on income generation both for the school itself, more and more strapped for funds, and for the community.

School staff may also find themselves devoting much more time and energy to counselling, a skill few educators, especially at the primary school level, possess. Part of counselling relates to the psychological trauma arising from the disease. Another part involves advising school children about how to stay in school. In one South African project focusing on school girls, the advice is simple: "We tell them they should look after themselves as individuals and important people. They should not look at boys as their future. They should stick to their education and forget about sex" (Coombe & Carol, 2000:13).

One particularly interesting peer programme in this area is the Anti-HIV/AIDS Clubs found in Zambia. Such clubs, established largely in secondary schools, encourage learners to sign pledges to avoid sex before marriage, to spread information about the HIV/AIDS epidemic to peers and family members, and to accept and actively care for those affected (Coombe & Carol 1999:4). Such concerns may extend to the school trying consciously to become a sanctuary,

a safe haven, both from the fear and stigma associated with the HIV/AIDS epidemic and from the risk of HIV transmission (UNAIDS, 1999:9).

As the social service institutions which, in most countries, penetrate farthest down the system and farthest out to the periphery, schools may also find themselves with expanded roles as multipurposes development and welfare agencies. Their responsibilities may go beyond the usual educational ones to include, for example, the enumeration of widows and orphans, the management of welfare (food, shelter, health care) for them and for guardians of learner orphans, even the delivery of whatever medicines and treatment might be available (Cohen, 1999:45). Schools may also need to become more of advocators of sex education, through Parent Teacher Associations and local leaders, trying to convince the community (e.g., with information about mortality rates and pregnancy rates) about its usefulness (Roefs; M et al, 2000:37).

The issue of orphans is a particularly complex one. A variety of programmes for orphans in heavily affected parts of the world have now been introduced. Though they vary in detail, they generally provide funding either to the foster families or relatives who have adopted orphans or directly to the orphans, for example, for school fees and uniforms (UNAIDS, [n.d.]: *These programmes* can also include income-generating projects and organized day-care centres or nurseries so that older orphans would not need to spend all of their time caring for younger relatives. One review of survivor assistance programmes in the Kagera region of Tanzania described 11 different activities operating in this region (Steinsthorsson & Sonderholm, 2002:45). Such programmes are so useful and necessary in the face of the HIV/AIDS epidemic, although they are quite controversial (Smart & Rose, 1999:67). This arises from several ethical issues arising from, amongst others, finance, stigma, low enrolment rates, death and dependency . Many of these issues affect both the orphans and their guardians, who themselves might be very desperate (Flisher, 2000a:4).

What appears important in these kinds of programmes is to have both a clear targeting strategy, preferably focused not only on AIDS survivors but also on

needy families generally and on the schools which serve them in particular. Clearer method to assess such programmes' effectiveness should be sought (own observation). Another important aspect is to work through local organizations and attempt to involve the entire community in the resulting programmes which should include income generation for both affected and infected families and the community as a whole, assistance to guardians, vocational training and family counseling rather than to develop isolated institutions or discrete packages focused on small parts of the population (Hussey, 1999:16). The role of the school in such programmes is obviously critical.

3.3.7 HIV/AIDS affects the organisation of schools

The HIV/AIDS epidemic affects the organisation of schools because of the need to:

- adopt a flexible timetable or calendar that will be more responsive to the income-generating burdens that many learners must shoulder;
- provide for schools that are closer to children's homes;
- provide for orphans and children from infected families, for whom normal school attendance is impossible, by bringing the school out to them instead of requiring them to come in to some central location; and
- examine assumptions about schooling, such as the age at which children should commence, the desirability of making boarding provision for girls, the advisability of bringing together large numbers of young people in relatively high-risk circumstances (Hill & Fediman, 2003:4).

The problems experienced by orphans in attending normal schools have given a strong impetus to the development of community schools, which operate on a more flexible timetable and which can be more accommodating to the special needs of orphans, street children and those whom HIV/AIDS-related causes have induced to abandon the normal school system (Smart & Rose, 1999:25).

From the foregoing paragraphs it is clear that HIV/AIDS affects operations of the school systems. The problem is that school systems, especially in quite heavily affected areas, may have a lack of financial and human resources and energy and creativity to develop the innovative programmes needed to address the new clients and their needs and the new roles of the school which the presence of HIV/AIDS bureaucracies such as ministries of education (and perhaps especially ministries of education) often find it difficult to innovate in the best of times due to the sheer size of the education system; logistical problems and the nature of bureaucratic culture; and innovating at a time of financial crisis and in the context of a challenge as complex as HIV/AIDS will even more difficult. Management of the education system at such a time requires particular flexibility and imagination in order to develop and operate programmes designed to cope with the impact of the HIV/AIDS epidemic (Nkamba & Kanyika, 1998:17).

Thus, in order to enable schools to respond efficiently and effectively to different clients and their needs and to assume new roles, the education system itself must change (Kippax, Smith & Aggleton, and 2000:13). It should learn to:

- operate in different ways;
- develop specific strategies for the new challenges it faces; and
- in general, become more non-formal and flexible in nature.

Such "non-formalizing" of the formal system requires an ability to adapt usually uniform, standard aspects of the system to a great variety of contexts and needs (Kelly, 2000d:27). These aspects include:

- School and classroom size such as ways in which to adapt to relatively smaller intakes and lower enrolment of learners and still maintain viable schools and classrooms, especially at a time when educators may also be in short supply. Multi-grade classrooms and alternate-year intakes of new learners may help in this regard (Kelly, 2000b:15).

- Entry age of learners such as ways in which to provide education for children with a greater range of age, perhaps sitting in the same classroom (SA, 2000:146).
- School calendars and timetables such as ways in which to adjust these to the particular needs of local families and communities affected by HIV/AIDS so that learners may, for example, take time off in order to care for ill relatives or assist their families in economic activities (e.g., one day off a week to take part in local markets), or so that the frequency of funerals does not disrupt the school schedule by assigning one educator to represent the school at local funerals (SA, 2000:146).
- Venue of schooling such as ways in which to provide education, especially at the secondary school level, closer to where children should be. Special strategies are needed for children who never attend school and are, thus, even more at risk. They can be approached through youth groups, in the streets, or in the fields or factories where they work - anywhere where contact is possible and trust can be established (SA, 1996:49).
- Closer links between the formal and non-formal systems so that children can more easily move out of school and into more flexible education programmes and then back to school as conditions permit.

3.3.8 HIV/AIDS affects the planning of the school system

The HIV/AIDS epidemic affects the proactive planning of the school system due to the imperatives of having to manage the system for the prevention of HIV transmission. The loss through mortality and sickness of various education officials such as, teaching and non-teaching staff charged with the responsibility for planning, implementing and managing school policies, teaching and learning programmes and projects; the need for all capacity-building and human resource planning to provide for potential staff losses, developing new approaches, knowledge, skills and attitudes is also not helping the situation. In the light of this paragraph the establishment of an intra-sectoral epidemic-related information systems; the need for more

accountable and cost-effective financial management at all schooling levels in response to reduced national, community and private resources for education; and the need for sensitive care in dealing with personnel and the human rights issues of AIDS-affected employees and their dependants is urgently required (SA, 1999:16).

The capacity of the various school management teams' professional and has been severely eroded in recent years (Donahue, Kabbucho & Osinde, 2000:47). It would seem that the school management teams' general aims for their workforces should be to prevent HIV infection and to help those already infected to live positively.. Thus, school management teams must also concentrate on designing measures to mitigate the consequences of the HIV/AIDS epidemic, which should involve taking stock of the potential magnitude of the epidemic as it affects various economic sectors (Oxfam, 1999).

Since HIV/AIDS is no longer solely a health issue, school management teams should be involved in both planning interventions to mitigate the consequences and disseminating preventive messages. The collaboration and partnership with local communities and non-governmental organizations (NGOs) must also be enlisted (SA, 1998:8). According to Schaeffer and Whiteside (1996:132), putting together the multi-sectoral's response to HIV/AIDS - ensuring that the needs of new clients are addressed, that schools are able to take on new and necessary roles, that the system can be adequately "non-formalized", and that new content and methods can be internalized by the system and the educators within it - will necessarily have an impact on the planning and management of the school system as a whole.

According to Schaeffer and Whiteside (1996:132), three things are important in the case of assertions made in the latter statement of the above paragraph:

- the School management teams should understand that the HIV/AIDS epidemic is more than merely a health problem, to be solved through preventive education;
- the HIV/AIDS epidemic is affecting, or will affect, their daily work; and

- the school management teams learn to plan with greater foresight, not for the routine but for the unexpected.

According to Schaeffer and Whiteside (1996:132) this means that school policy decisions should be made which anticipate future needs that may not yet be visible. Thus, the school management teams need to develop their own particular HIV/AIDS school policies and action plans related to:

- preventing HIV transmission;
- adapting the school system to the impact of the HIV/AIDS epidemic on the quantity and quality of education; and
- coping with the consequences of those within the system that are infected and ill.

This should include decisions concerning both administrative and professional policies related to the HIV/AIDS epidemic and the extent of resources directed to the HIV/AIDS epidemic, especially in its early stages. A very sincere, high-level official of the School Management Team in one heavily affected country once expressed his school's great concern for "helping the school solve its HIV/AIDS problem" (Assan & Wglesworth, 2001:93). Assuming this statement is characteristic of many officials, the first change in regards to the managing of the school system in the context of AIDS will be for such officials to see the HIV/AIDS epidemic as their problem as well, particularly as it relates to the planning, management, and financing of the system.

The next sub-sections explore ways in which the HIV/AIDS epidemic affects the planning, management, and financing of the system.

3.3.8.1 System planning

SA (1999:78) makes an assumption that the HIV/AIDS epidemic will have considerable impact on some school systems. They project that such impact will likely be quite different across different areas of South Africa and may nowhere, at least early in the epidemic, be easily and clearly visible and this impact may arise unexpectedly and in unexpected ways (SA, 1999:78). Under

such assumptions, the planning mechanisms of the school management systems need to be able not only to understand what kind of impact is occurring in the school system but also to anticipate and, perhaps more rapidly than usual, proactively plan the responses required to such impact. This may affect several different planning operations such as:

- data collection. According to Kelly (2000c:40), school management teams interviewed in affected countries in eastern Africa often had a vague idea of the presence of some of the problems caused by the HIV/AIDS at schools, but little understanding of their magnitude. All of the school management teams interviewed in Zambia indicated that they were not aware of any changes in interactions among educators, among learners, and between learners and educators caused by the HIV/AIDS epidemic. Neither were they aware of any discrimination in regard to educators and learners affected by the HIV/AIDS epidemic. They pointed out that the district offices had not kept them informed as to whether these changes were there or not (Kelly, 2000e:40).

In order to overcome such a lack of awareness, school management teams' information systems will need to identify what kinds of data are required in order to take stock of, understand, and plan for the impact of HIV/AIDS. This might include data on:

- AIDS survivors, especially orphans by age, school grade level, and gender;
- the absenteeism of both learners and educators and the reasons for such absences;
- the transfer of educators;
- classroom or school closures; and
- community contributions to schools (Williams, 2000:25) .

School management teams will then need to collect these data if they are not already available, either through routine and regular questionnaires or through

special surveys (Whiteside, 1999:12). School management teams should also understand more clearly the kinds of coping mechanisms already put in place by affected learners and educators. In education, as it has been said in relation to agriculture, the "people's resourcefulness in the face of a disaster such as AIDS has probably been underestimated. Without empirical data on how households actually cope in the circumstances, it is difficult to know what the outcome will be. The planning information, on which school management teams should base their strategic management of the effects of the HIV/AIDS epidemic on school systems, should be informed by (Whiteside & Sunter, 1999:12):

- data analysis and projections. The data, once collected, will need to be analyzed in different ways (e.g., disaggregated to lower levels of the system, if this is not already done) in order to catch variations in impact across different parts of the country. They will also need to be analyzed more rapidly than usual. In many countries, routine statistics and the projections from them are analyzed and published only after considerable delay. Some of the impact of AIDS, however - such as an increase in drop-out rates and in requests for educator transfers - may require more rapid action and therefore more rapid analysis in order to determine, for example: (own remark)
 - when and where to close classrooms and schools (or where to try to keep them open, or what to replace them with);
 - when and how to replace academic streams with technical and vocational courses; and
 - which areas of the country are suffering the most from educator shortages (Whiteside, 1998:16).
- human resources planning. A particularly important task of school management teams, often shared with the Ministry of Education, regards human resource planning - the assessment of how many people trained to various levels of learning areas for various kinds of classes will be required in a particular year (Badcock-Waters & Whiteside 1999:79). The impact of

the HIV/AIDS epidemic affects this determination in several ways. First, it will mean that individual schools will need to be better able to predict absences, illnesses, and deaths in order to retrain remaining staff and recruit and train new staff (Badcock-Waters & Whiteside, 1999:79). Secondly, the school management teams will need to be able to predict the human resource losses within their schools. This means that school management teams and school governing bodies must assess both, how many educators,, at what levels of training and in what learning areas- will likely need to be replaced; and what kind of new or additional pre-service and/or in-service training programmes, in which training institutions, will need to be put in place.

Schools may be doubly affected in terms of human resource planning, both because of the need to ensure an adequate complement of personnel in its own system and because of the role it often plays in training for other sectors (Abt Associates: 2000:3). To the extent that the school system supports various kinds of technical and vocational training institutions - which often provide graduates both for more specialized industries and firms and for the semi-skilled informal labour market - it will need to be able to adapt the quantity and nature of such training to the impact of AIDS in other sectors (Goliber, 2000:67).

In all of these various areas of planning, two issues are of particular importance:

- First, because the HIV/AIDS epidemic can be described as a long wave disaster that is a long time in the making and in which the major effects have already begun to occur long before the magnitude of the crisis is recognized and any response is possible (Mintzberg, 1998:421). There is therefore the need for more anticipatory planning, that is the ability to look in data not only for the likely but also for the merely possible and even the unexpected in order to see what is in the process of happening or what might happen.

- Second, based on the assumptions that there will be considerable differences in the magnitude and type of the HIV/AIDS epidemic impact in schools and that people closer to the reality of such impact will understand it better, there is a need for more participatory planning, that is the ability (and willingness) of school management teams to encourage the involvement of more "partners" in planning and to provide greater autonomy to lower levels of the system and to other actors in regard to the development of AIDS action programmes (Ogo & Delaney, 1997:317). This can be done through the greater decentralization and devolution of planning processes down to lower levels of the system (e.g. educators and learners .) and out to other actors (Non-Governmental Organizations, parent groups, community associations). As was concluded by the World Consultation of Educators' International Organizations on Education for AIDS Prevention, organized by four major educator unions in collaboration with UNESCO, WHO and ILO at UNESCO Headquarters in April 1990, the active involvement of educators through their representative organizations in the development, implementation, and evaluation of HIV/AIDS-related educational policies and activities will ensure appropriate programme conception and intervention (Kelly, 1999:34).

3.3.8.2 System management

Two areas of seemingly routine system management are, also, especially important in relation to the likely impact of HIV and AIDS, namely: the management of personnel and the management of finances.

3.3.8.2.1 Personnel management

At the level of the school, measures need to be taken to confront the consequence of those already infected. The costs of caring for sick teaching and non-teaching staff and the negative impact they have on output must at least be monitored and appropriately planned for in terms of projected teaching and non-teaching staff benefits and output. For larger schools, an explicit school policy on HIV/AIDS will assist school management teams make such projections (Marais & Hein, 2000:41). School policies can also help to

reduce discrimination especially before educators and non-educators employed at schools develop full-blown AIDS. Many still have important contributions to make and can benefit from a psycho-socially supportive work environment (O' Sullivan, 2000:147).

Given the likely impact of HIV/AIDS on the teaching and non-teaching staff of the school system (both its direct impact through infection, illness, and death and its indirect impact through the intrusion of the epidemic into the act of teaching and learning) and the nature of the HIV/AIDS epidemic itself with its overtones of sexual behaviour, immorality, intolerance, and fear, the management of staff within schools may become particularly difficult (Tayari, 2000:17). This is probably more the case in schools than in other sectors, for example truck drivers and construction workers do not generally have the links with the community, nor the responsibility for children, which educators have.

There are, therefore, four areas of staff management which are especially important, namely:

- The first relates to the management of human rights issues. At the World Consultation of International Educators' Organizations held at UNESCO in April 1990 delegates took note of the persistent occurrences of discrimination and social exclusion of HIV infected persons, especially educators. With respect to educators, such discrimination in the school setting frequently leads to isolation by colleagues and authorities and often to dismissal and suspension of social and health benefits (UNAIDS, 1999: 33). Such a scenario, according to UNAIDS (1999:22), should be considered totally unacceptable and counter-productive to progress in the domain of AIDS education and prevention. Educator organizations and international fora of various kinds have strongly supported policies against job discrimination and compulsory testing for HIV infection and for the confidentiality of all medical histories and treatment. Unless there are clear, well-publicized, and fully-supported policies about these issues in schools, they may tend to get neglected and lead to human rights abuses.

- The second relates to the management of educators infected with HIV or ill with AIDS. Here there are questions concerning access to counselling, the right to transfer to areas where medical care is available, alternative working arrangements for personnel unable to work at their original job, and reintegration into work following episodes of illness (Mcneil & Donald, 2002:9).
- The third relates to the continued availability of social security and other benefits. *HIV infected educators and other school staff members should not be discriminated against. Instead, they should have access to standard social security benefits and occupationally related benefits* (UNESCO, 1999:12).
- The fourth relates to the management of the system for the prevention of HIV transmission, both to protect the schools' investment in their human resources and to make the school systems sanctuaries against the HIV/AIDS epidemic (Tayari, 2000:47).

This involves not only pre-service and in-service education for staff about the HIV/AIDS epidemic but also policies designed to discourage high-risk behaviour. The latter might include both stronger sanctions and sexual abuse laws against personnel who force sex upon colleagues and learners and policies to assign married educators to posts where they may live with, or close to, their spouses.

3.3.8.2.2 Financial management

The management of budgets, fund raising and expenditure of resources may also be considerably complicated by the presence of the HIV/AIDS epidemic. This is true at all school system levels, that is from the classroom to the community. At the school and community level, as extended families grow larger, less income is earned, and ever fewer resources must be spent to support more people and to pay for expenses related to illness and death, *less money will be contributed by the community to the school* (Bourne, 2000:12). At the system level, less money may be available to the school system both absolutely (due to a shrinkage of the national product and

government budget) and relatively (due to stronger claims made on the budget from other sectors) (Heard, 1999:17).

More and more of this smaller budget may be needed for HIV/AIDS-related costs such as health care for those infected, death benefits, and the recruitment and training of their replacements - and, perhaps, as incentives to ensure educators remain in heavily affected areas (Hargreaves & Glynn, 2000:67). At the same time, more money might be required for the various new clients and new roles which the school system may be pushed to adopt - scholarships for orphans, training of educators in guidance and counselling, new curricula in family life education, new school-based programmes in income generation. And the unequal distribution of the impact of the HIV/AIDS epidemic may require the often difficult re-allocation of funds school departments. Thus, the management of finances in a context both of less money and of a proliferation of tasks and roles should take special attention (Oxfam, 1999:122).

3.3.8.2.3 Participation in management

Aggleton and Bentozzi (1998:31) give the following case of a learner orphans as a result of the HIV/AIDS epidemic: "When Mugaga, a learner AIDS orphan, could no longer afford his school fees, a local carpenter hired him as an apprentice. Today, Mugaga runs the shop, makes wooden doors, and has two older boys as apprentices. In nearby villages, other surviving adults have set up day-care centres for orphans, started tailoring and bee-keeping programmes to generate income for widows, and helped them plant fruit and vegetable gardens to feed their children"

From the foregoing case it can be deduced that access to education and skills training is considered of prime importance in giving the orphans a decent start in life. Siame (1998:24) gives case of the Kyabakuza AIDS Orphans Care group which has registered 188 orphans of different ages. For the youngest ones they run a nursery. The group has managed to raise enough money to hire an educator, so some of the children can receive primary education free of charge, Siame (1998:24) further gives another case of the Kabagabo

Technical Skills Development Centre which offers training in masonry, carpentry, tool making and tailoring. This is aimed at providing orphans with employable skills which will in turn help them to secure their future well-being

What emerges from the foregoing paragraphs is that if there is any positive impact of HIV and AIDS on development, it may lie in the increase importance which will likely need to be given to the process of decentralization and community participation in the planning and management of the response to the HIV/AIDS epidemic (UNAIDS, 1999a:12). In general, in a social system in crisis, the inclusion of more partners in the management and implementation of the system, and the strengthening of these partnerships, especially at the level of greatest impact, may help hold it together. In this case, the necessary additional partners are those affected by the HIV/AIDS epidemic, their families, educators, and the community at large. This means that the active involvement of educators through their representative organizations in planning, implementing, and evaluating (in cooperation with health, communication, and social science experts) school health promotion programmes to deal with issues of the HIV/AIDS epidemic and other sexually transmitted diseases is a necessity if knowledge is to be increased and risk behaviours reduced among learner children and adolescents (Mozambique, 1999:87). In addition, their proactive involvement is critical in initiatives to socially combat ignorance and to prevent discrimination against both their colleagues and learners who are HIV infected and suffering from the HIV/AIDS epidemic (UNAIDS, 1999b:47).

Likewise, in some communities parents and community groups, often in the absence of government action have taken the initiative in raising funds and developing programmes in response to the HIV/AIDS epidemic. Such initiative helps to:

- achieve sustainability of programmes;
- instill awareness of the problem at stake; and
- identify target groups of beneficiaries and to translate felt needs (UNDP & UN Country Team: 1999:89).

3.3.8.2.4 Inter-sectorial relations

A final necessary response of the school systems concerns its relationship with other sectors of communities, at different levels of the community system. At both the macro- and micro-levels, one issue is particularly important, that is the need for greater collaboration among different sectors of communities, especially with health, labour, and social development.

The expertise of the Health sector may be needed, for example, in the design and delivery of educational materials about the disease, its transmission, and its treatment. Closer links may be needed with the Labour sector and Trade Unions in the collection and analysis of data related to human resource needs and development. And collaboration with sectors concerned with social development programmes of various types may be thrust upon the school management teams if their schools need to take on a larger role as a community development agency. At the macro-level, another issue concerns the likely arguments among school governing bodies over budget allocations and the need for the school governing bodies to be able to convince the Education District Directors that continued and even increased investment in longer-term educator and learner human resource development is essential (Gachuhi, 1999:17).

3.3.9 HIV/AIDS affects donor support for education

The HIV/AIDS epidemic affects donor support for education because of:

- donors' concern to promote capacity-building and develop a self-sustaining system, both of which are inhibited by the widespread incidence of HIV/AIDS at schools;
- donors' concern lest the effectiveness of their inputs be undermined by the impacts of the epidemic at schools; and
- donor uncertainty about supporting schools which are heavily infected and affected by the HIV/AIDS epidemic (Bakele, 2000:43).

3.3.10 HIV/AIDS affects the quality and quantity of education

The net result of various kinds of impact on the demand, supply, and process of education may be a loss both of financial and educator and learner human resources (and thus the quantity of education) and of efficiency and effectiveness (and thus the quality of education) (UNAIDS, 2000:24). Relatively fewer learners may seek an education; and those that do, may be faced with fewer available learning places, a more "random" sequence of teaching and learning, and fewer educators who would also be physically disabled and killed by the HIV/AIDS epidemic (Goudge & Govender: 2000:39). Those educators that remain in the school system may be less experienced and less well trained and supervised by fewer school inspectors. A study of *one secondary school in the Rakai District of Uganda* showed that while in 1989 81% of its educators (out of 22) were qualified with Grade II teaching certificates, by 1993 the figure was 36% (out of 11). A much larger percent was also temporary rather than permanent teaching employees. Whereas in 1989 16 out of 22 had six years or more of experience, in 1993 only 1 out of 11 had such experience (Coombe & Carol, 2000:5). The "work place" of the school itself may also be affected by the psychological effects of having infection, illness, and death in its midst. In general, individual schools, especially in heavily affected areas, and the system as a whole may have fewer resources from families, communities, and government to maintain, improve, and expand their services.

3.4 DIFFICULTIES SCHOOLS EXPERIENCE IN INCLUDING HIV/AIDS EDUCATION IN THE CURRICULUM

In the southern African countries, few schools come to grips with issues of sexuality. They tend to displace to more superficial concerns the attention that would be more profitably devoted to this area. In practice this means that in many high-risk developing countries, schools do little to help their learners increase their understanding and change their behaviour in order to manage their emerging sexuality responsibly (Cohen, 1999:17). That said, several countries among those hardest hit by the HIV/AIDS epidemic have adapted their school curriculum to include HIV/AIDS education, or are in the process of

doing so, in the expectation that this will help stem the tide of HIV transmission. In some cases, family life or sex education programmes have promoted positive adolescent reproductive health benefits and behaviours (Gachuhi, 1999:12). The information and skills acquired by learner children and adolescents in these cases helped them to delay the initiation of sexual activity. Yet at their present level of development, the UNECA 2000 studies suggest that programmes such as *life skills*, *family life*, *reproductive health*, *sexual*, or *HIV/AIDS* education encounter a number of problems related to design and implementation, and raise the following issues:

- First, the design of these programmes may be faulty. Programmes appearing to have been developed from the top, with minimal participation of classroom educators, parents, and young people themselves.
- Second, programme delivery is almost exclusively in the hands of educators, again with minimal involvement of parents and learners. This approach has the effect of assimilating the life skills programmes into other *curriculum areas* that too often have little relevance or reality outside the classroom. Thus, although the programmes seem to provide learners with better factual information, this does not lead to the necessary changes in behaviour.
- Third, Uganda, Zambia and other African countries report that both educators and learners express a strong desire to have life skills and HIV/AIDS education as examinable subjects. This suggests that much may be going into the head, but little into the heart.
- Fourth, the majority of the programmes target older children, those aged nine and upwards (AIDSCAP, 1996:123). In the light of what has already been stated above about the enhanced HIV risks of school children, this is too late. Programmes should target children at an early age, from the day they enter school.
- Fifth, in many countries, the responsibility for the programme and its components appears to rest almost entirely with the education ministry.

There is very little evidence of collaboration with other partners (except in some cases with ministries of health), with non-governmental organizations (NGOs) or community based organizations (CBOs), or with the private sector (Macintyre, 2000:79).

In all of the above issues, the much-vaunted multi-sectoral approach as a crucial component in a comprehensive HIV/AIDS response is conspicuously absent. None of the programmes seeks to contextualize messages about the HIV/AIDS epidemic within the cultural discourse of traditional ideas and perceived traditions. Hence, they do not acknowledge and build on the understanding and beliefs of those they seek to influence (Kippax, Smith & Aggleton, 2000:23).

Although there is some evidence that programmes may lead to delays in the onset of sexual activities, the extent to which they lead to a reduction in HIV transmission, sexually transmitted diseases (STDs), rape or coerced sex has not been evaluated. Very few programmes go so far as to include in the design a reduction in HIV/AIDS incidence among learners as one of their performance indicators. In the current AIDS crisis, this is the bottom line. There are, also, many problems with programme implementation. As mentioned, at first sight some programmes appear to be successful. But where they should really count, they are less effectual. Most often bio-medical topics and barrier methods of HIV prevention appear to be presented in their own right, without a corresponding effort made to promote an understanding of *relationships, respect for the other, and rights* (Swaziland, 1999b:17). This has led to a tendency to equate prevention with the proper use of condoms. Presenting the bio-medical and mechanistic aspects outside the context of the learner's developing sexuality runs the risk of focusing attention on these aspects, and the factual knowledge involved, as if these provided the complete answer to HIV transmission.

At the same time, many programmes seem to downplay the potential of abstinence as a means for preventing HIV transmission. By doing so, they not only fail to challenge their learners, but they also adopt a defeatist attitude

towards what they regard as the inevitability of sexual activity among children and adolescents (UNAIDS, 1999c:37).

Among educators, there is a widespread problem relating to educator knowledge, understanding and commitment. This is further complicated by:

- the lengthy cascade model for training *servicing* educators;
- legitimate concerns about the dilution and even misrepresentation of content; and
- the educator's dubious status as a role model when she or he may be known to be HIV infected (UNAIDS, 1999d:79).

Educators question their role in this form of education. They have "anxiety concerns" and "resistance concerns." Anxiety concerns refer to fears of *violating taboos*, giving offence to parents, being accused of encouraging promiscuity and loose moral practices in the learners, or being regarded as using their teaching in this area as a form of personal sexual outlet (Namibia, 1999:143). Resistance concerns relate to doubts whether sex education, the formation of appropriate sexual attitudes, and the transmission of very specific behavioral guidelines really belong to their work as educators when their whole training and orientation were directed towards what are essentially academic areas (Ireland Aid, 2000:14).

These observations point to the need for considerable re-thinking of education's curriculum response to the HIV/AIDS epidemic. Weak links in the current response are at programme design and delivery stages. Neither draws sufficiently on such demonstrated strengths of many non-formal education programmes as the *involvement* of parents, significant community members, or community youth members. Both rely too heavily on a centralized approach and on the educator as the provider of information and developer of attitudes. Yet because of a lack of expertise and training, because of personal sensitivities, and because of remoteness in age and mind-set from learners, the educator may not be the appropriate person for this role. In addition, little if any provision is made at the programme design and delivery stages for the

deeper aspects of human sexuality, traditional approaches, or youth culture (NACP, 1998:23).

In the light of these issues, the way forward, according to NACP (1998:23), would seem to require close attention to the following points:

- Involving learners in program design and delivery, with a firm focus on promoting peer education.
- Involving community members, especially local and religious leaders, parents, and adolescent youths with standing among their peers, in content specification and delivery; drawing heavily on the resources of two different cultures—the quasimodern youth culture and the traditional culture of the region or people.
- Using participatory methods and experiential learning techniques.
- Approaching sexual and reproductive health education from the broader perspective of human sexuality and accommodating the physiological details within this as part of a more comprehensive whole.
- Providing more of a challenge to the idealism of learners (including "making abstinence cool").
- Developing a teaching and learning climate that firmly and frequently reaffirms the principles of respect, responsibility and rights.

Those education programmes that include these considerations stand a good chance of being successful in enabling learners to maintain or adopt behaviour that will protect them against HIV infection (UNAIDS, 1997:34, 1999b:67). If they are to do this, they must deal with issues about which school programmes are too often silent, and they must adopt design and delivery models which are foreign to school education as currently conceived. Yet, some of these considerations are integral to programmes targeting out-of-school youth. These programmes tend to be characterized by the prominent role they accord to young people as peer educators. Because the education is not coming from an outside body, but from contemporaries or the

peers themselves, it is more readily assimilated into the peer culture and norms. In other words, the approach recognizes the powerful socializing influence that youth have over each other and seeks to win the potency of peer pressure over to its side (Kelly, 2000e:17).

The first tentative steps, therefore, in the radical transformation of school education could be to learn from and put in practice the positive lessons coming from HIV/AIDS education programmes addressed to out-of-school youth in non-formal settings. It is approaches such as these that in-school HIV/AIDS education programmes must adopt if they are to help reduce the risk situation inherent in educational institutions and equip their learners to protect themselves against HIV infection when they leave school (Alemayehu, 2003:18).

3.5 THE ROLE OF SCHOOL MANAGEMENT TEAMS IN DEALING WITH HIV/AIDS

From the foregoing sections in chapters one and two it is clear that the HIV/AIDS epidemic demands that schools of today which are managed during the era of the HIV/AIDS epidemic be managed differently than schools of the past which were managed during the era without the HIV/AIDS epidemic. This is so because the teaching and learning curriculum's content, structures and programmes of schools that responded to the socio-cultural needs of a world without HIV/AIDS in the past no longer suffice in a world plagued by HIV/AIDS. Such a change that has been brought about by the HIV/AIDS epidemic *necessitates a radical re-thinking of the ways schools provide teaching and learning services to their communities in order to protect the human resources of its learners and educators from the effects of this devastating epidemic.*

This paragraph implies that today's Management Teams in schools, with the possibility of being seriously devastated and destroyed by the HIV/AIDS epidemic, cannot afford to work in traditional management ways. They need to do the following in order to survive.

3.5.1 Ensure Access and that Real and Relevant Learning Occurs

Two of the fundamental articles of the World Declaration on Education For All are particularly relevant in the context of managing the scourge of HIV/AIDS at schools, namely:

- Every person shall be able to benefit from educational opportunities designed to meet their basic learning needs (Art. 1).
- Whether or not expanded educational opportunities will translate into meaningful development ... depends ultimately on whether people actually learn as a result of those opportunities, i.e., whether they incorporate useful knowledge, reasoning ability, skills, and values (Art. 4).

Education in the sense of schooling can do nothing to reduce the transmission and impact of HIV/AIDS for children who, for whatever reason, are denied access to school. (Oxfam, 1999).. Hence the HIV/AIDS epidemic underscores the crucial importance of universalising access to primary schooling. It also underlines the tragedy of Africa where, in 1995, an estimated 40 percent of children were not enrolled in school and where, on present trends, the number of children not attending school seems set to increase dramatically in the coming years (Oxfam, 1999).

Attention to real learning achievement is necessary on the following two grounds:

- First, as the World Declaration states, if there is no real and worthwhile learning, then no meaningful development occurs (Campbell & Alexander, 1998:46).. No matter how well attended, the schools may not contribute as they should to poverty reduction, personal empowerment, gender equity. Neither will they promote the knowledge and understanding which are fundamental to the reduction of HIV transmission. Those leaving school may remain a prey to the poverty trap which may see many of them being sucked into prostitution, streetism, gender subordination, and other ways of life that will increase their risk of HIV infection. They may also remain

much weaker than they should be in the face of HIV risks (Campbell & Alexander, 1998:46).

- Second, if there is real learning achievement then it becomes more likely that schools messages about HIV may be taken on board, and that learners may incorporate the useful knowledge, reasoning ability, skills, and values that will contribute to their protection against the HIV/AIDS epidemic (Collins, Low & Arnett; 2000:33).

3.5.2 Integrate HIV/AIDS and Sexual Education into the School Curriculum

Good quality sexual health and HIV/AIDS education is needed in order to equip learners with the information which they rarely get from their parents or senior family members, which they no longer get from traditional training such as is customarily provided at the time of initiation, which they frequently pick up haphazardly from peers and books, and which they sometimes augment by high-risk experimentation (UNAIDS, 1999:67). This education should go beyond the biological facts to include many aspects of behaviour and ultimately of attitudes and values

It is nothing new that a school should seek to influence behaviour and inculcate values. That it should do so is regarded as part of its traditional role. It consciously seeks to influence learners through its curriculum and through the values that the curriculum embodies. School Managers need to have a clearer perception of education as being the process of identifying the valuable, opening it to others and, yes, inculcating it into them (Greenfield, 1991:194).

This view is reinforced by the modern approach to the school as an organisation. Contemporary theory recognises that organisations, from the simplest village school to the most complex multinational, are built on marshalling people around values, those learned concepts of the desirable which have motivating force and which serve as criteria against which we appraise and evaluate actions (Bentwich, 2003:14). Through its sexual health and HIV/AIDS programmes, the school should also seek to help each learner

to develop a personally held value system which will empower the learner to make correct and safe choices, while at school and throughout life (Bell, Dvarajan & Gersbach, 2000:49).

Incorporating these areas is also integral to the universal right to education. Article 26 of the United Nations Declaration on Human Rights proclaims the right to an education that is directed to the full development of the human personality (Clinton, 2003:311). Since HIV infection inhibits the possibility of such full development, the right to education includes the right to the knowledge and skills needed for HIV prevention. Such a right can only be exercised if the school curriculum deals effectively with sexual health and HIV/AIDS prevention and care. The Jomtien Declaration defined the basic learning needs, which should be met for every person, as including the content required by human beings in order to survive (Art 1). In the HIV/AIDS-scarred world, sexual health and HIV/AIDS education are a prerequisite for individual and community survival. Fears are sometimes expressed that integrating reproductive health and HIV/AIDS education into the school curriculum will increase sexual activity and promiscuity among learners, thereby potentially aggravating rather than alleviating the problem. On the basis of what has been investigated, these fears appear to be unfounded. In a comprehensive literature review, UNAIDS found that of 53 studies that evaluated specific interventions, Twenty-seven reported that HIV/AIDS and sexual health education neither increased nor decreased sexual activity and attendant rates of pregnancy and sexually transmitted infections (Corde, Moll, Kuecherrer & Marcus, 2004:583). Twenty-two reported that HIV and/or sexual health education either delayed the onset of sexual activity, reduced the number of sexual partners, or reduced unplanned pregnancy and sexually transmitted infections rates. Only three studies found increases in sexual behaviour associated with sexual health education (UNAIDS, 2000:5). The UNAIDS study concludes that there is little evidence to support the contention that sexual health and HIV education promote promiscuity.

The review also reported study findings that:

- responsible and safe behaviour can be learned; sexual education is more effective when it occurs before puberty;
- effective programmes encourage openness in communicating about sex;
- programmes need to be sensitive to the different requirements of boys and girls, but in all cases they should take account of the social context in which sexual behaviour takes place and of the personal and social consequences of such behaviour; and
- effective programmes equip learners with skills to interpret the conflicting messages that come from adult role models, television, other media and advertisements (UNAIDS, 1999:27).

It should be noted, however, that the studies in question were evaluations of school-based programmes in industrialised countries, principally in the United States. Little more than anecdotal evidence is available to show that reproductive health education leads to delayed sexual activity and safer sex in developing countries. There is an urgent need for more rigorous evaluations of such programmes in African settings, research that might well commence in countries such as Uganda which have adopted a forthright and quite explicit approach to integrating HIV/AIDS and sexual education into the school curriculum (Bottery, 2000:6).

3.5.3 Promote the Development of Life Skills

Quite apart from the HIV/AIDS epidemic, schools have a responsibility to help learners develop skills which equip them for positive social behaviour and for coping with negative pressures. The Zambian Ministry of Education sees a core set of these life-skills as including:

- decision-making;
- problem-solving;
- creative thinking;

- critical thinking;
- effective communication;
- interpersonal relationships;
- self-awareness;
- stress and anxiety management;
- coping with pressures;
- self-esteem; and
- confidence (Kelly, 2000:14).

The Ministry has, also, called for the investment of time and resources in the fourth 'R', that is, seriously conducted *human relations* education and the development of interpersonal skills that will lead to a better understanding of oneself and of others (Kelly, 2000f:56). Promoting these skills is the responsibility of all who are concerned with the education of learners. It is doubly so because of the HIV/AIDS epidemic crisis (Bratton & Gold, 2003:124).

The UNAIDS (2000f) review of research highlighted the importance of the skill of interpreting the conflicting messages that come from:

- adult role models;
- television and other media; and
- advertisements.

According to Arndt and Lewis (2000:14), societies create almost impossible tasks for learners by expecting them to behave in certain ways but confronting them with social norms, expectations and role models that point in a very different direction. The learners are expected to know ways in which to protect themselves, but information about sex has to be acquired furtively and almost by osmosis, while sexual behaviour is kept under wraps. At the same time,

masculinity tends to be associated with extensive sexual knowledge and practice, femininity with naïveté and inexperience (Arndt & Lewis, 2000:15). The models placed incessantly before the learners through advertisements, in the media, and through the entertainment industry glorify the physical aspects of sex, but say little about the arduous task of building enduring human relationships which support and are supported by sexual practice (Arndt & Lewis, 2000:15).

A critical life-skill that schools should seek to develop in today's learners is the ability to interpret and challenge these and other social norms that put pressure on them to run their lives on the pleasure principle and to experiment with sex, with the attendant increase in the risk of HIV infection (SA, 1998:45).

2.5.4 Establish a Vigorous Human Rights Approach

Human rights and the HIV/AIDS epidemic are intimately connected. An environment in which human rights are respected ensures that:

- vulnerability to HIV/AIDS is reduced;
- those persons infected with and affected by the HIV/AIDS epidemic live a life of dignity without discrimination; and
- the personal and societal impact of HIV infection is alleviated" (HEARD, 1999:5).

It is all too easy for schools to fall into the trap of denying access to learners infected or affected by HIV, whether because:

- of their HIV status;
- of pressure from the parents of non-infected learners; or
- their HIV status makes it difficult for the learners in question to meet school attendance requirements or pay school fees (Helland, Lexow & Carm, 1999:53).

It is tempting for the institutions to restrict the participation of infected learners in certain curricular and extra-curricular activities. Schools and the entire educational system need to be constantly on the alert to ensure that the care, employment, privacy, and other rights of infected educators, non-teaching staff and learners are not violated (SA, 1998:34).

Provisions for dealing with the many-faceted aspects of human rights and education need to be developed and implemented by school management teams with the strategic support from school governing bodies. At the school level, social science and other social disciplines that deal with human rights need to extend their treatment to HIV/AIDS applications, such as:

- the right to marry and found a family;
- the right to privacy;
- the right to work;
- the right to expression and information; and
- the right to the highest attainable standard of physical and mental health (SA, 1998: 40–51).

Part of the schools' human rights programme should surely be to:

- bring HIV/AIDS out into the open; and
- contribute to breaking the silence, the secrecy, the stigma, and the shame that are associated with AIDS.

Helland *et al.* (1999:53) posit that stigma remains the most significant challenge in dealing with the HIV/AIDS epidemic. It makes prevention through education very difficult and it undermines the political support that is so necessary in dealing with the HIV/AIDS epidemic. Therefore, eliminating stigma must be central in the response to the HIV/AIDS epidemic. It is a key way to break the silence and move the response forward (Helland *et al.*, 1999:53)

The HIV/AIDS epidemic in itself is a calamity for an individual, a school, a family, and a community. It does not need the inhuman response of aggravating it through stigma, silence and shame. Through its sexual health and HIV/AIDS programmes, through equal treatment for all its members, through vigorous action against petty hole-in-the-corner teasing and bullying of those learners infected or affected by the disease, through arranging for people living with AIDS to address the school community, through role-playing and drama presentations that bring HIV/AIDS out into the open, through consistent manifestation that it is ashamed of the shame itself, the school can counter the silence and reduce the stigma and discrimination surrounding the HIV/AIDS epidemic. By doing so, it moves the response forward (Kelly, 2000:57).

3.5.4 Increase the Attention Given to Care, Counselling and Compassion

The HIV/AIDS epidemic has greatly increased the number:

- of orphaned school learners;
- who are living in households containing an infected member;
- who have lost or may shortly lose a grandparent or other close family member; and
- who have had to change home and possibly school because of various AIDS effects.

Tragically, it has also increased the number of school learners who are themselves infected by AIDS—in 1995, a newspaper report stated that out of 63 secondary school learners who donated blood in a Zambian hospital, only 11 were not HIV infected (Zambia, 1999:28). Situations such as these point to the urgent need that school children have for more guidance, counselling and psychological support.

According to Article 26 of the United Nations Declaration on Human Rights, the full development of the human personality of learners requires that they be

provided with the special counselling and psychological support they need so badly in the situation where they are infected or affected by the HIV/AIDS epidemic. This, in turn, requires that the school extend its mission beyond the strictly academic to include more attention to counselling and care for its members (Bloom & Godwin, 1997:87).

Important life-skills in the HIV/AIDS area include:

- showing compassion and solidarity towards infected individuals; and
- caring for people with AIDS in the family and community (Kelly, 2004:23).

As a significant and ubiquitous social service provider the school cannot remain socially aloof from the social tragedies that affect families, and possibly some of its own members, in the community it serves. Instead, it can:

- translate its health and hygiene studies programmes into action by training in home-based care for children from all families;
- modify its social studies and works programmes to include activities in support of affected families; and
- extend its religious education programmes to the practical and universal manifestation of the human compassion and concern that are at the heart of all true religion (Kelly, 2004:23).

3.5.5 Put HIV/AIDS at the Centre of the School Management Agenda

All of the foregoing may sound as if there is greatly an extension of the school curriculum and of throwing the whole system topsy-turvy, so that it is no longer school as it has traditionally been known (S.A, 1999d). This is a correct impression. The world with AIDS is not the same as the world without AIDS. The school in an AIDS-infected world cannot be the same as the school in an AIDS-free world. This means that the time has now come for school management teams to declare AIDS in schools a state of emergency, requiring emergency-type efforts and emergency-type resources. The time is now to declare our schools in a state of emergency because of AIDS,

requiring emergency-type efforts, emergency-type responses from school management teams with the strategic support of school governing bodies. It is now the time to put the HIV/AIDS epidemic crisis at the centre of school management agenda (Eaton & Flisher, 2000:125).

3.6 CONCLUSION

This chapter highlighted, by means of the literature review method which forms the first research method for the investigation of the first aim of this study, the effects of the HIV/AIDS epidemic on school systems, defined what HIV, AIDS and School Management Teams are in the context of this research and ways in which school management teams can deal with the HIV/AIDS epidemic at schools.

The next chapter presents the design of the quantitative empirical research that forms the second research method for the investigation of the second aim of this study.

CHAPTER THREE

EMPIRICAL RESEARCH DESIGN

4.1 INTRODUCTION

This chapter presents the research methods used in this study. It includes an overview and justification of the questionnaire used in the study, and an explanation of how the questionnaire was developed. The use of a questionnaire is taken as the most appropriate and practical technique in reaching the aims of this study, which are to:

- determine, by means of the literature review research, the nature of the impact of the HIV/AIDS epidemic on school systems and the role of School Management Teams in dealing with this epidemic;
- determine the perceptions of educators, principals, deputy principals and heads of department on the impact of HIV/AIDS on educators, learners and the teaching and learning situation; and
- suggest a strategic management approach which School Management Teams can adopt in dealing with the HIV/AIDS epidemic at their schools.

4.2 METHOD OF RESEARCH

This research was conducted by means of a literature review research and empirical research methods.

4.2.1 Literature study

Primary sources that were consulted include current international and national journals, papers presented at professional meetings, dissertations by graduates, learners' reports written by school and university researchers and both South African Acts 27 and 84 of 1996 which provide information on how far research on HIV/AIDS at schools and their effects on teaching, learning and management of schools have progressed. Acts were consulted for

governmental and departmental policy theoretical frameworks. Books on HIV/AIDS serve as secondary sources.

4.2.2 Empirical research method

The quantitative empirical investigation was conducted to determine the perceptions of School Management Teams, that is principals, deputy principals and heads of department on the effects of the HIV/AIDS epidemic on educators, learners and the teaching and learning situation among Heads of Departments (n=134), deputy principals (n=50) and principals (n=70) who formed the population sample (N=254) of this research.

Kirt & Waschkun (2001:24) explain that quantitative data deals principally with numbers while qualitative data deals with meanings. These meanings are expressed through language and action (Wallis, 2004:16). Like meanings, numbers are important at all levels of measurement in research. Numbers must be based on meaningful conceptualizations. Quantitative and qualitative methods complement each other for meaningful research (Bogdan & Bicklen, 1998:66).

In this research, Heads of Departments (n=134); deputy principals (n=50) and principals (n=70) who formed the population sample (N=254) of this research are the respondents to questionnaires. One of the most important requisites in contemporary social science is that scientific information should be quantitative because it represents an endeavour to detect laws, relationships and explanations of various occurrences. Results obtained in such a way are always transcribed in a statistical manner. The extent into which deductions are translated into numbers serves as an indication of the maturity of science (Demarrais & Lapan, 2004:48). Quantitative research, therefore, measures the reaction of many people to a limited set of questions, thus facilitating comparison and statistical aggregation of the data, which give a broad, general set of findings (Strauss & Corbin, 1998:89).

Personal visits were made to primary and secondary schools in the townships and farms around the *Phuthaditshaba* area in the Free State where questionnaires were distributed to school management teams comprising of

Heads of Departments (educators serving and appointed on post level 2), Deputy Principals (educators serving and appointed on post level 3) and Principals (educators appointed on either post level 4 or 3 depending on the enrolment of the school).

These questionnaires were handed over to heads of departments and deputy principals through the school principals with the request that they had to be filled in within three days, and that the researcher would come back to the school on the fourth day to collect them.

The distribution of the questionnaires was done as follows:

Table 3.1: Targeted population group

Number of questionnaires distributed

	HODs	Deputy Principals	Principals	%
Number distributed	137	55	70	100%
Number Returned	134	50	70	97%
Number lost, misplaced or not attended to	3	5	0	3%

This method of distributing questionnaires to the educators via the school principals created problems for the researcher because not all questionnaires were returned. Only 254 out of 262 questionnaires were returned. The table above indicates the numbers distributed to school management teams who formed the population sample of this research, those that were returned and those that were not returned.

4.2.2.1 Description of the population

This Research revolved around the School Management Teams of seventy (70) schools in the *Phuthaditshaba* area of the Free State province.

Phuthaditshaba area is served by the Thabo Mofutsanyana Education district which is one of the five Education districts in the Free State Department of Education.

This Education district is the largest among all the five Education districts in the Free State Department of Education because of its having 800 schools. The researcher and the supervisor decided on conducting a manageable group so empirical research at seventy schools after taking time and financial factors into consideration. It would take the researcher more than two years to visit all eight-hundred schools in the said district and would also be financially expensive for the researcher to afford.

4.2.2.2 Method of random sampling

Samples like cluster and random sampling were considered for use in this investigation. After careful consideration of the advantages and disadvantages of each of these methods, random sampling was decided on, to ensure that the sample is representative of the population. A list of all public schools from the Thabo Mofutsanyana Education district was obtained and schools for investigation were randomly selected from the list. The respondents consisted of school management teams from seventy randomly selected public schools in the said district.

4.3 RANDOM SAMPLE SIZE

A total of heads of departments ($n=137$), deputy principals ($n=55$) and school principals ($n=70$) (which made a total population sample of $N=262$ schools from seventy public schools) had to participate in the survey. This sample population was selected from farm and township primary and secondary schools.

4.4 COVERING LETTER

In a covering letter to the principals of the seventy schools chosen to participate in this project the purpose of the questionnaire was outlined. The confidentiality of the information requested was emphasised and an appeal

was made to the respondents to respond openly and sincerely (see Appendix A).

Written guidelines were provided on the questionnaire to ensure as far as possible, a standardized administration and to secure participants' guarantee of confidentiality. Educators and school management teams were given three days to complete the questionnaires which were to be collected by the researcher on the fourth day. All data were collected during September 2006.

4.5 THE COMPOSITION OF THE QUESTIONNAIRE (CLOSED AND OPEN-ENDED QUESTIONS)

Although several measuring instruments have been devised to obtain self-reports of school management teams on their perceptions of the impact of HIV/AIDS on educators, learners and the teaching and learning situation (see tables 4.9; 4.10; 4.11), as far as it could be ascertained, only overseas measuring instruments have been designed to determine the perceptions of educators in countries whose social and educational situations are different. As a result of a peculiar situation in South African society and schools especially in Black townships where learners, parents and educators maintain different culturally founded stereotypes and misconceptions of HIV/AIDS (Crawler, 2004:39), not a single one of these instruments was suitable and appropriate for use in this research. The researcher and the supervisor then decided to use a questionnaire which was developed by the North-West University (Vaal Triangle Campus) to measure perceptions of educators and school management teams about the impact of HIV/AIDS on educators, learners and the school systems within their schools and cultural context.

The questionnaire comprises of 90 questions divided into five sections, namely:

- a section for biographic information (questions 1-7, see appendix A);
- a section of questions to determine the impact of HIV/AIDS on educators (questions 8-18, see appendix A);

- a section of questions to determine the impact of HIV/AIDS on learners (questions 19-38, see appendix A);
- a section of questions to determine the impact of HIV/AIDS on the teaching and learning situation (questions 39-68, see appendix A); and
- a section to determine perceptions on the existing measures to curb the negative effect of HIV/AIDS on teaching and learning (questions 69-90, see appendix A).

All items on the questionnaire were to be responded to on a yes or no basis and gave school managers the opportunity to give their personal input in a closed manner. In total, 262 questionnaires were photocopied and distributed to the participants.

4.6 FEEDBACK OF THE RESEARCH POPULATION GROUP ON THE QUESTIONNAIRE

Feedback from the seventy targeted schools was as follows:

4.6.1 Number of respondents per school category

Table 3.2: Type of school

Schools	Frequency	Percentage
Primary	108	42.5
Secondary	146	57.5

4.6.2 Number of School Management Team respondents per post-level category

Table 3.3: Respondents as per post level category

School Management Team respondents as per post-level category		
Post level category	Frequency	Percentage
HODs	134	52.8
Deputy Principals	50	19.7
Principals	70	27.5

4.6.3 Respondents as per geographic situation of school

Table 3.4: Respondents as per geographic situation of school

Location	Frequency	Percentage
Rural	7	2.8
Urban	247	97.2

Schools from the township areas participated more than those in the farm areas. This was due to the fact that there are more schools in the townships than there are in the rural areas. It was impossible to have a 100% retrieval of questionnaires, as most of them were left at the mercy of the principals of participating schools to deliver to Heads of Departments and deputy principals and no follow-ups were made concerning the ones not retrieved. Three were incomplete because the principals claimed that the questionnaire was too long which made it difficult for them to concentrate on all the questions.

4.7 STATISTICAL TECHNIQUES

Data was processed using the SPSS programme in consultation with the Statistical Consultation Services of North-West University (Vaal Triangle Campus) in which the computer programme performed the TEST procedure

of the SPSS System for Windows Release (SPSS-Institute, 2000; Steyn, 1990).

4.8 CONCLUSION

In this chapter the empirical design process of this research was discussed. The next chapter provides the analysis and interpretation of data collected during the empirical research.

CHAPTER FOUR

DATA ANALYSES AND INTERPRETATIONS

5.1 INTRODUCTION

This chapter presents the results of the empirical research which was conducted with a sample of School Management Team participants (N=254) at seventy schools (see section 3.8). The empirical research results are analysed and interpreted.

5.2 DEMOGRAPHIC INFORMATION OF THE SCHOOL MANAGEMENT TEAM PARTICIPANTS

This section presents data according to where the schools of school management team participants who formed the sample of this research are situated; data on the number of participants as per categories of schools; data on the managerial post levels of the participants; data on the responses of participants on the mortality rate among educators; data on feelings/attitudes experienced by educators who have to carry a heavy teaching workload;

5.2.1 Data according to where participants' schools are situated

This section provides the demographic data of the School Management Team participants (N=254) who formed the population sample of this research (tables 4.1 to 4.7).

Table 4.1: Location of schools

	Frequency	Percentage
Rural	7	2.8
Urban	247	97.2

5.2.1.1 Analysis and interpretation

The majority (97.2%) of the School Management Team participants (n=247) who formed the population sample of this research were from schools or are managing schools situated in urban areas.

This could be caused by the fact that more residential areas in South Africa are now urbanized because of many people who now settle in industrialized areas for economic reasons. Hence more schools are situated in urban schools.

5.2.2 Data on the number of participants as per categories of schools

Table 4.2: Category of schools

	Frequency	Percentage
Primary schools	108	42.5
Secondary schools	146	57.5

5.2.2.1 Analysis and interpretation

The majority (57.5%) of the participants are from the secondary schools.

5.2.3 Data on the managerial post levels of the participants

Table 4.3: Managerial post levels

	Frequency	Percentage
HOD's	134	52.8
Deputy Principals	50	19.7
Principals	70	27.5

5.2.3.1 Analysis and interpretation

The majority (52.8%) of the participants were HODs (heads of department) from both the secondary and primary school levels. The reason for their

majority is caused by the fact that most schools, as a fact, have three or more heads of departments because of the many learning areas have to offer. Heads of departments manage these learning areas in their particular departments.

5.2.4 Data on the responses of participants on the mortality rate among educators

For the purpose of interpreting this table, the researcher decided to combine the scales indicating “always”, “often” and “sometimes” in order to make a conclusion that certain variables mentioned in question 12 (see table 4.4 below) indicate reasons for the mortality rate among educators at the schools of the respondents.

Table 4.4: Reasons for the mortality rate among educators

Variable	Yes	%	No	%
Illness	187	74	67	26
Accident	81	32	173	68
Suicide	38	15	216	85
Violence	46	18	208	82
Aids-related	57	22	197	78

5.2.4.1 Analysis

The majority (74%) of the participants indicated that illness was the main reason for the mortality rate among educators at their schools. It is interesting to note that only 22% of the respondents related mortality rate among educators to AIDS-related sicknesses. The reason for this could be that HIV/AIDS as a disease is not yet a notifiable disease in South African communities.

5.2.4.2 Interpretation

This suggests that the main cause of educator mortality rate at schools which formed the sample of this study is illness.

5.2.5 Data on the extent of feelings/attitudes experienced by school management teams who have to carry a heavy teaching workload

For the purpose of interpreting this table, the researcher decided to combine the scales indicating "always", "often" and "sometimes" in order to draw a conclusion that certain variables mentioned in question 19 (see table 4.5 below) indicate certain feelings/attitudes for having to carry more than one educator's heavy workload.

Table 4.5: Feelings/attitudes experienced by school management teams

	Yes	%	No	%
Frustration	137	54	117	46
Stressed	131	52	123	48
Motivated	158	62	96	38
Coping with the situation	136	54	118	46
Decreased interest	152	60	102	40
Not coping	162	63	92	37
Comfortable	165	65	89	35
Negative	179	70	75	30
Low morale	168	66	86	34
Depressed	158	62	96	38
Feel like resigning	181	71	73	29

5.2.5.1 Analysis

- 70% of the respondents reported that they are frustrated , while 30% of the respondents reported that they are not frustrated;
- 74% of the respondents reported that they are stressed, while 26% of the respondents reported that they are not stressed;
- 78% of the respondents reported that they are motivated , while 22% of the respondents reported that they are not motivated;
- 71% of the respondents reported that they have a decreased interest in teaching and learning profession, while 29%of the respondents reported that they do not have a decreased interest;
- 78% of the respondents reported that they are coping, while 22% of the respondents reported that they are not coping;
- 82% of the respondents reported that they are coping , while 18% of the respondents reported that they are not coping;
- 80% of the respondents reported that they are comfortable , while 20% of the respondents reported that they are not comfortable;
- 80% of the respondents reported that they are negative, while 20% of the respondents reported that they are not negative;
- 81% of the respondents reported that they experience low morale , while 19% of the respondents did not experience any low morale;
- 79% of the respondents reported that they are depressed, while 21% of them said that they are not depressed;
- 79% of the respondents reported that they felt like resigning, while 21% of them said that they did not feel like resigning.

5.2.5.2 Interpretation

Revelations of such a significant majority of educators and school management team members who are frustrated, stressed, have a decreased interest in their work, have a negative attitude towards their work, experience low morale at work, experience depression, and feel like resigning are worrying as they could be manifestations of emotional debilitation and burnout for the participants who formed the sample of this research.

It is interesting to note that in spite of manifesting symptoms of emotional debilitation and burnout, the participants still report to be motivated. This could be attributed to the fact that although there are experiences of emotional debilitations and burnout, school management team members still feel that teaching is their natural calling and have to help learners to realize their dreams.

5.2.6 Data on reasons for educator absenteeism at schools of participants

Table 4.6: Reasons for educator absenteeism

	Frequency	Percentage
Sickness of self	166	65,4%
Funerals	36	14,2%
Sickness of others	46	18%
Work related	6	2.4%

5.2.6.1 Analysis

65,4% of the respondents who participated in this research reported 'sickness of self', 14,2% reported funeral attendance, 18% reported sickness of others, while work-related reasons accounted for 2.4% as the main reasons for absenteeism among educators.

5.2.6.2 Interpretation

The revelation that most of the educator absenteeism is due to 'sickness of self' and 'sickness of others' clearly indicates that there is a problem concerning both the physical and the psychological wellness of educators and school management team members at schools. It should be noted that educators and school management team members at schools could still find it difficult to notify their managers of the nature and extent of their diseases, especially HIV/AIDS and other sexually transmitted infections because of the stigma and discrimination that always go with their suffering from these diseases.

5.3 THE EFFECTS OF HIV/AIDS ON TEACHING AND LEARNING

Table 4.7: Effects of HIV/AIDS on teaching and learning

Item description	YES		NO	
	N	%	N	%
Does HIV/AIDS have a detrimental effect on teaching and learning in your school?	203	79.9	51	20.1
Is the academic progress of the learners in your school satisfactory?	220	86.6	34	13.4
Classes too big	215	86.6	39	13.4
Impossible to pay attention to individual learners	251	98.8	3	1.2
Learners are frequently absent	147	57.8	107	42.2
Educator workload too heavy	201	79.1	53	21.9
Learners not motivated	132	51.9	122	48.1
Frequent absence of educators due to family responsibilities	221	87.0	33	13.0

Frequent absence of educators due to personal illness	200	78.7	54	21.3
Lack of motivation	198	77.9	56	22.1
Lack of social interactions	175	68.8	79	31.2
Hyperactivity	59	23.2	195	76.8
Passivity	234	92.1	20	7.9
Nervousness	246	96.8	8	3.2
Poor discipline	198	77.9	56	22.1
Absenteeism	129	50.7	125	49.2
Tiredness	145	57.0	109	43.0
Lack of motivation	189	74.4	65	25.6
Lack of concentration	198	77.9	56	22.1
Memory loss	204	80.3	50	19.7
Poor attention span	208	81.8	46	18.2
Decreased interest in school	167	65.7	87	34.3
Personal illness	165	64.9	89	35.1
Illness of family members	201	79.1	53	20.9
Loss of family members	179	70.4	75	29.6
Too many responsibilities at home	111	43.7	143	56.2
Poor academic performance	217	85.4	37	14.6
Rejection by peers	104	40.9	150	59.1

School- related problems	98	38.5	156	61.5
Diarrhoea	164	64.5	90	35.5
Pneumonia	153	60.2	101	39.8
Tuberculosis	122	48.3	132	51.7
Severe weight loss	143	56.2	111	43.8

5.3.1 Analysis

The results of table 4.8 reveal that the majority of the school management team participants reported that:

- HIV/AIDS has a detrimental effect on teaching and learning in their schools (79.9%);
- the academic progress of learners in their schools is satisfactory (86.6%);
- classes in their schools are too big (86.6%)
- it is impossible for them to pay attention to individual learners (98.8%);
- learners of their schools are frequently absent (57.8%);
- educator workload in their schools is too heavy (79.1%);
- learners are not motivated (51.9%);
- there is frequent absence of educators in their schools due to family responsibilities (87%);
- there is frequent absence of educators in their schools due to personal illness (78.7);
- lack of motivation among learners in their schools (77.9%);
- there is positive social interactions of learners in their schools (68.8%);

- learners in their schools do not suffer from hyperactivity (76.8%);
- there is passivity of learners in their classrooms (92.1%);
- there is an indication of nervousness among learners in their schools (96.8%);
- there is poor discipline in their schools (77.9%);
- absenteeism of learners is moderate in their schools (50.7%);
- tiredness of learners is a problem (57.0%);
- learners lack motivation (74.4%);
- learners lack concentration (77.9%);
- learners exhibit memory loss (80.3%);
- learners experience poor attention span (81.8%);
- learners have developed decreased interest in school and school activities (65.7%);
- learners manifest personal illnesses (64.9%);
- illness of family members is a problem in their schools (79.1%);
- learners in their schools have experienced loss of family members (70.4%);
- learners of their schools have too many responsibilities at their homes (56.2%);
- poor academic performance is experienced in their schools (85.4%);
- many learners suffer rejection from their peer groups (59.1%);
- learners do not have school-related problems in their schools (38.5%);

- learners in their schools suffer from diarrhoea (64.5%);
- learners in their schools suffer from pneumonia (60.2%);
- learners in their schools suffer from tuberculosis (51.7%); and
- learners in their schools suffer from severe weight loss (56.2%).

5.3.2 Interpretation

The revelation that HIV/AIDS has indeed a detrimental effect on teaching and learning, classes which are too big as a result of combination of classes, it is difficult for educators to pay attention to individual learners, learners are frequently absent from school, educators' work load is too heavy, learners are not motivated because of their numbers in classes and educators ignore quite a number of them, causes for educator absenteeism being family responsibilities, frequent absence of educators being caused by personal illnesses, lack of motivation is seen among educators who have to carry the big load, discipline being a problem, learners becoming tired while in learning process, memory loss and poor attention span among learners, illness of family members also affecting some learners in a way, diarrhoea being a big problem among learners, pneumonia being prevalent among learners, learners suffering from tuberculosis, and severe weight loss being perceived to be high among learners could be an indication that schools are not yet ready to deal with the learners who exhibit special educational needs such as learners infected with HIV/AIDS.

Learners with special educational needs need to be taught in classes which are not overcrowded and devoid of discipline. The heavy workload among educators could be as a result of educator absenteeism which is caused by the sick educators, which is a worrying factor indeed which could be attributing to the educator emotional debilitation and burnout which the school management team participants reported above. This could be also the cause of learner poor academic performance revealed above.

Learners suffering from diarrhoea, pneumonia tuberculosis, and severe weight loss is another worrying factor as these are all opportunistic diseases which are associated with the HIV/AIDS epidemic. It is also worrying to note that illness of family members is educators' problems in schools of the participants and that learners in their schools have experienced loss of family members which could be an indication that educator absenteeism at schools could be caused by the responsibility of having to take care of sick family members at home.

5.4 PRE-REQUISITES FOR EFFECTIVE TEACHING AND LEARNING

Table 4.8: Pre-requisites for effective teaching and learning

Item description	Yes		No	
	N	%	N	%
Educators are well prepared	198	77.9	56	22.1
Educators present interesting learning activities	109	42.9	145	57.1
Educators have well organized classrooms	120	47.2	134	52.8
There is a constant flow of learning	113	44.4	141	55.6
On-going interaction between learners and educators	154	60.6	100	39.4
Educators correct tests	165	64.9	89	35.1
Tests are handed back in good time	159	62.5	95	37.5
Educators check learners homework	123	48.4	131	51.6
Educators provide assistance with personal problems	141	55.5	113	44.5
Educators provide assistance with educational problems	87	34.2	167	65.8

Educators involve learners actively in learning	153	60.2	101	39.8
Educators reinforce learning	178	70	76	30
Educators pay individual attention	145	57.1	109	42.9
Educators control disciplinary problems effectively	199	78.3	55	21.7
Educators make sure that learners pay attention during lesson presentation	157	61.8	97	38.2
Educators are dependable	132	51.9	122	48.1
Educators are role models in good ethics, attitudes and values	178	70	76	30
Educators are punctual and regular in attendance	189	74.4	65	25.6
Educators are sexually involved with learners	120	47.2	134	52.8
Are learners of different grades combined into one classroom?	125	49.2	129	50.8
Is the curriculum flexible to deal with learners who cannot attend school or whose schooling is interrupted?	67	26.3	187	73.7
Are classes left untaught?	154	60.6	100	39.4
Is there a sufficient educator supply?	198	77.9	56	22.1
Are posts filled in good time?	221	87.0	33	13.0
Are staff development programmes in place for educators who have to cope with heavy workloads?	187	73.6	67	26.4

Does the curriculum teach learners how to handle the emotional changes during puberty and adolescence?	185	72.8	69	27.2
Is the curriculum focusing on promoting abstinence from sexual activities?	12	4.7	242	95.3
Does the curriculum focus on promoting a delay in taking part in sexual activities?	143	56.2	111	43.8
Are topics on HIV/AIDS infused into subjects?	199	78.3	55	21.7
Are these topics well taught?	154	60.6	100	39.4
Is there an in-depth coverage of HIV/AIDS topics?	139	54.7	115	45.3
Planning of extra-curricular activities planned to address HIV/AIDS	178	70.1	76	29.9
Are school-based activities arranged to address HIV/AIDS?	142	55.9	112	44.1
Are intensive pre-service and /or in-service training programmes implemented?	167	67.7	87	34.3
Are educators confident to teach HIV/AIDS topics?	154	60.6	100	39.4
Are strict measures in place to deal with staff involved in sexual harassment of learners?	187	73.6	67	26.4
Are strict measures in place to deal with love relationships between learners and staff members?	123	48.4	131	51.6
Are there strict measures for educators who are	186	73.2	68	26.8

frequently absent?				
Is your school offering feeding scheme?	251	98.8	3	0.2
Are you of the opinion that it is the school's task to deal with the causes and effect of HIV/AIDS?	245	96.5	9	3.5
Are you of the opinion that we give too much attention to HIV/AIDS in our schools?	103	40.5	151	59.5

5.4.1 Analysis

The results of table 4.9 reveal that the majority of the school management team participants reported that:

- educators are well prepared (77.9%);
- educators do not present interesting learning activities (57.1%);
- educators do not have well organized classrooms (52.8%);
- there is no constant flow of learning in their schools (55.6%);
- their on-going interaction between learners and educators in their schools (60.6%);
- educators correct tests (64.9%);
- tests are handed back in good time (62.5%);
- educators do not check learners homework (51.6%);
- educators provide assistance with personal problems (55.5%);
- educators do not provide assistance with educational problems (65.8%);
- educators involve learners actively in learning (60.2%);
- educators reinforce learning (70%);

- educators pay individual attention (57.1%);
- educators control disciplinary problems effectively (78.3%);
- educators make sure that learners pay attention during lesson presentation (61.8%);
- educators are dependable (51.9%);
- educators are role models in good ethics, attitudes and values (70%);
- educators are punctual and regular in attendance (74.4%);
- educators are not sexually involved with learners (52.8%);
- learners of different grades are not combined into one classroom (50.8%);
- the curriculum is not flexible to deal with learners who cannot attend school or whose schooling is interrupted (73.7%);
- classes are left untaught (60.6%);
- there is a sufficient educator supply (77.9%);
- posts are filled in good time (87%);
- staff development programmes are in place for educators who have to cope with heavy workloads (73.6%);
- the curriculum teach learners how to handle the emotional changes during puberty and adolescence (72.8%);
- the curriculum is not focusing on promoting abstinence from sexual activities (95.3);
- the curriculum focuses on promoting a delay in taking part in sexual activities (56.2%);
- topics on HIV/AIDS infused into subjects (78.3%);

- these topics are well taught (60.6%);
- there is an in-depth coverage of HIV/AIDS topics (54.7%)
- planning of extra-curricular activities are planned to address HIV/AIDS (70.1%);
- school-based activities are arranged to address HIV/AIDS (55.9%);
- intensive pre-service and /or in-service training programmes are implemented (67.7%);
- educators are confident to teach HIV/AIDS topics (60.6%);
- strict measures are in place to deal with staff involved in sexual harassment of learners (73.6%);
- strict measures are not in place to deal with love relationships between learners and staff members (51.6%);
- there are strict measures for educators who are frequently absent (73.2%);
- their schools are offering feeding scheme (98.8%);
- educators are of the opinion that it is the school's task to deal with the causes and effect of HIV/AIDS (96.5%);
- educators are not of the opinion that they are giving too much attention to HIV/AIDS in their schools (59.5%);

5.4.2 Interpretation

The revelations by School Management Team participants that educators at their schools do not present interesting learning activities; educators at their schools do not have well organized classrooms; there is no constant flow of learning in their schools' classrooms; educators at their schools do not check learners' homework; educators at their schools do not provide assistance to learners with educational problems; the curriculum at their schools is not flexible to deal with learners who cannot attend school or whose schooling is

interrupted; classes at their schools are left untaught; the curriculum at their schools is not focusing on promoting abstinence from sexual activities; strict measures are not in place at their schools to deal with love relationships between learners and staff members; and educators at their schools are not of the opinion that their schools are giving too much attention to the HIV/AIDS epidemic in their schools could be an indication that schools need to concertedly implement whole school development processes which take into consideration the plight of educators and learners (such as absenteeism as a result of being constantly/regularly sick, physical and psychological debilitation while at school and so on) who are suffering from HIV/AIDS at strategic management level. Working at strategic level will enable them to work hand-in-hand with the school governing bodies of their schools.

5.5 CONCLUSION

In chapter 4, responses gathered from respondents through data collection instrument were analysed and interpreted. In chapter 5 a summary, conclusions and recommendations will be made. The recommendations are based on the findings of both the literature and the empirical studies of this research.

CHAPTER FIVE

SUMMARIES, FINDINGS AND RECOMMENDATIONS

6.1 INTRODUCTION

In this chapter, summaries of the findings from the literature review as well as the empirical research proceedings are presented. Recommendations for the practical implementation of these findings and for further research are also included.

6.2 SUMMARIES AND CONCLUSIONS

This section provides findings and conclusions which emerged from the literature review.

6.2.1 A summary from the literature review research proceeding

The literature review research proceeding that schools have circumstances which have the potential to aggravate dangers of the HIV/AIDS epidemic among learners, *inter alia*:

- the need to pay school fees may lead young girls from poor families into the sale of sexual favours;
- intense competition among learners for academic success and progression to the next higher educational level may lead to sexual relationships (heterosexual or homosexual) with educators or brighter fellow-learners; and
- long walking distances to and from school of learners contributes to the risk of sexual harassment from school-mates or from strangers while providing term-time boarding or hostel accommodation for young sexually active learners who receive almost no guidance or support in a form that speaks to them can increase the risk that they will engage in sexual

activity with one another or with individuals from the surrounding community.

Researchers also posited that the HIV/AIDS epidemic has a potential to affect schools through the following ways, that is:

- reduction in demand for schooling among children and adolescents of school-going age;
- reduction in supply of teaching services due to educator absenteeism, illness, medical boarding because of ill-health, and death;
- reduction in availability of educational resources because the Department of Education spends more money on HIV/AIDS than on schools' material resources;
- the need for schools to social adjust in response to the special needs of a rapidly increasing number of learner orphans as a result of the HIV/AIDS epidemic;
- the need to adapt to new social interactions both within schools and between schools and communities;
- the need to modify curriculum to meet the needs of an HIV/AIDS era;
- the need to alter roles that have to be adopted by educators and the school systems;
- the need to organize school systems systemically;
- the need for effective management of the school system; and
- the need for donor support for schools.

The literature also highlighted that the HIV/AIDS epidemic is, also, destroying families which are producers of children who form the primary clientele of schools as learners. As the number of families who have their structure undermined and destroyed by the impact of the HIV/AIDS epidemic is

increasing, more and more learner children and adolescents may drop-out of schools. This is because, according to the literature, their parents or guardians may either be unable to afford the school fees or children have to be at home all the time to tend for their sick parents who are suffering from HIV/AIDS. As a result of the death or sickness of parents who are the breadwinners of families, researchers stated that families may even begin to rely on a child's labour which could have the potential of these children not ever returning to schools.

In order to concertedly deal with the above-mentioned negative effects of the HIV/AIDS epidemic, researchers highlighted that it is imperative that educational management services provided by School Management Teams are strengthened in order to develop health promoting schools and to develop social partnerships and collaborative ways with other community social systems such as the Department of Health, Department of Social Development, Traditional Health Practitioners, Non-governmental organizations that advocate for HIV/AIDS issues . in order to combat the HIV/AIDS epidemic. Researchers stated that, in the face of the HIV/AIDS epidemic, effective educational management of schools can be a *panacea* in the provision of effective education against the devastating impact of HIV/AIDS on both the human resources of learners and educators and the organizational behaviour of school systems. Effective educational management, according to the literature, leads to effective teaching and learning which will have a potential to work at the following three levels where AIDS-related interventions are needed:

- while there is yet no infection, by:
 - providing knowledge to learners that will inform them about the need for self-protection;
 - fostering in learners the development of a personally held constructive value system;
 - inculcating in learners skills that will facilitate self-protection;

- promoting in learners behaviour that will lower infection risks; and
- enhancing capacity to help those learners who are not yet infected by HIV to protect themselves against risk of learning and playing with learners who are already infected;
- when infection has occurred, by:
 - strengthening the ability of learners to cope with personal and/or family infection;
 - promoting care for those learners who are already infected;
 - helping learners stand up for the human rights that are threatened by their personal or family HIV/AIDS condition; and
 - reducing stigma, silence, shame, and discrimination.
- when AIDS has brought death, by helping learners cope with grief and loss in their families, in the re-organization of life after the death of family members and in the assertion of personal human rights.

The role of School Management Teams in dealing with HIV/AIDS was highlighted by the researchers as ensuring access and that real and relevant learning occurs in spite of the HIV/AIDS epidemic; integrating HIV/AIDS and Sexual Education into the school curriculum; promoting the development of Life Skills in learners infected and affected by the HIV/AIDS epidemic such as decision-making, problem-solving, creative thinking, critical thinking, effective communication, interpersonal relationships, self-awareness, stress and anxiety management, coping with pressures, self-esteem, and confidence which equip them for positive social behaviour and for coping with negative pressures; establish a vigorous human rights approach which has the potential to reduce vulnerability to HIV/AIDS, promote respect for the human dignity of those learners and educators infected with and affected by the HIV/AIDS epidemic so that they live a life of dignity without discrimination; and alleviating the personal and societal impact of HIV infection; increasing the attention given to care, counselling and compassion for learners and

educators infected and affected by the HIV/AIDS epidemic; and putting HIV/AIDS at the centre of the school management agenda.

6.2.2 Findings and conclusions from the empirical investigation

The empirical investigation on the items of the questionnaire revealed that the majority of school management team participants were frustrated; stressed; had a decreased interest in teaching as a profession; not coping with the demands of the teaching and learning situation during this era of the HIV/AIDS epidemic; experiencing low morale; depressed; and were feeling like resigning.

The school management team participants also revealed during the empirical research proceedings that the HIV/AIDS epidemic has a detrimental effect on the teaching and learning situation in their schools; the academic progress of learners in their schools is satisfactory; classes in their schools are too big; it is impossible for them to pay attention to individual learners; learners of their schools are frequently absent; educator workload in their schools is too heavy; learners are not motivated; there is frequent absence of educators in their schools due to family responsibilities; there is frequent absence of educators in their schools due to personal illness; lack of motivation among learners in their schools; there is positive social interactions of learners in their schools; learners in their schools do not suffer from hyperactivity; there is passivity of learners in their classrooms; there is an indication of nervousness among learners in their schools; there is poor discipline in their schools; absenteeism of learners is moderate in their schools; tiredness of learners is a problem; learners lack motivation; learners lack concentration; learners exhibit memory loss; learners experience poor attention span; learners have developed decreased interest in school and school activities; learners manifest personal illnesses; illness of family members is a problem in their schools; learners in their schools have experienced loss of family members; learners of their schools have too many responsibilities at their homes; poor academic performance is experienced in their schools; many learners suffer rejection from their peer groups; learners do not have school-related problems in their schools; learners in their schools suffer from diarrhoea; learners in their

schools suffer from pneumonia; learners in their schools suffer from tuberculosis; and learners in their schools suffer from severe weight loss.

6.3 RECOMMENDATIONS FOR PRACTICAL IMPLEMENTATION OF FINDINGS

The data analysis of the results of this research led to the following recommendations, which have implications for the role of school management teams in dealing with the HIV/AIDS epidemic at schools.

6.3.1 School Management Teams should develop a strategic Management approach to dealing with the HIV/AIDS epidemic at schools

Effective strategic management of the HIV/AIDS epidemic at schools can play a major role in shaping the attitudes, opinions and (perhaps most importantly) the behaviour of learner children and adolescents. This is so because today's generation of learner children and adolescents have been born into and have to grow psycho-socially in a world where the HIV/AIDS epidemic is a harsh and an unavoidable reality. This call for a social situation wherein the time spent at school can help them to prepare for as well as providing an environment in which people can be educated about HIV/AIDS. In this regard, schools can often act as a centre-point and a micro-system for community discussions and activities targeted at combating HIV/AIDS. Schools can therefore be a vital social system in monitoring the epidemic and co-ordinating appropriate responses to it. With a capacity to reach large numbers of children and adolescents with information that can save their lives, basic school education can have such a powerful preventive effect to an extent that it has been described as a 'social vaccine' (Boler & Jellema, 2005).

In the light of the foregoing paragraphs it is imperative that school management teams strategically and proactively plan, organize, staff, control, and lead in the fight against HIV/AIDS. This should be done in accordance with the challenges which are brought about by this psycho-socially devastating epidemic. Learners and educators are falling ill, taking time off to care for family members and, in many cases, are dying as a result of HIV/AIDS.

This section provides a management strategy model which school management teams can adopt and adapt in order to concertedly and effectively plan, organize, staff, control and lead during this era of HIV/AIDS epidemic with a view of reducing the impact of the epidemic on teaching and learning at schools.

6.3.2 School Management Teams should conduct a situation analysis on the effects of HIV/AIDS epidemic at their schools

In simple terms, a situation analysis can be an effort undertaken by school management teams to gather and analyze information that will help them to design, implement and evaluate interventions which are targeted at combating the HIV/AIDS epidemic. Typically, the kind of information to be collected by the school management teams relates to which educators or learners are infected or affected by the HIV/AIDS and why or how they are infected or affected, the severity of the problem and resources and strategies that might be employed to produce the desired outcomes. The "WHYS" and "HOWs" are important in situation analysis because they provide answers on whether learners were infected before their birth or they are affected because one or more of their siblings is suffering from HIV/AIDS. Even with educators, it is important to know if they are already suffering from HIV/AIDS or one or more of their siblings are suffering from HIV/AIDS. In order to have the effective HIV/AIDS epidemic management interventions at schools, it is important that school management teams should assess learners' and educators' knowledge about the HIV/AIDS epidemic as well as their socio-culturally founded attitudes and behaviours towards it.

Efforts to reduce the HIV/AIDS epidemic infection through school-based interventions are most likely to succeed when the following conditions are met:

- they are strongly supported by ecosystemic policies which were developed in a collaborative manner by school management teams as strategic decision makers, the school staff and learners, parents and other members of the community such educational psychologists, social

workers, non-governmental agencies, traditional health practitioners and governmental agencies such as the Departments of Health, Social development; and

- there is credible information about the need for the educational management interventions and that the resources required as well as the outcomes expected are taken into account in the planning, implementation and the evaluation of all aspects of the effort undertaken.

At school level, both the process and results of a situation analysis can help to meet the foregoing conditions. A good situation analysis has several benefits, *inter alia*:

- School management teams and school management teams (governors of schools) need strong arguments, especially when their actions involve allocating both financial and human resources.
- Accurate and up-to-date information can provide a basis for discussion, justification for action, setting of priorities and identifying groups in special need for interventions such as learners living in geographical areas where HIV/AIDS and substance abuse are prevalent.
- Data obtained through the situation analysis can help ensure that interventions are tailored and socially contextualized to the specific needs, experience, motivation and strengths of learners, staff, families and community members targeted.
- Data obtained through the situation analysis provide a baseline against which to measure future trends in HIV infection rates and HIV-related behaviours. This is essential for evaluating the results of the activities undertaken and for making improvements to on-going programmes.

6.3.3 Stakeholders from communities should be involved in conducting a situation analysis at schools

It emerged in chapters one and two that HIV/AIDS epidemic is a health crisis. To ensure the success and sustainability of health promotion programmes at

schools there is a need for effective partnerships between education (educationists, educators) and health (educational psychologists, clinical psychologists, counselling psychologists, medical doctors, nurses, occupational therapists .) sector workers, and the active participation of learners, parents and other community members in all health promotion activities at schools. It is a good idea to involve a cross-section of all of them in the planning and conducting of a situation analysis. In this way, commitment to the programme will be developed and implemented from the outset. Ideally, two teams of supporters should be assembled: a School Health Team and a Community Advisory Group.

The following kinds of data and information are useful in a situation analysis:

- HIV/AIDS infection rates, where they are available, can provide evidence of potential risk. Information about potential risk may be very important for convincing policy-makers and the public that HIV/AIDS interventions are important in schools. Data about death caused by AIDS or substance abuse can also be useful. These data are useful in determining the extent to which HIV/ AIDS and substance abuse are health problems in the schools, families, community or society.
- Data on sexual behaviour, unintended pregnancy and (psycho-active) substance abuse rates among learners can help to determine the extent to which they are at risk of HIV/AIDS.
- Data about HIV/AIDS-related knowledge, attitudes and skills are also important for planning effective education programmes. These data can be obtained by conducting a survey. Many survey questionnaires exist and the local health agency may be able to provide examples.

The table on the next page outlines the basic questions that might form the basis of a situation analysis in respect of HIV/AIDS and suggests methods for data collection.

Table 5.1: Planning HIV/AIDS Interventions: Conducting a Situation Analysis

Basic Questions	Sources and Methods for Data Collection
How prevalent are HIV, unintended pregnancy and substance abuse in the community or society?	<ul style="list-style-type: none"> ▪ Review of existing data from a local health authority; ▪ Sample survey by self report
How prevalent are HIV/AIDS and unintended pregnancy among school-age children and adolescents?	<ul style="list-style-type: none"> ▪ Same as above
How many people are thought to be affected by HIV/AIDS?	<ul style="list-style-type: none"> ▪ Same as above
Are there data on HIV infection rates or AIDS-related deaths among school-age children, adolescents or adults in your community or society?	<ul style="list-style-type: none"> ▪ Same as above
What are the important behaviours, behaviour determinants and conditions that place young people and adults at risk for HIV infection in the community?	<ul style="list-style-type: none"> ▪ Same as above
Do parents, educators and young people have basic knowledge about HIV/AIDS?	<ul style="list-style-type: none"> ▪ Questionnaire; ▪ Focus group discussions
What are the common attitudes and beliefs of educators, parents and youth towards HIV/AIDS?	<ul style="list-style-type: none"> ▪ Same as above
What are the common attitudes and beliefs of teachers, parents and youth towards education about AIDS and HIV/AIDS?	<ul style="list-style-type: none"> ▪ Same as above

<p>Does a school HIV policy pertaining to privacy, learning and employment exist? Are school staff, teachers and students informed of its existence?</p>	<ul style="list-style-type: none"> ▪ Interview with school officials
<p>Are other health programmes and interventions in place into which education about HIV/AIDS can be integrated?</p>	<ul style="list-style-type: none"> ▪ Interview with school and community leaders

6.3.4 Schools should have a mandatory HIV testing for all learners and educators

The time has come in South Africa for all learners and educators to undergo a mandated HIV testing in order for all school management teams and school governing bodies to assess the effects of this epidemic on learner and educator human resources. This means that both the South African national policy on HIV/AIDS and school policies should be amended to accommodate this necessity. It should be mandatory for all learners and educators at schools to be tested for HIV. This could help schools know from Grade-R to Grade twelve the quantity of learners and educators infected with HIV/AIDS., and to know the quantity of learners who were born HIV infected because of having inherited it from their parents and also those learners who are already sick because of HIV/AIDS.

The foregoing paragraph implies that school management and governance should avail both pre and post testing counselling and therapeutic services at schools for learners and staff who are tested for HIV/AIDS. In this way schools will be seen as ideal environments for HIV/AIDS epidemic preventive programmes aimed at learner and educator populations. This process should occur together with:

- giving of information about HIV/AIDS to learners on admission to school, on a continuous basis and during teaching and learning situations. This information should include other sexually transmitted infections and it should cover the following areas regarding HIV/AIDS :- what it is, what are

the causes, risk behaviours associated with it, its spread within school environment, its signs and symptoms, stages, complications, prevention, safer sex, *etera*;

- informing female learners and educators about mother-to-child contamination during pregnancy, birth and breast-feeding;
- informing female learners and educators about the available reproductive health care services such as termination of pregnancy;
- giving health education to all categories of personnel, that is, to both teaching and non-teaching staff;
- employing a variety of strategies such as pamphlets, lectures, discussions, audiovisuals, debates, workshops, dramas, role-plays, *etera* in preventive programmes;
- training learners and educators in life skills to enable them to take responsible decisions regarding their health and lives;
- infusing cultural virtues such as virginity and celibacy in HIV/AIDS programmes and these programmes should also be culture, language, literacy, gender and age specific.
- participating of educators in all phases of the school in HIV/AIDS programmes organization as they are in daily contact with learners.
- commemorating the World HIV/AIDS Day and all other national and international celebrations such as Women's Day, Youth Day, Human Rights Day, *etera* in such a way that the target groups or people are sensitized about HIV/AIDS. These celebrations should be used as opportunities to promote awareness about the epidemic.

6.3.5 Schools should infuse universal precautions on HIV/AIDS in the school intra and extra-curricular activities

This sub-topic means that learners should be educated on how to handle all body fluids such as blood, urine, vomits, semen, sputum, saliva, faeces, pus, tears, mucus, open wounds, sores, bruises, soiled linen and other skin lesions. These fluids should be considered potentially infectious as some of them may contain the HIV-Virus. The schools' intra and extra-curricular activities should therefore teach learners that when handling these fluids and lesions, protection should be ensured through wearing of gloves and the linen must be disinfected prior to laundering, in the case of boarding schools.

Universal precautions should aim at the prevention of contamination with not only the HIV infection, but also with other blood-borne diseases such as Hepatitis B and C, *etera*. Learners should be taught that protection should be ensured when performing messy procedures on learners and educators, and that care should be taken to ensure that all school laboratory equipment, instruments and toilets are kept clean, including baths, showers and toilets.

The foregoing paragraph also implies that all learners, parents and staff should be educated and given information about the universal precautions and a copy of the guidelines should be displayed on notice boards and school surroundings.

6.3.6 Availability of condoms at schools

- Condoms should be available at schools and should be accessible to learners and educators who need them, including the information regarding their use.
- Condom dispensers should be secured and placed at accessible areas at all schools.
- The Health Advisory Committees should keep a record of the number of condoms dispensed, for monitoring purposes.

- The availability of condoms should be seen as an integral part of the HIV/AIDS epidemic educational management intervention strategy.

6.3.7 Management of Sexually Transmitted Infections

- Learners and educators should be encouraged to seek medical care for early treatment of sexually transmitted infections.
- Provision of proper treatment and health education, including monitoring, is essential for the effective management and treatment of sexually transmitted infections.

6.3.8 Sensitization of learners and educators about the dangers of non-consensual (coercive) sex

- Both learners and educators must be sensitized about the dangers of unprotected sex, violation of others' human rights and the criminalization of any non-consensual (coercive) sex or rape.
- All rapes must be reported and the victim must receive medical intervention. Vulnerable female learners and educators must be empowered to protect themselves from rapes and abuse by fellow learners and educators.

6.3.9 Management of HIV/AIDS and opportunistic diseases among learners, their families and relatives

- Care and support should be provided to every learner especially those infected and affected, their families and relatives.
- The management of opportunistic diseases and infections should be in accordance with the guidelines of the Department of Health.
- There must be effective management of the physical, emotional, social and spiritual needs and problems of learners and educators living with HIV to reduce the stress level and retard progression into full-blown AIDS.

6.3.10 School Management Teams should form partnerships against the effects of the HIV/AIDS epidemic with other stakeholders

Both the School Management Teams and the School Governing Bodies should counteract the undesirable effects of the epidemic within the general population. They should lobby for a more equitable and just distribution of resources in schools; obtain guidelines on infection control from specific centres in the country which deal with HIV/AIDS, ensure that amongst their membership there are those who have or are prepared to receive the necessary training, education and support so as to maintain high standards of service to people living with HIV/AIDS.

The School Governing Bodies should exchange knowledge, share experiences, learn from others and encourage other role players to participate in these endeavours. For example:

- External role players such as Non Governmental Organizations (NGOs), churches, business sectors, tertiary institutions, unions, professional organizations, people living with HIV/AIDS and individuals. should be encouraged to render their services at schools.
- Cooperation with relevant organizations and individuals, especially those with expertise in HIV prevention, counselling, training, support and home care should be encouraged to render services to learners and educators.
- Learners and educators should participate in HIV/AIDS programmes as peer educators and support system for fellow learners and educators.
- All categories of personnel-nurses, social workers, psychologists, educators, religious officers, employee assistant practitioners and custodial staff should participate actively in HIV/AIDS programmes.
- Caregivers such as nurses, volunteers and others should receive care and support, bearing in mind that caring for those who have HIV/AIDS is stressful.

- School staff should also participate in community HIV/AIDS and other programmes/activities.
- Each school must have HIV/AIDS programmes/activities and identify other community structures to assist in the implementation of such programmes.

The foregoing paragraphs imply that schools should collaborate with other organisations especially those that are dealing with the HIV/AIDS epidemic. Government education departments should establish a Health/Education collaborative team, a committee including health and education experts, to coordinate across disciplines and to advise on the development of child and adolescent HIV/AIDS prevention education programme development. Health/Education collaboration would establish a formal linkage between the health and education sectors at provincial level and would have to be dedicated to ensuring high-quality HIV/AIDS prevention education through communication and the coordination of resources. The collaboration would be comprised of health and education professionals who volunteer to participate and who are dedicated to coordinating existing resources within their own professional sector to ensure high-quality programme efforts. Members of the collaboration would have work closely with the Department of education office of adolescent HIV/AIDS prevention, serving as advisors to that office and as links to institutional resources. Membership in the collaborative should be solicited from the professional health and education communities, as well as from the public departments of health and education.

School systems should establish a health and education HIV/AIDS advisory committees. This HIV/AIDS Advisory Committee should include educational administrators as well as representatives from the public and private health care community. School governing bodies and school management teams should tackle complicated and controversial issues as they review and improve their HIV/AIDS prevention education programmes. The public and private health care professionals should assist the school district to develop curriculum, programme, and services strategies by reviewing health data, undertaking risk-behaviour studies, and conducting a local health needs

assessment. This assistance would ensure that the programmes and strategies proposed for classroom instruction and school-based services are appropriate to meet the needs of the learners. Reporting to the school district IDSO's, this advisory committee should consist of educational administrators and public and private health professionals who have volunteered to participate.

6.3.11 Capacity building on the HIV/AIDS epidemic should be the order of the day at schools

- Each school should have one or more HIV/AIDS focal person/s who will be actively involved in coordinating programmes. These persons need not necessarily be nurses however, they must be trained and have sufficient knowledge about HIV/AIDS.
- Each school should have trained counsellors.
- Educators and non-teaching staff should be trained in HIV/AIDS.
- Each school must have an HIV/AIDS plan which is being strictly implemented, monitored and evaluated for impact.
- Each school must identify and ensure that resources (human, fiscal and logistical) are available to support HIV/AIDS programmes.
- Each school must have learner and staff peer educators, and the selection criteria for such a task could include respect by colleagues and learners, respect by fellow learners, ability to communicate, interest in health or HIV/AIDS matters, and sense of maturity.

6.3.12 The school management teams should infuse the human rights culture in the curriculum and school organizations

- The observance of human rights is critical for the protection of the vulnerable.

- Both the learners and personnel at all schools should be trained in Human Rights.
- All sexual assaults to learners and educators must be reported and recorded and criminal action taken against the perpetrators.
- Learners should be empowered to be able to protect themselves and fellow learners.
- Learners and educators have the right to privacy, bodily autonomy, integrity and safety and these and other rights should be protected.
- The deliberate spread of HIV infection by learners and educators to fellow learners and educators should be regarded as a serious crime against which action should be taken.

6.3.13 Schools should trace contact of HIV in order to curb the spreading of the epidemic

- Measures should be taken at each school to trace contact of HIV, sexually transmitted infection and Hepatitis B and C infections.
- Contacts should not only be limited to sexual contacts, but also include sharing of shaving appliances and others where there is a possibility of coming into contact with the blood of another person.

6.4 PROBLEMS AND POSSIBLE SHORTCOMINGS OF THE RESEARCH

The research was done on homogeneous racial groups, that is, Blacks from the townships. Had it involved heterogeneous groups from all racial groups of South Africa, it would have provided an effective comparison of the perceptions of all racial groups on the effects of the HIV/AIDS epidemic on school systems, especially because cultural beliefs have a bearing on sexual orientations and convictions about the origins of the HIV/AIDS epidemic.

The questionnaire was long, that is it consisted of ninety (90) items which could have caused the respondents to lose concentration and interest while

filling in the answers. This is the reason some items were not responded to, which could have impacted on the reliability and validity of the study. Some items of the questionnaire could have been combined in order to prevent duplication and confusion on the part of the respondents.

Learners and educators on post level one were also not part of the population sample of this research. Their perceptions and responses would have added more weight to the validity and reliability of this study.

In relation to instrumentation, it would have been better if the questionnaire was standardized for all South Africans in order to determine the stereotypes and attitudes towards HIV/AIDS of all racial and cultural groups of school management teams in this country.

6.5 CONCLUSION

In this research it became clear that the culture of teaching and learning can never be realized in schools where HIV/AIDS is prevalent. The duty of schools should not only be to ensure that quality education is provided but, also, to support those infected with and affected by the HIV/AIDS epidemic within schools.

The researcher highlighted the seriousness of the HIV/AIDS epidemic in the world and at schools in particular. The school management teams were portrayed as having a great role to play in strategically and collaboratively partnering with other stakeholders such as Non-Governmental Organizations, churches, business sectors, tertiary institutions, unions, professional organizations, people living with HIV/AIDS in dealing with the effects and impact of this epidemic at schools.

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ADDENDUM A

1. Indicate whether your school is an urban or a rural school by marking your choice with an X in the appropriate block

Rural	Urban
-------	-------

2. Indicate whether your school is a primary or secondary school.

Primary	Secondary
---------	-----------

3. Indicate your current post.

Teacher	Head of Department	Deputy Principal	Principal
---------	--------------------	------------------	-----------

4. Indicate the phase in which you are presently teaching.

Foundation	Intermediate	Senior	FET
------------	--------------	--------	-----

5. Indicate the school in which you are currently teaching..

Public	Private	Ex TED Model C	Other
--------	---------	----------------	-------

6. Please indicate the numbers of teachers in your school

Male	
------	--

Female	
--------	--

7. Please indicate the numbers of learners in your school

--

8. Are you currently aware of any teachers at your school who are HIV positive or who have AIDS.

Yes		No
-----	--	----

9. How many teachers at your school have medically retired or died over the last three years due to a suspected AIDS-related disease?

2001
2002
2003

	Male	Female
2001		
2002		
2003		

10. How often are the following reasons indicated for the mortality rate among teachers at your school?.

10.1 Illness

Yes	No
-----	----

10.2 Accident

Yes	No
-----	----

10.3 Suicide

Yes	No
-----	----

10.4 Violence/Homicide

Yes	No
-----	----

10.5	Aids-related illnesses	Yes	No
------	------------------------	-----	----

10.6	Suicide	Yes	No
------	---------	-----	----

12	Absenteeism rates of teachers on a weekly basis. Indicate the number of teachers who are absent on a weekly basis, by completing the diagram.	Male	
----	---	------	--

Female	
--------	--

13.	Do you experience problems for having to take over the responsibilities of an absent colleague?	Yes	No
-----	---	-----	----

14.	Are substitute teachers appointed at your school for days on which permanent teachers are absent?	Yes	No
-----	---	-----	----

15.	Are you coping with more than one educator's workload?	Yes	No
-----	--	-----	----

16. If your answer to question 15 was YES, indicate the importance of the following reason/s for your having to carry this workload.

Shortage of staff members.	Definitely true	True	Sometimes true	Untrue
----------------------------	-----------------	------	----------------	--------

Frequent absence of staff members to attend to family responsibilities.	Definitely true	True	Sometimes true	Untrue
---	-----------------	------	----------------	--------

Staff members are not replaced.	Definitely true	True	Sometimes true	Untrue
---------------------------------	-----------------	------	----------------	--------

Absence of staff members due to personal illness.	Definitely true	True	Sometimes true	Untrue
---	-----------------	------	----------------	--------

Other (specify).

17. Indicate to what extent do you experience the following feelings/attitudes for having to carry such a heavy workload.

17.1 Frustrated	Yes	No
-----------------	-----	----

17.2 Stressed	Yes	No
---------------	-----	----

17.3 Motivated	Yes	No
----------------	-----	----

17.4 Decreased interest in school and school activities	Yes	No
---	-----	----

17.5 Coping with the situation	Yes	No
--------------------------------	-----	----

- 17.6 Not coping with the situation

Yes	No
-----	----
- 17.7 Comfortable

Yes	No
-----	----
- 17.8 Negative

Yes	No
-----	----
- 17.9 Low morale

Yes	No
-----	----
- 17.10 Depressed

Yes	No
-----	----
- 17.11 Feel like resigning

Yes	No
-----	----
- 17.12 Other (specify)

--

18. Reasons for absenteeism. Indicate the main reason for teacher absence at your school by marking with an X in the appropriate block.

Sickness of the self	Funerals	Sickness of others (Family members)	Work related	Other
----------------------	----------	-------------------------------------	--------------	-------

19. Are you currently aware of any learners at your school who are HIV positive or who have AIDS.

Yes	Not sure	Do not know	No
-----	----------	-------------	----

20. If your answer to question 19 was YES or NOT SURE, please provide an indication of the number of learners who are possibly affected by completing the table.

Male	
------	--

Female	
--------	--

21. Based on your experience in the last 3 years what percentage of orphaned children repeated grades. Indicate your choice by marking with an X in the appropriate block.

10-20%	20-30%	30-40%	40-50%	50-60%	60-70%	70-80%
--------	--------	--------	--------	--------	--------	--------

22. Indicate the estimated % of learners affected by interrupted schooling the past three years by completing the table below. Indicate your choice by marking with an X in the appropriate block.

10-20%	20-30%	30-40%	40-50%	50-60%	60-70%	70-80%
--------	--------	--------	--------	--------	--------	--------

23. Indicate the estimated % of learners that drop out of school the past three years due to incomplete families by completing the table below. Indicate your choice by marking with an X in the appropriate block.

10-20%	20-30%	30-40%	40-50%	50-60%	60-70%	70-80%
--------	--------	--------	--------	--------	--------	--------

24. Are you aware of learners at your school who were involved in sexual harassment cases by teachers in the past three years?

Yes	No
-----	----

25. Are you aware of any love relationships between learners and teachers at your school?

Yes	No
-----	----

26. Indicate the estimated % of learners in your school who are suffering from poor nutrition, by completing the table below.

10-20%	20-30%	30-40%	40-50%	50-60%	60-70%	70-80%
--------	--------	--------	--------	--------	--------	--------

27. Indicate the estimated % of learners who are unable to pay for school fees and school requirements.

10-20%	20-30%	30-40%	40-50%	50-60%	60-70%	70-80%
--------	--------	--------	--------	--------	--------	--------

28. Indicate the main reason for learner absence at your school by marking with an X in the appropriate block.

Sickness of the self	Funerals	Sickness of others (Family members)	Lack of clothes	Lack of school fees/school requirements	Lack of money for transport	Have to take care of responsibilities at home
----------------------	----------	-------------------------------------	-----------------	---	-----------------------------	---

29. Absenteeism rates of learners on a weekly basis. Indicate the number of learners who are absent on a weekly basis, by completing the diagram.

Male	
------	--

Female	
--------	--

30. Learner status at home. Give an indication of the estimated percentage of learners exposed to the different types of home situations by completing the table below. Indicate your choice by marking with an X in the appropriate block.

Home situation		Percentage of learners							
31.	Both parents alive	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80+
32.	Paternal orphan	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80+
33.	Maternal orphan	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80+
34.	Double orphan	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80+
35.	Learners who live with guardians	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80+
36.	Learners who are HIV positive	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80+
37.	Learners who live in households with HIV positive family members	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80+
38.	Learners whose parents/guardians have died of HIV/AIDS	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80+

39. Do you think that the HIV/AIDS pandemic has a detrimental effect on teaching and learning in your school?

Yes	No
-----	----

40. Are you satisfied with the academic progress of the learners in your school?

Yes	No
-----	----

41. If your answer to question 40 was NO, indicate the importance of the following reason/s for you not being satisfied.

41.1 Classes are too big.

Yes	No
-----	----

41.2 It is not possible to pay attention to individual learners.

Yes	No
-----	----

41.3 Learners are frequently absent.

Yes	No
-----	----

41.4 Teacher workload is too heavy.

Yes	No
-----	----

41.5 Learners are not motivated

Yes	No
-----	----

41.6 Frequent absence of teachers from school due to family responsibilities.

Yes	No
-----	----

41.7 Frequent absence of teachers due to personal illness.

Yes	No
-----	----

41.8 Other (specify)

--

42. To what extent are the following stress reactions noticeable among you learners?.

42.1 Lack of motivation

Yes	No
-----	----

42.2 Lack of social interactions

Yes	No
-----	----

42.3 Hyperactivity

Yes	No
-----	----

42.4 Passivity

Yes	No
-----	----

42.5 Nervousness

Yes	No
-----	----

42.6 Poor discipline

Yes	No
-----	----

42.7 Absenteeism

Yes	No
-----	----

43. To what extent are the following manifestations of depression noticeable among your learners?.

43.1 Tiredness

Yes	No
-----	----

43.2 Lack of motivation

Yes	No
-----	----

43.3 Lack of concentration

Yes	No
-----	----

43.4 Memory loss

Yes	No
-----	----

43.5 Poor attention span

Yes	No
-----	----

43.6 Decreased interest in school and school activities

Yes	No
-----	----

44. How important would you rate the following reasons for the manifestation of stress and depression among your learners?

44.1 Personal illness

Yes	No
-----	----

44.2 Illness of family members

Yes	No
-----	----

44.3 Loss of family members

Yes	No
-----	----

- 44.4 Too many responsibilities at home

Yes	No
-----	----
- 44.5 Poor academic performance

Yes	No
-----	----
- 44.6 Rejection by peers

Yes	No
-----	----
- 44.7 School related problems

Yes	No
-----	----
- 44.8 Other (specify)

--

Answer the following questions with an X in the appropriate block. Are there learners in your school/classes who suffer from HIV-related illnesses such as:

45. Diarrhea?

Yes	No
-----	----
46. Pneumonia?

Yes	No
-----	----
47. Tuberculosis?

Yes	No
-----	----
48. Severe weight loss?

Yes	No
-----	----
49. Other (specify)

--

50. Teachers are well prepared.	Yes	No
---------------------------------	-----	----

51. Teachers present interesting learning activities.	Yes	No
---	-----	----

52. Teachers have well organized classrooms.	Yes	No
--	-----	----

53. In the classrooms there is a constant flow of learning.	Yes	No
---	-----	----

54. There is on-going interaction between learners and teachers.	Yes	No
--	-----	----

55. Teachers correct tests and assignments.	Yes	No
---	-----	----

56. Tests and assignments are handed back timorously.	Yes	No
---	-----	----

57. Teachers check learners' home work.	Yes	No
---	-----	----

58. Teachers provide assistance with personal problems.	Yes	No
---	-----	----

59. Teachers provide assistance with educational problems.	Yes	No
--	-----	----

60. Teachers involve learners actively in learning.	Yes	No
---	-----	----

61. Teachers reinforce learning (motivate learners).	Yes	No
--	-----	----

62. Teachers pay individual attention to learners.	Yes	No
--	-----	----

63. Teachers control disciplinary problems in class effectively.	Yes	No
--	-----	----

64. Teachers make sure that learners pay attention during lesson presentations.	Yes	No
---	-----	----

65. Teachers are dependable.	Yes	No
------------------------------	-----	----

66. Teachers are role models in terms of good ethics, attitudes and values	Yes	No
--	-----	----

67. Teachers are punctual and regular in attendance.	Yes	No
--	-----	----

68. Teachers are sexually involved with learners.	Yes	No
---	-----	----

SECTION E: MEASURES TO CURB THE EFFECT OF HIV/AIDS ON TEACHING AND LEARNING

Please answer the following questions by marking an X in the appropriate block (Yes or No)

69. Are learners of different grades combined into one classroom?	Yes	No
---	-----	----

70. Is the curriculum of the school flexible to deal with learners who cannot attend school during normal school hours or whose schooling is interrupted?	Yes	No
---	-----	----

71. Are classes at your school left untaught/unsupervised?	Yes	No
--	-----	----

72. Does your school have a sufficient teacher supply?	Yes	No
--	-----	----

73. Are posts at your school filled timorously?	Yes	No
---	-----	----

74. Are staff development programmes in place for educators who have to cope with heavy workloads and/or low morale?	Yes	No
--	-----	----

75. Does the curriculum teach learners how to handle the emotional changes that occur during puberty and adolescence?	Yes	No
---	-----	----

76.	Does the curriculum focus on promoting abstinence from sexual activities?	Yes	No
77.	Does the curriculum focus on promoting a delay in taking part in sexual activities?	Yes	No
78.	Are topics on HIV/AIDS infused into carrier subjects: Biology, Life Orientation and Health Education?	Yes	No
79.	Are topics of HIV/AIDS well taught?	Yes	No
80.	Is there an in-depth coverage of HIV/AIDS topics?	Yes	No
81.	Are extra-curricular activities planned to address HIV/AIDS?	Yes	No
82.	Are school-based activities eg. School health programmes, guidance and counseling arranged to address HIV/AIDS?	Yes	No
83.	Are intensive pre-service and/or in-service training programmes for HIV/AIDS implemented?	Yes	No
84.	Do teachers feel confident to teach HIV/AIDS topics?	Yes	No

85. Are strict measures in place to deal with staff members who are involved in sexual harassment of learners?	Yes	No
--	-----	----

86. Are strict measures in place to deal with love relationships between learners and teachers?	Yes	No
---	-----	----

87. Are strict measures in place to deal with teachers who are frequently absent?	Yes	No
---	-----	----

88. Does your school offer a feeding scheme?	Yes	No
--	-----	----

89. Are you of the opinion that it is the school's task to deal with the causes and effect of HIV/Aids?	Yes	No
---	-----	----

90. Are you of the opinion that we give too much attention to HIV/AIDS in our schools?	Yes	No
--	-----	----